

## Trust Board Meeting 30 July 2025 Agenda - Public Meeting

For a meeting to be held at 9.30am Wednesday 30 July 2025, via Microsoft Teams

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

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

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

|    |                                                                                                                                                                             | Lead | Action         | Report Format |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------|---------------|
|    | <b>Standing Items</b>                                                                                                                                                       |      |                |               |
| 1. | Apologies for Absence                                                                                                                                                       | CF   | Note           | verbal        |
| 2. | Declarations of Interest                                                                                                                                                    | CF   | Note           | √             |
| 3. | Minutes of the Meeting held on 28 May 2025                                                                                                                                  | CF   | Approve        | √             |
| 4. | Action Log, Matters Arising and Work Plan                                                                                                                                   | CF   | Discuss        | √             |
| 5. | Staff Story – Virtual Frailty Ward                                                                                                                                          | LP   | Discuss        | √             |
| 6. | Chair's Report                                                                                                                                                              | CF   | Note           | √             |
| 7. | Chief Executives Report Including: <ul style="list-style-type: none"> <li>• Policies to Ratify</li> <li>• Associated Hospital Managers Re-Appointments to Ratify</li> </ul> | MM   | Discuss/Ratify | √             |
| 8. | Publications and Highlights Report                                                                                                                                          | MM   | Ratify         | √             |

|     |                                                                                                                                                                          |       |                     |   |
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|     | <b>Patient Safety and Quality</b>                                                                                                                                        |       |                     |   |
| 9.  | Health Inequalities Update<br>Sarah Clinch, Senior Partnerships and Strategy Manager attending                                                                           | KF    | Note                | √ |
| 10. | Review of Patient Safety across the Health and Care Landscape                                                                                                            | SS    | Discuss             | √ |
|     | <b>Building a Shared Purpose and Vision</b>                                                                                                                              |       |                     |   |
| 11. | Ten-Year Health Plan Headlines                                                                                                                                           | MM    | Discuss             | √ |
|     | <b>Investing in People and Culture</b>                                                                                                                                   |       |                     |   |
| 12. | Safer Staffing 6 Monthly Report                                                                                                                                          | SS    | Approve             | √ |
| 13. | Gender Pay Gap                                                                                                                                                           | KP    | Ratify              | √ |
| 14. | Workforce Disability Equality Standards                                                                                                                                  | KP    | Ratify              | √ |
| 15. | Workforce Race Equality Standards                                                                                                                                        | KP    | Ratify              | √ |
|     | <b>Developing Leadership Behaviours</b>                                                                                                                                  |       |                     |   |
| 16. | Humber and North Yorkshire Integrated Care System – Mental Health and Learning Disabilities Collaborative Programme Update<br>Alison Flack, Programme Director attending | MM    | Note                | √ |
|     | <b>Embedding Improvement into Management Systems and Processes</b>                                                                                                       |       |                     |   |
| 17. | Finance Report                                                                                                                                                           | PB    | Note                | √ |
| 18. | Performance Report                                                                                                                                                       | PB    | Discuss             | √ |
| 19. | Risk Management Strategy                                                                                                                                                 | SS    | Approve             | √ |
| 20. | Risk Register Update<br>Oliver Sims, Corporate Risk & Incident Manager attending                                                                                         | SS    | Discuss             | √ |
| 21. | Board Assurance Framework Update<br>Oliver Sims, Corporate Risk & Incident Manager attending                                                                             | MM    | Discuss             | √ |
| 22. | Review of the Constitution                                                                                                                                               | SJ    | Approve             | √ |
|     | <b>Assurance Committee Reports</b>                                                                                                                                       |       |                     |   |
| 23. | Finance Committee Assurance Report                                                                                                                                       | KN    | Approve & Assurance | √ |
| 24. | Collaborative Committee Assurance Report                                                                                                                                 | SMcKE | Assurance           | √ |

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| 25. | People & Organisational Development Committee                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DR | Assurance | √      |
| 26. | Strategic Board Meeting agenda                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CF | Note      | √      |
| 27. | Items to Escalate including to the High-Level Risk Register, Board Assurance Framework and for Communication                                                                                                                                                                                                                                                                                                                                                                                                         | CF | Note      | verbal |
| 28. | Any Other Urgent Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CF | Note      | verbal |
| 29. | Review of Meeting – Being Humber <ul style="list-style-type: none"> <li>•Has the Board focused on the right areas?</li> <li>•Did the quality of the papers enable Board members to perform their role effectively – did they enable the right level of discussion to occur?</li> <li>•Was debate allowed to flow and were all Board members encouraged to contribute?</li> <li>•Has the meeting been conducted in accordance with the Trust's cultural and behavioural standards framework (Being Humber)</li> </ul> | CF | Discuss   | verbal |
| 30. | <b>Exclusion of Members of the Public from the Part II Meeting</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |           |        |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |           |        |
| 31. | <b>Date, Time and Venue of Next Meeting</b><br>Wednesday 24 September 2025, 9.30am via Microsoft Teams                                                                                                                                                                                                                                                                                                                                                                                                               |    |           |        |

**Agenda Item 02**

|                                                                                                                 |                                                                                                                                                                                                                                                                                                     |                                                                                                        |                                               |               |
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| Title & Date of Meeting:                                                                                        | Trust Board Public Meeting – 30 July 2025                                                                                                                                                                                                                                                           |                                                                                                        |                                               |               |
| Title of Report:                                                                                                | Declarations of Interest                                                                                                                                                                                                                                                                            |                                                                                                        |                                               |               |
| Author/s:                                                                                                       | Rt Hon Caroline Flint<br>Trust Chair                                                                                                                                                                                                                                                                |                                                                                                        |                                               |               |
| Recommendation:                                                                                                 | To approve                                                                                                                                                                                                                                                                                          |                                                                                                        | To discuss                                    |               |
|                                                                                                                 | To note                                                                                                                                                                                                                                                                                             | ✓                                                                                                      | To ratify                                     |               |
|                                                                                                                 | For assurance                                                                                                                                                                                                                                                                                       |                                                                                                        |                                               |               |
| Purpose of Paper:                                                                                               | <p>The report provides the Board with a list of current Executive Directors and Non-Executive Directors interests. Changes have been made to the following declarations:</p> <ul style="list-style-type: none"> <li>• Removal from Caroline Flint</li> <li>• Amendment to Peter Beckwith</li> </ul> |                                                                                                        |                                               |               |
| Key Issues within the report:                                                                                   |                                                                                                                                                                                                                                                                                                     |                                                                                                        |                                               |               |
| <b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>• Updated declarations</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 issues to note</li> </ul>          |                                                                                                                                                                                                                                                                                                     | <b>Decisions Made:</b> <ul style="list-style-type: none"> <li>• N/A</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 Board report    | ✓<br>28.05.25 |



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

## Directors' Declaration of Interests

| Name                                                                                              | Declaration of Interest                                                                                                                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Executive / Directors</b>                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Ms Michele Moran<br>Chief Executive (Voting Member)                                               | <ul style="list-style-type: none"> <li>• IMAS partner</li> <li>• Humber and North Yorkshire ICB Board Member</li> <li>• Non-Executive Director DHU Healthcare (a Social Enterprise organisation)</li> <li>• Co-opted Parish Councillor – Bamford with Thornhill</li> </ul>                                                                                                                                                                        |
| Mr Peter Beckwith, Director of Finance (Voting Member)                                            | <ul style="list-style-type: none"> <li>• Trustee of Heathstars, and Executive Lead for Humber Teaching NHS Foundation Trust</li> <li>• Son is a Resident Doctor at University Hospitals Sussex NHS Foundation Trust</li> <li>• Daughter is a Nursing Student at York St John University</li> </ul>                                                                                                                                                |
| Dr Kwame Opoku-Fofie, Medical Director (Voting member)                                            | <ul style="list-style-type: none"> <li>• Director of Bluewaters Healthcare Limited</li> <li>• Spouse is Director of Bluewaters Healthcare Limited</li> <li>• Spouse is the Deputy Chief Pharmacist of Humber Teaching NHS Foundation Trust</li> <li>• Executive Lead for The Trust Research Department – which receives grant and funding to the department</li> <li>• Spouse is Clinical Director Harthill Primary Care Network (PCN)</li> </ul> |
| Mrs Lynn Parkinson, Chief Operating Officer (Voting Member)                                       | <ul style="list-style-type: none"> <li>• Husband works for HMRC</li> <li>• Son works for Labour MP as Communications Lead</li> <li>• Son works for Department of Health and Social Care</li> </ul>                                                                                                                                                                                                                                                |
| Mrs Sarah Smyth, Director of Nursing, Allied Health and Social Care Professionals (Voting Member) | <ul style="list-style-type: none"> <li>• No interests declared</li> </ul>                                                                                                                                                                                                                                                                                                                                                                         |
| Mrs Karen Phillips, Associate Director of People and Organisational Development (non voting)      | <ul style="list-style-type: none"> <li>• No interests declared</li> </ul>                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Non Executive Directors</b>                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Rt Hon Caroline Flint – Chair (Voting Member)                                                     | <ul style="list-style-type: none"> <li>• Chair of the Committee on Fuel Poverty which is an advisory non-departmental public body sponsored by the Department for Energy Security and Net Zero (DESNZ)</li> </ul>                                                                                                                                                                                                                                 |
| Mr Dean Royles, Non-Executive Director (Voting Member)                                            | <ul style="list-style-type: none"> <li>• Director of Dean Royles Ltd</li> <li>• Trustee of Health People Managers Association (HPMA)</li> <li>• Owner of Dean Royles Ltd</li> <li>• Associate for KPMG</li> <li>• Chair of NHS Professionals Strategic Advisory Board</li> <li>• Non-Executive Director at Sheffield Teaching Hospitals NHS Trust</li> </ul>                                                                                      |

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| Dr Phillip Earnshaw, Non-Executive Director (Voting Member)                                                                                | <ul style="list-style-type: none"> <li>• Director of Conexus GP Federation</li> <li>• Owner of Phillip Earnshaw Ltd</li> <li>• Trustee of Prince of Wales Hospice</li> <li>• Five Towns PCN Clinical Director</li> <li>• Board Member of Wakefield District Health &amp; Care Partnership</li> <li>• Chair and Trustee Smawthorne Community Project is a local charity in Castleford</li> <li>• Non-Executive Director for Lincolnshire Integrated Care Board</li> </ul> |
| Mr Stuart McKinnon-Evans, Non-Executive Director (Voting Member)                                                                           | <ul style="list-style-type: none"> <li>• No interests declared</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                |
| Mr Keith Nurcombe, Non-Executive Director (Voting Member)                                                                                  | <ul style="list-style-type: none"> <li>• Director of Dietary Assessments LTD</li> <li>• Director of WMSG (Part of West Midlands Combined Authority)</li> <li>• Crown representative – Cabinet Office – UK Government</li> <li>• Chair of the Avalon Group</li> <li>• Chair of Derbyshire Health United (CIC)</li> </ul>                                                                                                                                                  |
| Ms Stephanie Poole, Non-Executive Director (Voting Member)                                                                                 | <ul style="list-style-type: none"> <li>• Husband is a Trustee of Yorkshire Coast Sight Support (YCSS), a registered charity</li> </ul>                                                                                                                                                                                                                                                                                                                                   |
| Priyanka Perera (Mihinduklilasuriya Weerasingha Indrika Priyankari Marguerite Perera) Associate Non-Executive Director (Non-Voting Member) | <ul style="list-style-type: none"> <li>• Managing Director of B. Cooke &amp; Son Ltd, Hull</li> <li>• Son in Law works as Brand Lead – New Dermatology and Portfolio Strategy for Sanofi</li> </ul>                                                                                                                                                                                                                                                                      |

**Trust Board Meeting**

**Minutes of the Public Trust Board Meeting  
 held on Wednesday 28 May 2025, 9:30am  
 via Microsoft Teams**

**Present:**

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

**In Attendance:**

Mrs Karen Phillips, Associate Director of People and Organisational Development  
 Mrs Stella Jackson, Head of Corporate Affairs  
 Mrs Laura Roberts, PA to Chair and Chief Executive (Minutes)  
 Sammie Daniels, Psychological Wellbeing Practitioner (for item 53/25)  
 Fernanda Marbrow, Patient and Carer Experience Manager  
 Staff Champion of Patient Experience (for item 53/25)  
 Sophie (Service User) (for item 53/25)  
 Alison Flack, Programme Director (for item 61/25)  
 Lucy Boshier, Senior Business Development Consultant, Insight and Feedback at IQVIA (for item 63/25)  
 Oliver Sims, Corporate Risk and Incident Manager (for item 73/25)

**Apologies:**

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

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| 52/25 | <p><b>Declarations of Interest</b></p> <p>The Trust Chair advised that her husband was no longer a Doncaster MBC Councillor and Cabinet member.</p> <p>The declarations were noted. Board members have been made aware that</p> |  |
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|       | <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 person should declare the interest and remove themselves from the meeting for that item.</p> <p>The Chief Executive; Director of Finance; Stuart McKinnon-Evans, Non-Executive Director and Stephanie Poole, Non-Executive Director have a standing declaration of interest regarding items relating to the Collaborative Committee.</p>                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| 53/25 | <p><b>Minutes of the Meeting held 26 March 2025</b></p> <p>Subject to the amendments below the minutes of the meeting held on 26 March 2025 were approved as an accurate record.</p> <p><u>24/25 - Associate Hospital Manager Appointments and Reappointments</u></p> <p>The paragraph below should read:</p> <p><i>Kwame Fofie introduced the Associate Hospital Manager Appointments and Reappointments report. Kwame advised that approval was sought from the Board for the appointment and reappointment of the managers as listed below:</i></p> <ul style="list-style-type: none"> <li>• <i>Jenha Denman – Reappoint</i></li> <li>• <i>Martha Brons - Appoint</i></li> <li>• <i>Leyan Elyas - Appoint</i></li> <li>• <i>Maureen Graham - Appoint</i></li> <li>• <i>Alison Cotterill - Appoint</i></li> </ul> <p><b><u>Resolved:</u></b><br/> <b>The minutes were approved by the Board.</b></p> |  |
| 54/25 | <p><b>Action Log, Matters Arising and Workplan 2025/26</b></p> <p>There were no matters arising.</p> <p>The action log and work plan were noted.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| 55/25 | <p><b>Patient Story – Perinatal Mental Health Team:<br/>A patient Journey Story</b></p> <p>Sammie Daniels provided a background and overview of the services provided by the Perinatal Mental Health Team.</p> <p>Sophie then shared her personal journey and experiences of using the service and working with Charlotte.</p> <p>Priyanka Perera asked if patients could self-refer to the service and whether there was a waiting list. Sammie responded that professional referrals were accepted, providing that the threshold and criteria were met. If patients were not suitable for the service, then they were redirected to the appropriate service.</p> <p>Sammie added that there was currently no waiting list for the service.</p>                                                                                                                                                       |  |

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|       | <p>Lynn Parkinson asked Sophie if more could be done to support mothers following birth. Sophie responded that she believed she could have been referred to the service earlier and suggested it would be helpful if midwives and health visitors identified any concerns at an early stage. Sammie advised that patients were usually discharged from the service once the patients' child turned one year old. Sammie suggested that this could be extended for a longer period.</p> <p>Sarah Smyth believed that work could be undertaken to explore any missed opportunities and pathways.</p> <p>Lynn Parkinson added that the new Maternal Mental Health Service, which would work alongside the Perinatal Service, would be launched in June 2025.</p> <p>The Board thanked Sophie, Sammie and Fernanda for attending the meeting.</p>                                                                                                                                                                                                                                                                                                                           |  |
| 56/25 | <p><b>Chair's Report</b></p> <p>The Trust Chair introduced the Chair's Report and highlighted the following key points:</p> <ul style="list-style-type: none"> <li>• The Chair had taken part in the interview panel for some successful consultant interviews.</li> <li>• Great examples of work (undertaken with staff and service users) had been highlighted at the recent Trust Culture of Care showcase event.</li> <li>• A Good rating had been received from the Care Quality Commission following the inspection of the Inspire services.</li> <li>• The Staff Governor elections results had been received on 27 May 2025. Sian Johnson had been elected as the new Clinical Staff Governor and Simon Mills as the new Non-Clinical Staff Governor. Will Taylor was thanked for his work during his term as Clinical Staff Governor.</li> </ul> <p><b><u>Resolved:</u></b><br/><b>The Board noted the report.</b></p>                                                                                                                                                                                                                                         |  |
| 57/25 | <p><b>Chief Executives Report (Including policies to ratify)</b></p> <p>The Chief Executive presented the report and reiterated key points from within it. She highlighted there were a number of policies and consultant appointments for ratification.</p> <p>Stuart McKinnon-Evans asked if the Emergency Department (ED) streaming service was as effective as an in-person service. Michele Moran responded that the service was provided in person in ED. Lynn Parkinson added that there was a suite located in Hull Royal Infirmary which services users with a mental health condition were directed to following arrival at ED. This service had received positive feedback. Stuart asked if the effectiveness of the service was assessed, and Lynn reported it was monitored</p> <p>Stuart McKinnon-Evans asked if the effectiveness of the Wellbeing programmes were being monitored and linked in with sickness absence. The Trust Chair also asked which staff were partaking in the opportunities and activities. Vickie Murray responded that an insight report had been undertaken on the wellbeing offer, and work was in progress. Vickie added</p> |  |

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|       | <p>that some of the data was double counted, with some staff taking up more than one activity.</p> <p>Stephanie Poole asked how the government move to mental health in Emergency Departments would affect the Trust, and whether additional support would be required at the Humber suite at Hull Royal Infirmary or a change in approach. Michele Moran responded that there was no further financial investment, and that the Trust would have to utilise existing resources. Lynn Parkinson added there was a possibility the Hospital Liaison Team structure would have to be reviewed using available resources.</p> <p>Phillip Earnshaw asked how patients on the ADHD/ASD waiting lists were supported. Lynn Parkinson responded that the 52-week waiting list was not improving. and the Trust was maintaining contact with those patients on the waiting list. Any changes were monitored, and protocols followed in relation to assessments.</p> <p>Priyanka Perera suggested that a focus on early intervention in educational settings could aid in neurodiversity awareness and aid with the waiting list. Michele Moran replied that there were shortages and financial issues within the East Riding teams. Twenty-six teams would be required across the Integrated Care Board by 2030.</p> <p>The Trust Chair highlighted the supreme court judgment. Michele Moran informed the Board that the judgment had been discussed at the recent Executive Management Team meeting. She added that guidance was awaited, and the Trust was taking some steps in the meantime. A paper would be presented to the People and Organisational Development Committee and then to the Board.</p> <p><b><u>Resolved:</u></b></p> <p><b>The Board noted the report.</b></p> <p><b>All the policies and consultant appointments listed in the report were ratified by the Board.</b></p> |  |
| 58/25 | <p><b>Publications and Highlights Report</b></p> <p>The report which provided an update on recent publications was accepted as read.</p> <p><b><u>Resolved:</u></b></p> <p><b>The Board noted the report.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| 59/25 | <p><b>Emergency Preparedness, Resilience and Response (EPRR) Annual Assurance Report</b></p> <p>The Emergency Preparedness, Resilience and Response (EPRR) Annual Assurance Report, for the period 1 April 2024 – 31 March 2025, was introduced by Lynn Parkinson. Lynn advised that the report showed compliance with EPRR core standards, with a strong focus on training. She added that testing had been undertaken, with a communications exercise and business continuity plans in place. The Board was requested to approve the report.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |

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|       | <p>Stephanie Poole commented that Hazmat/CBRN was not particularly relevant to the Trust and seemed to affect compliance figures. Lynn responded that the Trust was not seen as the lead for responses to these scenarios. All Mental Health and Community Trusts had raised this matter and, as a result, national discussions were taking place.</p> <p><b><u>Resolved:</u></b><br/> <b>The Emergency Preparedness, Resilience and Response (EPRR) Annual Assurance Report was approved.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| 60/25 | <p><b>Care Quality Commission Mental Health Act Report 2023-24</b></p> <p>Kwame Fofie introduced the Care Quality Commission Mental Health Act Report 2023-24 for Board approval. Kwame advised that key areas included workforce shortages, discharge planning and health inequality. He added that the report had been discussed at the Mental Health Legislation Committee.</p> <p>Phillip Earnshaw asked if checks for reports of blanket restrictions were carried out when visiting areas. The Trust Chair and Chief Executive would consider what questions to raise when visiting.</p> <p>Stuart McKinnon-Evans asked about a risk assessment for the Trust and whether there was a risk for non-compliance. Kwame responded that this was presented to and monitored by a number of groups, including the Mental Health Legislation Committee.</p> <p><b><u>Resolved:</u></b><br/> <b>The Care Quality Commission Mental Health Act Report 2023-24 Report was approved.</b></p> |  |
| 61/25 | <p><b>Freedom to Speak Up – Reflection and Improvement Plan 25/26</b></p> <p>Alison Flack introduced the Freedom to Speak Up – Reflection and Improvement Plan 25/26 report for Board approval. Alison advised that this had been previously presented at a Strategic Board Development Session. Alison added that the report had been considered by the Workforce and Organisational Development Committee and that internal audit had provided this with a significant assurance opinion, with some minor recommendations, which had subsequently been completed.</p> <p><b><u>Resolved:</u></b><br/> <b>The Freedom to Speak Up – Reflection and Improvement Plan 25/26 was Approved.</b></p>                                                                                                                                                                                                                                                                                         |  |
| 63/25 | <p><b>National Staff Survey Results 2024</b></p> <p>Lucy Boshier, Senior Business Development Consultant, Insight and Feedback at IQVIA attended the meeting to provide the Board with an overview of the National Staff Survey Results for 2024. Lucy highlighted the following key points:</p> <ul style="list-style-type: none"> <li>• The Trust response rate was reported as 56.2% for substantive staff and 31.4% for bank staff. The response rate had improved from the previous year for substantive staff; however, the bank staff response</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                         |  |



|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |
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|       | <p>was reported as lower.</p> <ul style="list-style-type: none"> <li>• Six of the People Promise themes were reported as significantly better for 2024.</li> <li>• Lucy provided an overview of the People Promise Themes.</li> <li>• An overview of recommendations for substantive staff and bank staff was provided along with the recommended 'next steps.'</li> </ul> <p>There was a discussion on some of the neutral responses that had been received in the survey results and the negative impact this had on the results.</p> <p><b><u>Resolved:</u></b><br/><b>The information was noted.</b></p>                                                                                                                                                                                                                                                                                                                                                                 |           |
| 64/25 | <p><b>Board Effectiveness Review 2024/25<br/>(Including Terms of Reference)</b></p> <p>the Board Effectiveness Review 2024/25 (Including Terms of Reference) (ToR) was accepted as read. The Board was requested to approve the ToR.</p> <p><b><u>Resolved:</u></b><br/><b>The Board ToR were approved.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |
| 65/25 | <p><b>Committee Effectiveness Reviews 2024/25<br/>(Including Terms of Reference)</b></p> <p>Stella Jackson introduced the Committee Effectiveness Reviews 2024/25 (Including Terms of Reference) (ToR) report and requested Board approval of the Committee ToR.</p> <p>Stuart McKinnon-Evans commented that on page 20 of the report, a number of the reporting groups had been crossed out. Stuart asked if that indicated the abolishment. Stella Jackson responded that this reflected the approval by the Board to the operational groups reporting into EMT rather than a committee in future (with any issues escalated to committees in the usual way) Stella was creating a refreshed reporting structure, which would be forwarded to the Audit Committee for assurance purposes.</p> <p><b><u>Resolved:</u></b><br/><b>The ToR for each Board Committee was approved.</b></p> <p><b>Committee reporting structure to be forwarded to the Audit Committee.</b></p> | <b>SJ</b> |
| 66/25 | <p><b>Fit and Proper Person Compliance</b></p> <p>The Trust Chair introduced the Trust Compliance with the Fit and Proper Person Test Framework 2024/25 paper and advised that the return to NHS England would be submitted.</p> <p><b><u>Resolved:</u></b><br/><b>The report was noted.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |
| 67/25 | <p><b>Insightful Board</b></p> <p>Sarah Smyth introduced the Insightful Board report and advised that further information on the work undertaken by the Trust following the publication of</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |

|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
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|       | <p>the Insightful Board guidance could be found in the report. Sarah added that further discussion would take place regarding the CQC Well-Led Statements at the Strategic Board Development session.</p> <p><b><u>Resolved:</u></b><br/><b>The report was noted.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| 68/25 | <p><b>Finance Report</b></p> <p>Peter Beckwith introduced the Finance Report as at month 1 and highlighted the following key points:</p> <ul style="list-style-type: none"> <li>• There were no formal NHS England (NHSE) reporting requirements for the period, as a result of year end reporting.</li> <li>• The position reported was consistent with the NHSE profile plan.</li> <li>• The profile plan showed £800k deficit in July 2025, and then a recover breakeven position as a result of efficiencies and savings work.</li> <li>• The cash position remained strong.</li> <li>• The 2.8% pay award had been included in the month 1 position.</li> </ul> <p>The Trust Chair commented that the pay awards had been announced as higher than 2.8% and asked what impact that would have on funding. Peter responded that confirmation was awaited from NHSE on the funding approach. Peter added that informal assurance had been received that the pay ward would be funded, however there could be a risk to the Trust if funded was awarded via the tariff system.</p> <p><b><u>Resolved:</u></b><br/><b>The report was noted.</b></p>                                                                                                                                                                                                                                                                                                                                        |  |
| 69/25 | <p><b>Performance Report</b></p> <p>Peter Beckwith introduced the Trust Performance Report as at month 1 and advised that the report was presented in the new format as agreed at the Strategic Board Development session and included a number of new performance indicators Pete added that performance was good across the workforce metrics, clinical supervision and virtual ward occupancy and that there had been some operational challenges relating to contracts.</p> <p>Lynn Parkinson provided an update on out of are placements. Work had taken place around the patient flow, MADE methodology continued in inpatient areas with positive impacts and reductions had been seen in out of area placements. Further work was being undertaken in relation to out of area placements, including with the Estates team.</p> <p>Lynn advised that neurodiversity waiting lists remained a challenge. Adult services were seeing a reduction as a result of patients being advised of the support available and the right to choose option. However, the challenges remained within the children's services, with conversations taking place regarding the funding being redirected to service providers for the right to choose. Lynn added that national taskforce guidance was awaited.</p> <p>The Board was informed by Lynn that the general over 52 weeks wait (excluding ADHD/ASD) had shown improvement. Lynn added that the focus remined on reducing all wait times.</p> |  |

|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
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|       | <p>Stuart McKinnon-Evans commented that the perinatal access numbers appeared to be dropping and asked if any reasons had been identified for this. Lynn responded that the most likely cause was Electronic Patient Record recording issues, with no changes made in the model to prevent access.</p> <p>Stephanie Poole referred to the Community Mental Health access chart and asked if there were any concerns. Peter Beckwith responded that this had been linked to the recording of contacts in SystmOne, the new Electronic Patient Record (EPR) system. He added that work was being undertaken and that improvements should be seen in the next report.</p> <p>Phillip Earnshaw raised concerns that the memory assessment waiting times had deteriorated due to sickness and asked what actions were being taken to improve this performance. Lynn responded that there had been short term absences, along with pre-existing challenges on the 18-week standard as a result of demand and capacity. Lynn added that the processes had changed over past 12 months with the model being constantly reviewed, this remained a continuous focus.</p> <p>Philip asked if the decline in the Liaison Psychiatry, 1 hour response in the Emergency Department was being reviewed. Lynn responded that this was due to the EPR change and reported that that performance had not reduced.</p> <p><b><u>Resolved:</u></b><br/><b>The report was noted.</b></p> |  |
| 70/25 | <p><b>Report on the Use of the Trust Seal</b></p> <p>Michele Moran introduced the Report on the Use of the Trust Seal and advised that the seal had been used three times during the period 1 April 2024 – 31 March 2025.</p> <p><b><u>Resolved:</u></b><br/><b>The report was noted.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| 71/25 | <p><b>Review of Standing Orders, Scheme of Delegation and Standing Financial Instructions</b></p> <p>Peter Beckwith introduced the Review of Standing Orders, Scheme of Delegation and Standing Financial Instructions paper.</p> <p>The Board was requested to ratify changes to the Trust's Standing Orders, Scheme of Delegation and Standing Financial Instructions relating to the use of the Trust Seal and changes resulting from the introduction of the Procurement Regulations.</p> <p><b><u>Resolved:</u></b><br/><b>The Board ratified the proposed changes within the documents.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| 72/25 | <p><b>Compliance with the Provider License – Annual Review</b></p> <p>Peter Beckwith introduced the Compliance with the Provider License – Annual Review report. He advised that the Executive Management Team had undertaken the review and considered the Trust to be fully compliant.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |

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|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|       | <p><b><u>Resolved:</u></b><br/>The report was noted.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| 73/25 | <p><b>Board Assurance Framework Update</b></p> <p>Oliver Simms introduced the Board Assurance Framework Update and highlighted the position for quarter 4. Oliver advised that reporting would change from quarterly to six times per year and the refreshed template would be presented at future meetings. Oliver added that updated data and the more recent position would be incorporated into the refreshed report.</p> <p><b><u>Resolved:</u></b><br/>The report was noted.</p>                                                                                                                                                                                                                                                                                                                                         |  |
| 74/25 | <p><b>Finance Committee Assurance Report</b></p> <p>Keith Nurcombe introduced the Finance Committee Assurance Report for the meeting that had taken place on 15 April 2025 and highlighted the following key points:</p> <ul style="list-style-type: none"> <li>• The Committee provided a formal thank you for the year-end position of breakeven, with a small surplus.</li> <li>• Risks included the underlining deficit for the Integrated Care System, which included risk to the Trust.</li> <li>• Commissioned work - this included scenario planning for the next 3 years.</li> </ul> <p><b><u>Resolved:</u></b><br/>The report was noted.</p>                                                                                                                                                                         |  |
|       | <i>The agenda was taken out of order after this point.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| 75/25 | <p><b>Mental Health Legislation Committee Assurance Report</b></p> <p>Stephanie Poole introduced the Mental Health Legislation Committee Assurance Report for the meeting which had taken place on 1 May 2025 and highlighted the following key points:</p> <ul style="list-style-type: none"> <li>• Mental Health Capacity Act – a report on compliance had been presented at the meeting and an audit had identified some changes were required.</li> <li>• The Associate Hospital Managers Annual Report was received, with some positive assurances reported.</li> <li>• Some health inequalities issues were explored, which related to race and deprivation and linked in with detentions under the Mental Health Act and restrictive interventions.</li> </ul> <p><b><u>Resolved:</u></b><br/>The report was noted.</p> |  |
| 76/25 | <p><b>Audit Committee Assurance Report</b></p> <p>The Audit Committee Assurance Report was introduced by Stuart McKinnon-Evans for the meeting that had taken place on 15 May 2025 and highlighted the following key points:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |

|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |
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|       | <ul style="list-style-type: none"> <li>• A discussion took place with the Community and Primary Care division on their risks and risk management methods. A risk surrounding the fire alarm at Whitby Hospital was highlighted.</li> <li>• Work to follow up audits at Millview and Maister Lodge was required in relation to property and money management. This included record keeping.</li> </ul> <p>Peter Beckwith reported that the fire alarm at Whitby Hospital was in full working order. It had been identified that some staff members required training on the usage of the system. Peter provided assurance that the Fire Officer and Fire Service were satisfied with arrangements. Peter would confirm this information and circulate to the Board.</p> <p><b><u>Resolved:</u></b><br/><b>The report was noted.</b></p> <p><b>Information regarding fire alarm issues at Whitby Hospital to be circulated to the Board.</b></p> | <b>PB</b> |
| 77/25 | <p><b>Quality Committee Assurance Report</b></p> <p>The Quality Committee Assurance Report was introduced by Phillip Earnshaw for the meeting that had taken place on 8 May 2025, and he highlighted the following key points:</p> <ul style="list-style-type: none"> <li>• The Quality Accounts had been discussed and approved by the Committee. It was suggested that future versions should be shorter and more user friendly.</li> <li>• The recent Supreme Court judgement relating to the definition of sex had been discussed.</li> </ul> <p><b><u>Resolved:</u></b><br/><b>The report was noted.</b></p>                                                                                                                                                                                                                                                                                                                              |           |
| 78/25 | <p><b>People &amp; Organisational Development Committee</b></p> <p>The People &amp; Organisational Development Committee Assurance Report was introduced by Dean Royles for the meeting that had taken place on 7 May 2025, and he highlighted the following key points:</p> <ul style="list-style-type: none"> <li>• Updates had been received from three reporting groups. Assurance reports would be received at future meetings.</li> <li>• The Board Assurance Framework and Risk Register had been reviewed.</li> <li>• Positive assurance was provided on vacancy and turnover rates.</li> <li>• Consultant vacancies were still higher than anticipated, although some good work was being undertaken.</li> <li>• The Committee Effectiveness review was discussed along with areas for continuous improvements.</li> </ul> <p><b><u>Resolved:</u></b><br/><b>The report was noted.</b></p>                                            |           |

|       |                                                                                                                                                                                                                                                                                                                                                                |  |
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| 79/25 | <b>June Board Strategic Development Meeting Agenda</b><br><br>The Trust Chair advised that the June Board Strategic Development Meeting Agenda had been amended since the submission of the Board papers. The Social Values report had since been added to the agenda.<br><br><u><b>Resolved:</b></u><br><b>The agenda was noted.</b>                          |  |
| 80/25 | <b>Items to Escalate including to the High Level Risk Register &amp; for Communication</b><br><br>There were no items to escalate.                                                                                                                                                                                                                             |  |
| 81/25 | <b>Any Other Urgent Business</b><br><br>There were no other items of business raised.                                                                                                                                                                                                                                                                          |  |
| 82/25 | <b>Review of Meeting – Being Humber</b><br><br>The Board agreed the meeting had been held in the Being Humber style.                                                                                                                                                                                                                                           |  |
| 83/25 | <b>Exclusion of Members of the Public from the Part II Meeting</b><br><br>It was resolved that members of the public would be excluded from the second part of the meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.<br><br>The meeting concluded at 12:22pm. |  |
| 84/25 | <b>Date, Time and Venue of Next Meeting</b><br>Wednesday 30 July 2025, 9.30am via Microsoft Teams                                                                                                                                                                                                                                                              |  |

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

Chair

## Agenda Item 4

### Action Log: Actions Arising from Public Trust Board Meetings

#### Summary of actions from May 2025 Board meeting and update report on earlier actions due for delivery in July 2025

*Rows greyed out indicate action closed and update provided here*

| Date of Board | Minute No | Agenda Item                                                            | Action                                                                                    | Lead                      | Timescale | Update Report                                                                       |
|---------------|-----------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|---------------------------|-----------|-------------------------------------------------------------------------------------|
| 28.05.25      | 65/25     | Committee Effectiveness Reviews 2024/25 (Including Terms of Reference) | Committee reporting structure to be forwarded to the Audit Committee                      | Head of Corporate Affairs | July 2025 | This was due to be discussed at the next Audit Committee meeting on 26 August 2025. |
| 28.05.25      | 76/25     | Audit Committee Assurance Report                                       | Information regarding fire alarm issues at Whitby Hospital to be circulated to the Board. | Director of Finance       | July 2025 | Information circulated.                                                             |

#### Outstanding Actions Arising from Previous Board meetings for feedback to a later Board meeting

| Date of Board | Minute No | Agenda Item | Action | Lead | Timescale | Update Report |
|---------------|-----------|-------------|--------|------|-----------|---------------|
|               |           |             |        |      |           |               |

A copy of the full action log recording actions reported back to Board and confirmed as completed/closed is available from the Head of Corporate Affairs

**Board Public Workplan April 2025/March 2026 (v12)**

**Chair of Board:** Caroline Flint  
**Executive Lead:** Michele Moran

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



| Board Dates:-                                                                                                                         | Strategic Headings | LEAD | 28 May 2025 | 30 Jul 2025 | 24 Sep 2025 | 26 Nov 2025 | 28 Jan 2026                       | 25 Mar 2026 |
|---------------------------------------------------------------------------------------------------------------------------------------|--------------------|------|-------------|-------------|-------------|-------------|-----------------------------------|-------------|
| Reports:                                                                                                                              |                    |      |             |             |             |             |                                   |             |
| Recovery Strategy Framework Update (from 2026)                                                                                        | Strategy           | LP   |             |             |             |             |                                   |             |
| Patient and Carer Experience Forward Plan (2023 to 2028 – next due September 2028))                                                   | Strategy           | KF   |             |             |             |             |                                   |             |
| Presentation of Annual Community Survey Results                                                                                       | Corporate          | KF   |             | *           |             |             |                                   |             |
| Guardian of Safeworking Annual Report                                                                                                 | Corporate          | KF   |             |             | x           |             |                                   |             |
| Patient & Carer Experience (incl Complaints and PALs) Annual Report                                                                   | Corporate          | KF   |             |             | x           |             |                                   |             |
| Infection Control (Enabling) Plan (three yearly – next due in Sept 2026)                                                              | Strategy           | SS   |             |             |             |             |                                   |             |
| Infection Prevention Control Annual Report                                                                                            | Quality            | SS   |             |             | x           |             |                                   |             |
| Safeguarding Annual Report                                                                                                            | Quality            | SS   |             |             | x           |             |                                   |             |
| Annual EPRR Assurance Report                                                                                                          | Quality            | LP   | x           |             |             |             |                                   |             |
| EPRR Core Standards                                                                                                                   | Corporate          | LP   |             |             |             | x           |                                   |             |
| Patient Led Assessment of the Care Environment (PLACE) Update                                                                         | Quality            | LP   |             |             |             |             |                                   | x           |
| NHS England - Annual Self-Assessment for Placement Providers                                                                          | Quality            | KF   |             |             | x           |             |                                   |             |
| Annual Operating Plan                                                                                                                 | Strategy           | PB   |             |             |             |             |                                   | x           |
| Freedom to Speak Up Annual Report (and Six Month Update)                                                                              | Corporate          | MM   |             | *           |             |             | 6 month update                    |             |
| Annual Non-Clinical Safety Report                                                                                                     | Quality            | PB   |             |             | x           |             |                                   |             |
| Annual Associate Hospital Manager Review                                                                                              | Quality            | KF   |             |             |             |             |                                   | x           |
| Report on the Use of the Trust Seal                                                                                                   | Corporate          | MM   | x           |             |             |             |                                   |             |
| Review of Standing Orders, Scheme of Delegation and Standing Financial Instructions                                                   | Corporate          | SJ   | x           |             |             |             | SFI Thresholds                    |             |
| Charitable Funds Annual Accounts                                                                                                      | Corporate          | PB   |             |             |             |             | X<br>Separate meeting of Trustees |             |
| A Framework of Quality Assurance for Responsible Officers and Revalidation, Annex D – Annual Board Report and Statement of Compliance | Corporate          | KF   |             |             | x           |             |                                   |             |
| Gender Pay Gap                                                                                                                        | Corporate          | KP   |             | x           |             |             |                                   |             |
| WDES Report — reports into Workforce & Organisational Development Committee, but separate report to the Board                         | Corporate          | KP   |             | x           |             |             |                                   |             |
| WRES Report reports into Workforce Committee with report to Board                                                                     | Corporate          | KP   |             | x           |             |             |                                   |             |
| Equality Diversity and Inclusion Annual Report                                                                                        | Corporate          | KP   |             |             | x           |             |                                   |             |

| Board Dates:-                                                                                                                                 | Strategic Headings | LEAD  | 28 May 2025 | 30 Jul 2025 | 24 Sep 2025 | 26 Nov 2025 | 28 Jan 2026 | 25 Mar 2026 |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------|-------------|-------------|-------------|-------------|-------------|-------------|
| <b>Reports:</b>                                                                                                                               |                    |       |             |             |             |             |             |             |
| Board Terms of Reference Review (inc in Effectiveness review)                                                                                 | Corporate          | CF    | x           |             |             |             |             |             |
| Annual Committee Effectiveness Reviews & Terms of Reference (one paper)                                                                       | Corporate          | SJ    | x           |             |             |             |             |             |
| Reaffirmation of Slavery and Human Trafficking Policy Statement in Chief Executive report                                                     | Corporate          | MM    |             |             |             |             | x           |             |
| Fit and Proper Person Compliance                                                                                                              | Corporate          | CF    | x           |             |             |             |             |             |
| Winter Plan                                                                                                                                   | Corporate          | LP    |             |             | x           |             |             |             |
| Compliance with the New Provider License                                                                                                      | Corporate          | SJ    | x           |             |             |             |             |             |
| Staff Survey Presentation to Board (IQVIA attending)                                                                                          | Corporate          | KP    | x           | x           |             |             |             |             |
| Staff Survey Progress Report                                                                                                                  | Corporate          | KP    |             |             | x           |             |             |             |
| Annual Non-Clinical Report                                                                                                                    | Quality            | KF    |             |             | x           |             |             |             |
| Review of the Constitution                                                                                                                    | Corporate          | SJ    |             | x           |             |             |             |             |
| EDS22 Report                                                                                                                                  | Corporate          | KP    |             |             | x           |             |             |             |
| Auditors Letter                                                                                                                               | Corporate          | PB    |             |             |             | x           |             |             |
| Annual Members Meeting Minutes                                                                                                                | Corporate          | CF    |             |             |             | x           |             |             |
| Strategic Board Development Agenda                                                                                                            | Corporate          | CF    | x           | x           | x           | x           | x           | x           |
| <b>Adhoc/future Items</b>                                                                                                                     |                    |       |             |             |             |             |             |             |
| Freedom to Speak Up Strategy 2024-2027 (next due May 2027)                                                                                    | Corporate          | MM    |             |             |             |             |             |             |
| Review of Committee Membership and NED Champions (part of Chair report)                                                                       | Corporate          | CF    |             |             | x           |             |             |             |
| Research Strategy 2024-2026 (next due 2026)                                                                                                   | Quality            | KF    |             |             |             |             |             |             |
| Digital Optimisation (included in CEO Report)                                                                                                 | Corporate          | LP    | x           | x           | x           | x           | x           | x           |
| Health inequalities                                                                                                                           | Corporate          | KF    | x           | x           |             | x           |             | x           |
| Insightful Board Update                                                                                                                       | Corporate          | SS/SJ | x           | x           | x           |             |             |             |
| Mental Health Inpatient Redesign and Granville Court Development Progress Update (requested at the April Strategic Board Development meeting) | Corporate          | PB    |             |             |             | x           |             |             |
| Risk Management Strategy                                                                                                                      | Corporate          | SS    |             | x           |             |             |             |             |
| Review of patient safety across the health and care landscape                                                                                 | Quality            | SS    |             | x           |             |             |             |             |
| <b>Deleted /Removed Items</b>                                                                                                                 |                    |       |             |             |             |             |             |             |
|                                                                                                                                               |                    |       |             |             |             |             |             |             |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--|
| Title & Date of Meeting:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Trust Board Public Meeting – 30 July 2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |  |
| Title of Report:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Staff Story – Virtual Frailty Ward                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |  |
| Author/s:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Matthew Handley, General Manager - Community & Primary Care.<br>Andy Churm, Clinical Operational Lead, Virtual Ward                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |  |
| Recommendation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | To approve                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | To receive & note |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | For information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | √                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | To ratify         |  |
| Purpose of Paper:<br><i>Please make any decisions required of Board clear in this section:</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | This story provides an update to the Board on the implementation and mobilisation of the Trust's Virtual Frailty Ward. It outlines key performance indicators, workforce developments, and patient outcomes, highlighting innovations that have improved care delivery across the North Yorkshire system and reduced hospital admissions. It also reflects on insights from the recent GIRFT (Getting it Right First Time) review, highlighting areas of good practice, challenges, and opportunities for service improvement and sustainability. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |  |
| Key Issues within the report:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |  |
| <b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"><li>Achievement of 80% occupancy average for Q1 22025-26.</li><li>90% of patients remain in their own home post-care, with only 9.5% discharged to acute hospitals.</li><li>Improved system confidence and feedback on achieving sustained improvement in occupancy.</li><li>High patient satisfaction and positive feedback from both patients and clinicians.</li><li>Demonstrated reduction in avoidable hospital admissions and improved quality of life.</li><li>Responsive, multi-disciplinary care planning and treatment delivery.</li><li>Increased visibility and promotion of the service through local and national events.</li></ul> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"><li>Introduction of a direct Clinician-to-Clinician referral process to streamline admissions.</li><li>Pilot of a Paramedic in the Urgent Community Response team to support rapid assessments.</li><li>Increased collaboration with community teams and daily huddles to improve integration.</li><li>Call Before Convey (CB4C) initiative with Yorkshire Ambulance Service (YAS) to reduce unnecessary hospital conveyance.</li><li>Workforce recruitment and development aligned to budget, including apprenticeships and volunteer roles.</li><li>Economic evaluation of the service in partnership with North Yorkshire (NY) ICB and University of York.</li><li>Deployment of inhealth remote monitoring and refreshed iSTAT (electronic diagnostic results) offer.</li><li>Engagement with GP Practices, Local Medical Council (LMC), and Primary Care Networks (PCN's) to promote the step-up pathway and increase bed occupancy.</li><li>Alignment with national best practice as outlined in the GIRFT and NHSE Virtual Ward frameworks.</li></ul> |                   |  |
| <b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"><li>Prior to April 2025 bed occupancy rates fluctuated, with periods of underutilisation.</li><li>High system scrutiny if capacity is not occupied.</li><li>Limited national data on long-term outcomes and cost-effectiveness of the service.</li><li>Integration challenges between Virtual Ward and Secondary Care.</li></ul>                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Decisions Made:</b> <ul style="list-style-type: none"><li>Transition from legacy referral process to a streamlined clinician-to-clinician model.</li><li>Expansion of the workforce including recruitment of a third GPwER (GP with an extended role).</li><li>Continued investment in digital tools and remote monitoring.</li><li>Commitment to evaluate and potentially scale the Paramedic pilot.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |  |

|                                                                                                             |                                     |                                                                                                                                                                                                                                           |                                               |                        |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------|
|                                                                                                             |                                     | <ul style="list-style-type: none"> <li>Strategic roadmap established for 2025–2026 with clear milestones and evaluation points.</li> <li>Commitment to implement recommendations from the GIRFT review now received July 2025.</li> </ul> |                                               |                        |
| <b>Governance:</b><br>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                     | Various updates to EMT |
|                                                                                                             | Mental Health Legislation Committee |                                                                                                                                                                                                                                           | Operational Delivery Group                    |                        |
|                                                                                                             | Collaborative Committee             |                                                                                                                                                                                                                                           | Other (please detail)                         |                        |

### Monitoring and assurance framework summary:

#### Links to Strategic Goals (please indicate which strategic goals this paper relates to)

✓ Tick those that apply

|   |                                                                                                                                                                                                                                                                                     |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ | <b>Innovating Quality and Patient Safety</b><br><i>The Virtual Ward has introduced clinician-to-clinician referrals, remote monitoring, and rapid response pilots, enhancing patient safety and care quality through timely, tech-enabled interventions where possible.</i>         |
| ✓ | <b>Enhancing prevention, wellbeing and recovery</b><br><i>By supporting patients to remain at home and reducing unnecessary hospital admissions, the service promotes recovery in familiar environments and prevents deterioration.</i>                                             |
| ✓ | <b>Fostering integration, partnership and alliances</b><br><i>Daily huddles, collaboration with partners (community, primary and secondary care), and initiatives like Call Before Convey (CB4C) with YAS, demonstrate strong cross-sector integration and partnership working.</i> |
| ✓ | <b>Developing an effective and empowered workforce</b><br><i>Workforce expansion, apprenticeships, and volunteer roles reflect a commitment to building a skilled, sustainable, and empowered team aligned with service needs.</i>                                                  |
| ✓ | <b>Maximising an efficient and sustainable organisation</b><br><i>Achieving 80% bed occupancy, reducing conveyances, and conducting economic evaluations support financial sustainability and efficient resource use.</i>                                                           |
| ✓ | <b>Promoting people, communities, and social values</b><br><i>High patient satisfaction, community-based care, and engagement with local stakeholders highlight the service's focus on person-centred, socially responsive care.</i>                                                |

| Have all implications below been considered prior to presenting this paper to Trust Board? | Yes | If any action required is this detailed in the report? | N/A | Comment                                                                     |
|--------------------------------------------------------------------------------------------|-----|--------------------------------------------------------|-----|-----------------------------------------------------------------------------|
| Patient Safety                                                                             | ✓   |                                                        |     | 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  |                                                                             |

|                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                            |   |            |  |            |   |         |   |           |  |               |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------------|--|------------|---|---------|---|-----------|--|---------------|--|--|--|
| Title & Date of Meeting:                                                                                                                                                                                                                                                                                                                                                                                                                 | Trust Board Public Meeting – 30 July 2025                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                            |   |            |  |            |   |         |   |           |  |               |  |  |  |
| Title of Report:                                                                                                                                                                                                                                                                                                                                                                                                                         | Trust Chair's Report                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                            |   |            |  |            |   |         |   |           |  |               |  |  |  |
| Author/s:                                                                                                                                                                                                                                                                                                                                                                                                                                | RT Hon Caroline Flint                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                            |   |            |  |            |   |         |   |           |  |               |  |  |  |
| Recommendation:                                                                                                                                                                                                                                                                                                                                                                                                                          | <table border="1"> <tr> <td>To approve</td><td></td><td>To discuss</td><td>✓</td></tr> <tr> <td>To note</td><td>✓</td><td>To ratify</td><td></td></tr> <tr> <td>For assurance</td><td></td><td></td><td></td></tr> </table> |                                                                                                                                                                                                                                                                                                                                            |   | To approve |  | To discuss | ✓ | To note | ✓ | To ratify |  | For assurance |  |  |  |
| To approve                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                             | To discuss                                                                                                                                                                                                                                                                                                                                 | ✓ |            |  |            |   |         |   |           |  |               |  |  |  |
| To note                                                                                                                                                                                                                                                                                                                                                                                                                                  | ✓                                                                                                                                                                                                                           | To ratify                                                                                                                                                                                                                                                                                                                                  |   |            |  |            |   |         |   |           |  |               |  |  |  |
| For assurance                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                            |   |            |  |            |   |         |   |           |  |               |  |  |  |
| Purpose of Paper:<br><i>Please make any decisions required of Board clear in this section:</i>                                                                                                                                                                                                                                                                                                                                           | To provide updates on the Chair, Non-Executive and Governor activities since the last Public Board meeting.                                                                                                                 |                                                                                                                                                                                                                                                                                                                                            |   |            |  |            |   |         |   |           |  |               |  |  |  |
| Key Issues within the report:                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                            |   |            |  |            |   |         |   |           |  |               |  |  |  |
| <b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>Update from the last Board Strategic Development meeting.</li> <li>Continued high level engagement with Humber and North Yorkshire Integrated Care System, NHS England and national networks</li> <li>Governor Elections completed</li> <li>Appraisals Completed Chair/Non-Executive Directors (NEDs)/Chief Executive</li> <li>Chair/NED Visits</li> </ul> |                                                                                                                                                                                                                             | <b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>Long Term Plan/10 Year Plan – impact on Humber and opportunities.</li> <li>CQC Inspection Preparations</li> <li>Digital Board – further development</li> <li>Non- Executive Directors Recruitment Campaign</li> </ul>                                |   |            |  |            |   |         |   |           |  |               |  |  |  |
| <b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"> <li>Changes at Humber North Yorkshire Integrated Care Board (HNYICB) causing uncertainty and decision delays.</li> <li>Influence NHS England reform changes to deliver positive outcomes for mental health and community services.</li> </ul>                                                                                                                        |                                                                                                                                                                                                                             | <b>Decisions Made:</b> <ul style="list-style-type: none"> <li>Approval of 2 Non- Executive Directors Recruitment Campaign (Council of Governors 17/07/25)</li> <li>Approval to constitutional amendment regarding the Trust Seal by the Council of Governors prior to approval by the Board for the constitution to be amended.</li> </ul> |   |            |  |            |   |         |   |           |  |               |  |  |  |

|                                                                                                             |                                     |      |                                               |      |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------|------|-----------------------------------------------|------|
| <b>Governance:</b><br>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  |                                                                             |

## **Trust Chair's Board Report – 30 July 2025**

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

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

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

Hospital to Community  
Treatment to Prevention  
Analogue to Digital

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

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

At time of writing a **10 Year Plan Humber briefing for NEDs will take place on 23 July** regarding impacts on our services, the opportunities and challenges ahead. This discussion will continue at a Trust Board Strategic Development Meetings early in September. We will also be organising a Board/Council of Governor development meeting on this subject.

### **Humber North Yorkshire Integrated Care Board HNY ICB**

It is a challenging time for HNY ICB as it redefines the role in line with national direction on ICBs and makes 50% cuts. But it is also a challenge for providers such as Humber who wish to make progress on our partnership collaborative work, get clarity on the future role of the ICB and remove unnecessary duplication between the ICB and providers. As a Board we will continue our engagement and strategic planning with regard to the changes but also constructively challenge when uncertainty and indecision affects delivery of better services.

### **Chair and Non-Executive Directors (NEDs) Appraisals 2025**

The appraisals took place on the 4 and 10 June respectively. Chair of the Appointments, Terms and Conditions (ATC) Committee Governor Marilyn Foster took part supporting Senior Independent Director Dean Royles for my appraisal and with me for the NEDs. Reports were provided to the ATC on 3 July and the Council of Governors informed on 17 July.

### **Non- Executive Director Recruitment Campaign**

The ATC and Council of Governors have approved a proposal by myself and Karen Phillips to run an in house recruitment campaign for an Audit Chair to replace Stuart McKinnon-Evans when he finishes his term in January 2026 and an additional NED. The additional NED is to ensure voting balance following the Board decision to make the Executive Director of People and Organisational Development a voter Executive Director and to provide extra capacity.

### **Trust Board Strategic Development Meeting 25 June 2025**

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

## 1. Chair's Activities Round Up

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

On the 3 June and 22 July, I met with **John Lawlor who as an independent Chair has been working with all the Chief Executives involved in the development of collaborative arrangements.** I will be meeting him every 6 weeks or so going forward. All partners can see the benefits of greater partnership to deliver better for patients and secure funds. It was agreed to maintain momentum whilst resolving outstanding issues. Humber Mental Health, Learning Disabilities and Autism Host Provider Contractual Joint Venture working group continues to meet monthly with Executive Directors and Non-Executive Directors attending and I attended on 7 July.

I took part in interview panels for **consultants in our General Adult Community Mental Health team and Memory Services team** on 12 June. For both positions the panel was able to approve candidates – which was great. At time of writing, we will be interviewing candidates for the **Executive Director of People and Organisational Development** on 24 July.

**Jason Stamp, the newly appointed Interim Chair for Humber North Yorkshire Integrated Care Board,** on the 26 June hosted a Humber, North Yorkshire Integrated Care Service (HNY ICS) hybrid event for all Chairs and Non-Executive Directors (NEDs) to update about changes at the IC Board, new plans for ICBs' remit going forward and how some responsibilities may shift to providers. Humber was well represented, and all agreed regular short updates would be useful for the non-executive community across HNY ICS. The next one will take place in August

I attended an **NHS England webinar on Safe, Sustainable and Productive Nursing and Midwifery Nursing** on 1 July. Although mainly attended by health professional it was useful to listen and learn more.

It was really interesting attending the **Senior Leadership Forum** and meeting more of our leading staff on 9 July. It was a wide-ranging agenda with good discussion and lively posts in the chat box.

### **Internal meetings included:**

Quarterly 1:1s with NEDs  
Collaborative Board Sub Committee 23 June  
Senior Leadership Team 9 July  
Ask the Board 23 July

### **External meetings included:**

East Riding Health and Well Being Board  
NEY NHS Leaders Call  
NHS Confederation Mental Health Chairs' Network

## 2. Visits

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



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

I met with **Adam Newton** and colleagues to learn more about delivery of **our Virtual Ward in Scarborough on 8 July**. This service could do so much to support people's health needs at home rather than in hospital and I passed on some of their ideas and thoughts to Sarah Smyth, Michele Moran and NED Phil Earnshaw.

Adam has worked for Humber from being newly qualified and was recently awarded the prestigious title of Queen's Nurse for Community Nursing which is a brilliant achievement. In Adam's own words:

*"I love my job and feel lucky every day to help the patients living in our catchment area. I have only been in this role since December, and I feel in this role I am making the biggest difference to patients' lives and well-being. Not only preventing admissions but also reducing their risks of picking up hospital acquired infections which can often lead to premature death. We are also helping patients with their future care decisions and allowing them to die peacefully at home, not in A&E or on a busy ward."*

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

Adam's offer has been signposted to our team supporting our ambassador programme in schools.

### **NED/ANED Visits since last Trust Public Board**

#### **Unannounced (with Executive Director)**

|                  |                                   |       |
|------------------|-----------------------------------|-------|
| Pine View        | Stuart McKinnon-Evans/Sarah Smyth | 01/07 |
| East Riding CMHT | Dean Royles/Lynn Parkinson        | 16/07 |

#### **Announced**

|                    |                                |       |
|--------------------|--------------------------------|-------|
| Inspire            | Steph Poole                    | 04/06 |
| Humber Centre      | Steph Poole                    | 10/06 |
| Safe Space         | Priyanka Perera/Caroline Flint | 01/07 |
| Humber Suite (EDS) | Priyanka Perera/Caroline Flint | 01/07 |
| Virtual Ward Team  | Caroline Flint                 | 08/07 |
| Haltemprice CMHT   | Dean Royles/Lynn Parkinson     | 16/07 |
| Westlands          | Stuart McKinnon Evans          | 24/07 |

### **3. Governors**

**Council of Governors (CoG) 17 July.** As well as standing items they received presentations on our mental health, forensic, CAMHS inpatient services. Council Partner Governor Jacquie White provided an overview of Hull University's courses for health professionals and partnership with Humber. Governors approved the Non-Executive Director recruitment campaign recommendation;

amendment to the Constitution regarding the Trust Seal and reports on the annual effectiveness reviews of the governor led Engaging Members Groups and Appointments, Terms and Conditions Committee.

**Governors Elections Spring/Summer 2025 results and new Partner Governor** - Brian Swallow was re-elected as there were no further nominations leaving a Public Hull vacancy until the next election round this Autumn. Service User & Carer Governors Marilyn Foster and Anthony Houfe were re-elected as there were no further nominations. Contested elections took place for Staff Clinical and Staff Non-Clinical and congratulations to Sian Johnson and Simon Mills who were elected. Stella Jackson and I have had introductory meetings with both, and online induction training has been organised. We also met Dan Meeke new Partner Governor for Humberside Fire and Rescue service. Our thanks to Will Taylor Staff Clinical Governor and Dominic Purchon Partner Governor Humberside Fire and Rescue for their service

**Appointments, Terms and Conditions Committee (ATC)** met on 3 July and received reports on Chair and NED Appraisals for 2024-25; Annual Effectiveness Review of Committee performance and attendance; Trust Compliance with the Fit and Proper Person Framework 2024-25 and discussed the time requirements for Non-Executive Directors and Chair. The Committee also agreed proposals for the recruitment campaign for Audit Chair and an additional Non-Executive Director to be recommended to the Council of Governors for approval.

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

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

**Governor Briefing 26 Jun** – What Learning Disabilities Services we provide.

A written Governor Briefing was emailed on how we **manage safe staffing levels**. The next **Governor Briefing on 31 July** will provide a bitesize brief on: **What services we provide for children**.

The **Governor Development Session on 10 July** met in person and covered the role of Board Sub Committees: **Audit, Collaborative and Finance** ably led by NED Chairs **Stuart McKinnon Evans and Keith Nurcombe**. Operational staff **Sarah Clinch** explained **Humber's Health Inequalities Plan** and **Paula Phillips** outlined our Humber Ministry of Justice Contracts /Prisons and Humber Centre Services. The questions and discussion generated reflected interest and quality of the presentations. My thanks to all our speakers.

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

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

| Title                                                                                    | Date       | Presenter                                             | GB or GDS |
|------------------------------------------------------------------------------------------|------------|-------------------------------------------------------|-----------|
| Our Community Services                                                                   | 27/11/2025 | Matthew Handley                                       | GB        |
| Overview of Co-Production work across Humber Divisions and Experts by Experience         | 13/11/2025 | Lynn Parkinson<br>Kwame Fofie                         | GDS       |
| Developing Place and Integrated Care Board                                               | 30/10/2025 | Michele Moran<br>Pete Beckwith                        | GB        |
| Tom Nicklin and Peer Support Workers (TBC)                                               | 25/9/2025  | Lynn Parkinson                                        | GB        |
| What services do we provide for children.                                                | 31/7/2025  | Justine Rooke                                         | GB        |
| Role of the Board Sub-Committees Audit, Collaborative & Finance                          | 10/7/2025  | NED Chairs<br>Stuart McKinnon-Evans<br>Keith Nurcombe | GDS       |
| Humber Ministry of Justice (MoJ) Contracts/ Prisons and Humber Centre Services           | 10/7/2025  | Lynn Parkinson<br>Paula Phillips                      | GDS       |
| Health Inequalities                                                                      | 10/7/2025  | Kwame Fofie                                           | GDS       |
| What Learning Disabilities Services we provide.                                          | 26/6/2025  | Justine Rooke                                         | GB        |
| Mental Health Team and Emergency Department Streaming at Hull Royal Infirmary            | 29/05/2025 | Adrian Elsworth                                       | GB        |
| How we recruit staff                                                                     | 24/04/2025 | Karen Phillips                                        | GB        |
| How our Multi-Disciplinary Teams (MDTs) work                                             | 27/3/2025  | Paul Johnson                                          | GB        |
| Role of the Sub-Committees Workforce, MHL & Quality                                      | 13/3/2025  | NED Chairs                                            | GDS       |
| How we collect feedback from our patients and service users and how we handle complaints | 13/3/2025  | Mandy Dawley & David Napier                           | GDS       |
| Yorkshire and Humber Care Record                                                         | 27/2/2025  | Lee Rickles & Ian                                     | GB        |
| Governance and liability for services we commission                                      | 30/1/2025  | Pete Beckwith                                         | GB        |

|                                                                                               |            |                                   |       |
|-----------------------------------------------------------------------------------------------|------------|-----------------------------------|-------|
|                                                                                               |            |                                   |       |
| Improving our estates (any major developments, key priorities etc)                            | 28/11/2024 | Pete Beckwith & Rob Atkinson      | GB    |
| Delayed Transfers of Care – understanding the reasons for a patient's discharge being delayed | 14/11/2024 | Lynn Parkinson & Claire Jenkinson | GDS   |
| Interweave Connecting Care Information                                                        | 7/11/2024  | Caroline Flint                    | Email |
| EPR progress update                                                                           | 24/10/2024 | Lynn Parkinson & Lee Rickles      | GB    |
| Significant Transactions                                                                      | 15/8/2024  | Pete Beckwith                     | GDS   |

## Agenda Item 7

|                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |                                                                                                                             |      |  |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------------------------------------------------------------------------------------------------------|------|--|
| Title & Date of Meeting:                                                                                                  | Trust Board Public Meeting – 30 July 2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |                                                                                                                             |      |  |
| Title of Report:                                                                                                          | Chief Executive's Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |                                                                                                                             |      |  |
| Author/s:                                                                                                                 | Name: Michele Moran<br>Title: Chief Executive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                                                                                                                             |      |  |
| Recommendation:                                                                                                           | To approve                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      | To discuss                                                                                                                  | ✓    |  |
|                                                                                                                           | To note                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      | To ratify                                                                                                                   | ✓    |  |
|                                                                                                                           | For assurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                                                                                                                             |      |  |
| Purpose of Paper:                                                                                                         | <p>To provide the Board with an update on local, regional and national issues.</p> <p>Areas of note include:</p> <p>Associated Hospital Managers Re-Appointments Requiring Ratification.</p> <p>Ratification of policies for:</p> <ul style="list-style-type: none"> <li>Revalidation and Registration Renewal for Nursing, Allied Health Professionals and Social Workers</li> <li>Supporting Transgender Patients and Service Users Policy</li> <li>Sexual Misconduct Policy</li> <li>Organisational Change Policy</li> <li>Leave Policy</li> </ul> |      |                                                                                                                             |      |  |
| 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)<br>Monthly report to Board                                                                            |      |  |

## Monitoring and assurance framework summary:

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

## Chief Executive's Report

### 1 Policies for Approval

#### 1.1 Trust Policies

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

| Policy Name                                                                                       | Date Approved | Lead Director                                                    | Key Changes to the Policy                                                                                                                                                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Revalidation and Registration Renewal for Nursing, Allied Health Professionals and Social Workers | 27.05.2025    | Director of Nursing, Allied Health and Social Care Professionals | This policy, which initially applied only to registered nurses has been updated to include AHP's, Psychologists & social workers who are all required to maintain a professional registration.                                                                                                                                 |
| Supporting Transgender Patients and Service Users Policy                                          | 27.05.2025    | Medical Director                                                 | Minor content changes have been made to wording, either grammar, clarity or to modernise outdated terminology.<br><br>Section 5.2 has been updated to provide strengthened guidance to staff when trans people are accessing services.                                                                                         |
| Sexual Misconduct Policy                                                                          | 24.06.2025    | Associate Director of People and Organisational Development      | This new policy has been written using a national framework. It highlights the Trust's stance on sexual misconduct, its obligations, how to recognise and report sexual misconduct and the support available to people involved or harmed.                                                                                     |
| Organisational Change Policy                                                                      | 08.07.2025    | Associate Director of People and Organisational Development      | This policy outlines the process to be followed when organisational change is required. The 'at risk' language has been updated within the policy to provide clarification as to what 'at risk' means in the context of organisational change. Other sections of the policy have also been updated for clarification purposes. |
| Leave Policy                                                                                      | 08.07.2025    | Associate                                                        | Information has been incorporated into the policy regarding the new                                                                                                                                                                                                                                                            |

|  |  |                                                   |                                                                                                                             |
|--|--|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
|  |  | Director of People and Organisational Development | Neonatal Care Leave and Pay to reflect the Neonatal Care (Leave and Pay) Act 2023 (which came into effect on 6 April 2025). |
|--|--|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|

The Confidentiality Code of Conduct was also approved by the Executive Management Team at a meeting held on 27 May 2025. Whilst this is not a policy, it is an important document as it applies to all people working at the Trust.

#### **1.1.1 Well-Led Review**

The NHS England "Well-led" guidance, developed jointly with the Care Quality Commission, provides a framework for NHS Trusts and Foundation Trusts to assess and improve their leadership, management, and governance. It emphasises the importance of a culture that supports high-quality, person-centred care, learning, innovation, and a fair culture. The guidance helps trusts to understand what good leadership looks like and how to deliver sustainable, high-quality care.

The Guidance encourages NHS organisations to undertake externally facilitated developmental reviews of their leadership and governance using the framework every three to five years. The Code of Governance for NHS Providers Trusts also provides that NHS organisations should undertake an externally facilitated well-led review every three to five years.

The Trust's last well-led review was undertaken by Grant Thornton and commenced in December 2021 and concluded in March 2022. Consequently, the Trust's next well-led review will need to commence no later than December 2026 with the conclusion reported no later than March 2027.

At the same time, the Trust is anticipating a CQC well-led review which will also assess the Trust's well-led performance against the framework. According to the guidance published by NHS England, 'whilst CQC's regulatory assessments are primarily for assurance purposes, developmental reviews are primarily for providers themselves to facilitate continuous improvement' as they provide objectivity and challenge that may not otherwise arise.

In view of the above, it is recommended that an externally facilitated well-led review is arranged to commence by December 2026.

#### **1.1.2 Revised Reporting Arrangements**

At the Trust Board meeting on 26 March 2025, the Board agreed a proposal (contained in the Chief Executive's report) that the operational groups which reported into a committee should, in future, report into the Executive Management Team, with any exceptions escalated to the relevant committee(s) in the usual way.

It was considered this approach would have a number of benefits: only key issues would be escalated to committees; more time would be given at committee meetings to consider other matters as the number of papers would reduce and the operational issues arising from the reporting groups would be escalated to EMT and responded to in a timely manner.



The Executive Management Team subsequently agreed that some groups should report into the Operational Delivery Group, and some should report into the Executive Management Team.

The following groups now report into EMT:

- Mental Health Legislation Steering Group
- Associate Hospital Managers
- Medical Education Committee
- QPaS

The following groups now report into ODG:

- Staff Health and Wellbeing Group
- Workforce, Equality and Diversity Inclusion Group
- Reducing Restrictive Interventions Steering Group

The EMT and ODG terms of reference have been updated to reflect the above practice.

Audit Committee was informed of the revised arrangements via a paper at the June Audit Committee meeting.

### **1.1.3 - Associated Hospital Managers Re-Appointments Requiring Ratification**

The Board is requested to approve the reappointment of the following Associated Hospital Managers, whose current terms conclude on 9 September 2025:

- **Alwyn Onley**
- **Tim Durkin**

Both individuals have been fully observed and appraised and are recommended for reappointment for a further three-year term, ending on 9 September 2028.

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

The Trust currently has 10 active Associate Hospital Managers. The recruitment process and training for the four newly appointed Associate Hospital Managers is nearing completion and will soon be available to sit on panels.

## **1.2 Leadership Visibility**

I have visited many areas in the last couple of months, including corporate areas. Staff are working well with challenges but feel supported by the organisation. The Proud programme continues to go from strength to strength and is well supported, I visited each cohort a couple of times during the programme.

### **1.2.1 Around the Trust**

#### **Awards Shortlisting**

We have been shortlisted for two Nursing Times awards again this year.

- Normalising and increasing breastfeeding in Hull.
- LD Connect website

### HSJ Patient Safety Three Shortlisted Awards

1. Learning Disabilities Initiative of the Year
    - Connect Website
    - Learning Disability Cancer Screening
  2. Improving Care for Children and Young People Initiative of the Year
    - Humber and North Yorkshire Specialised Mental Health, Learning Disability and Autism Provider Collaborative - The Humber Eating Disorder Intensive Home Treatment Team
- Nursing-Led Patient Safety Initiative of the year
    - 'Enhance' - a new support service for prevention and treatment of prescription medication dependence

### Health Stars – CEO Challenge

Thanks to all involved I raised over £3,000 for Health Stars in a 100-mile treasure hunt across East Yorkshire.

During my journey, I visited eight different Trust services, taking on a series of unique challenges at each stop that tested her mental agility, physical endurance, and sense of humour.

It was a brilliant day which saw staff and patients from across the Trust support me with the challenge from start to finish.

Please find the link to the CEO challenge video <https://youtu.be/oTeiO0McfmA>

### Health Service Journal

I have once again been asked to Judge this year's HSJ awards, this year the Improving Care by the use of Digital Technology, a very interesting category.

### Hull and York Medical School (HYMS) and NHS England Medical Education

I attended both the HYMS and NHS England assessment feedback sessions and it was positive to hear of the fabulous work that our Medical Education team are doing, with outstanding feedback from both assessment process. No actions have been identified which is unusual, in fact the Trust got asked by the assessing HYMS team,

to share what we are doing with others. It was also a credit to the team to note Andrew Lockley opening remarks in the NHS England session:

'The Trust Never give us any concern and continue to excel'

More in the Medical Directors section of this report.

### Ask The Executive

The 'Ask the Exec' continues to be well supported well by staff with positive feedback. Varied days and time are useful to reach as many staff as possible. Questions asked however to remain low.

### Karen Phillips

I am pleased to record that Karen has successfully completed the Nye Bevan course, following quality assurance group meeting.

### Staff Cinema Nights.

'Humber fest' will be a bi-yearly event so instead this year we are looking at Cinema nights. The communications team recently ran a staff survey and received feedback from 91 colleagues.

The overall response was very positive, with many expressing an interest in attending either with colleagues or bringing a partner/family member. The most popular film genres were family favourites and comedies.

In terms of preferred timings:

- 42% of staff preferred an evening screening
- 8% preferred a matinee
- 50% had no strong preference

We've been in discussions with both Parkway Cinema in Beverley and the Stephen Joseph Theatre in Scarborough. We're currently reviewing the following potential dates in September:

- Tuesday 16th September
- Thursday 18th September
- Sunday 21st September
- Sunday 28th September

Once we've finalised details, we'll be sending out a "save the date" before the August holiday period.

### Preceptorship

We submitted an application for the National Multi-professional Preceptorship NHS Quality Mark which has now been reviewed by the Panel.

This was a very comprehensive application. The panel were all impressed with the quality of information and our preceptorship programme. They were particularly impressed with the provision of supernumerary for all new registrants.

Following the process we have been awarded the National Multi-professional Quality Mark. This is valid for three years from 21st July 2025

## **2 Around the System**

### Integrated Care Board (ICB)

Following the last ICB Board meeting I was confirmed as a voting partner member on the board, changes have been made to the board numbers which composition is now as follows:

As of July 2025, the membership of the NHS Humber and North Yorkshire Integrated Care Board will be:

| <b>Role</b>                                                         | <b>Named Individual</b>                                                                 |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Acting Chair                                                        | Jason Stamp                                                                             |
| Independent Non-Executive Director/ Vice Chair                      | Mark Chamberlain                                                                        |
| Independent Non-Executive Director                                  | Stuart Watson                                                                           |
| Independent Non-Executive Director                                  | Richard Gladman (until end of July 2025)                                                |
| Acting Chief Executive/ Director of Nursing                         | Teresa Fenech                                                                           |
| Deputy Chief Executive/ Chief Operating Officer                     | Amanda Bloor                                                                            |
| Executive Director of People/ Acting Deputy Chief Executive         | Jayne Adamson                                                                           |
| Executive Director of Clinical and Care Professionals               | Nigel Wells                                                                             |
| Executive Director of Finance and Investment                        | Desiree Irving Brown                                                                    |
| Executive Director of Strategy                                      | Peter Thorpe                                                                            |
| Executive Director of Communications, Marketing and Media Relations | Anja Hazebroek                                                                          |
| Executive Director of Corporate Affairs                             | Karina Ellis                                                                            |
| Acting Chief Operating Officer                                      | Shaun Jones                                                                             |
| Public Health Representative                                        | Louise Wallace (North Yorkshire Council)                                                |
| Provider Partner Member                                             | Michele Moran (Humber Teaching NHS Foundation Trust)                                    |
| Local Authority Partner Member                                      | Alison Barker (North Lincolnshire Council)                                              |
| Primary Care Partner Member                                         | Dr Bushra Ali                                                                           |
| Directors of Adult Social Care                                      | Tracy Meyerhoff (Hull City Council)<br>Victoria Lawrence (North Lincolnshire Council)   |
| Directors of Children's Services                                    | Martin Kelly (City of York Council)<br>Merlin Joseph (East Riding of Yorkshire Council) |
| Collaborative of Acute Providers                                    | Simon Morritt (York and Scarborough Teaching Hospitals NHS Foundation Trust)            |
| Neighbourhood Health Collaborative                                  | Andrew Burnell (City Health Care Partnership)                                           |
| Primary Care Collaborative                                          | Dr Simon Stockhill                                                                      |
| Associate Non-Executive Director                                    | Professor Dumbor Ngaage (until September 2025)                                          |
| Associate Non-Executive Director                                    | Dr Deepti Ali (until September 2025)                                                    |

Voting members of the Board, as outlined in the Constitution are highlighted in the table.

Following the restructure of Board membership several previous members have now been stood down but will continue to support the development of the work within the ICB wider partnership arrangements.

#### ICB System Leaders Feedback

Following the July meeting the following principals were agreed regarding the developing neighbourhood work, these are just principles at this stage.

Relationships first. Trust remains our strongest currency; we will keep widening engagement, so all partners feel included and valued.

- Collaboration commitment. Regardless of future funding flows and commissioning processes, the system will continue to commit to collaboration.
- Tell it as it is. We will scale what already works while being honest about what still isn't delivering for residents.
- Use the ICS Strategy. We will consider how population health supports improvements in Cancer, CVD, Frailty, Mental Health and a generational improvement for Children & Young People.
- Place is where neighbourhood health lives. Delivery and accountability sit closest to communities, with scope to work above places where scale clearly adds value.
- Local government and VCSE are critical. Neighbourhood health is broader than NHS services; councils and the voluntary, community & social enterprise sector must be in every local model.
- Strengths-based design. Neighbourhood plans will be asset-based, building on community and partner strengths.
- Person-centred, insight-driven care. Population-health data (including for inclusion health groups), lived-experience insight, and trauma-informed practice will guide both commissioning and delivery.
- ICB as strategic commissioner & market-shaper. ICB will act as strategic commissioner for health components, contracting for neighbourhood provision.
- Health

### Permissions

What it means in practice:

- Permissive, consensus-first system.
- Neighbourhoods can adopt the model that best fits local context and capabilities - including, multi-neighbourhood providers ( $\geq 250$  k) or integrated health organisations (which would be subject to regional and national processes) - provided local partners reach consensus.
- Single system lead for framework.
- The Humber/North Yorkshire & York-wide Neighbourhood Health and Care Collaborative will be an inclusive forum for leading the system framework for neighbourhood health.
- Work with the existing local governance.
- We will position health and wellbeing boards / local health and care partnerships / joint committees as the primary vehicles for determining and driving the delivery of neighbourhood health and care - accepting that there will be some tidying up of how the statutory / relational / transactional arrangements are organised.
- Share risks as a system.
- The Neighbourhood Health and Care Collaborative will identify transition risks and propose mitigations.
- Standardise the enablers
- We will implement common digital platforms, population-health datasets and other shared infrastructure to enable 'warranted variation' and frictionless resident / patient experience.
- Outcome-based and joint commissioning

- Our default is to contract for population outcomes (and continuity of care) rather than simple activity metrics. Building on the direction to date and establishment of joint committees, we are committed to joint commissioning between ICB (health) and local authorities (social care).
- “Crack on”

Local Health and Care Partnerships and the Neighbourhood Health and Care Collaborative do not need to wait for further national guidance to proceed.

Work will be led by the Primary care and Community Collaborative, which we are members of.

#### Personal Changes

Simon Morritt – Chief Executive Officer of York and Scarborough NHS Foundation Trust will be retiring in September

Stephen Eames – Has retired from the post of Chief Executive Officer of the Integrated Care Board, Teresa Fenech remains Acting Chief Executive

East Riding LA - At the Full Council meeting on Wednesday 25 June, Paul Bellotti was approved as the new Chief Executive. Paul will replace current interim Chief Executive, Alan Menzies, when he retires in November.

#### Humber Heath Partnership

Chief Executive, Jonathan Lofthouse is not currently at work and for the past few months Group Chief Nurse, Amanda Stanford has been acting into the chief executive role, however the board have appointment an interim to the role, that of a very experienced acute and community services NHS Chief Executive. Lyn Simpson, who has spent many years working at executive level in the NHS and is currently the Chief Executive at North Cumbria Integrated Care NHS Foundation Trust, will be on secondment from 28 July.

### **2.1 National Update**

The Long Term plan is covered separately on the agenda.

#### Care Quality Commission (CQC)

The Care Quality Commission is no longer giving "overall" ratings to trusts. Instead, it is only issuing a leadership rating at organisational level.

Chris Badger, currently Director of Adult Care Services at Hertfordshire County Council, has been appointed as CQC's Chief Inspector of Adult Social Care and Integrated Care, Chris has 15 years of experience in adult social care and has demonstrated a strong commitment to improving services for people who rely on care and support. In his new role, he will lead CQC's regulation of services for older people and adults with complex needs and oversee how local authorities meet their duties under the Care Act 2014.

#### NHS Providers

Saffron Cordey - Will be leaving the role as Deputy Chief Executive at NHS Providers in August.

### Confederation Election results

NHS Chair representative

Zoë Billingham, Chair, Norfolk and Suffolk Foundation Trust

NHS Chief Executive representative

Sarah Connery, Chief Executive, Lincolnshire Partnership NHS Foundation Trust

Not-for-profit provider representative

Adam Crampsie, Chief Executive, Everyturn Mental Health

For profit provider representatives

Laura Earnshaw, Founder & CEO, myHappymind

Dr Quazi Haque, Chief Medical Officer, Elysium Healthcare

## **3 Director Updates**

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

#### **3.1.2 Leadership Visibility**

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

#### **3.1.3 Operational Position and Service Planning**

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

Our operational pressures continue to be monitored through our daily sitrep reporting processes to identify and respond to pressures quickly across services, ensuring we are clear what our level of pressures are, allowing us to communicate these to the wider system effectively and either respond with or receive mutual aid as necessary. New national, regional and ICS wide OPEL reporting arrangements came into effect last year with the introduction of national, regional and system coordination centres in line with the OPEL Framework 2023/24. Triggers and action cards associated with each level in the OPEL framework continue to be reviewed to ensure that the actions taken to prevent escalation are robust. Triggers are now in place that stand up daily executive director level response when necessary. We continue to report daily via the new framework onto the national UEC-RAIDR system (a web-based tool that provides real time information on capacity and pressures across providers within an integrated care system).

The **BMA resident doctor committee announced it was planning to take industrial action** from 0700 on Friday 25 July to 0700 on Wednesday 30 July 2025. Whilst nationally discussions continue with the BMA the Trust made plans to mitigate the impact of any action.

British Medical Association (BMA) Resident doctors voted to take industrial action, with the mandate in place until January 2026. The Trust were notified of the intent to undertake industrial on Tuesday 8<sup>th</sup> July 2025.

The BMA called for a full walkout of resident doctors in England, beginning Friday 25 July. The Trust planned its response to the industrial action through the Emergency Preparedness, Resilience and Response (EPRR) protocols and team. Verbal feedback will be provided to the Board at the meeting on 30<sup>th</sup> July about the impact of any action taken.

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

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

System pressures remained stable in the Humber and North Yorkshire areas during June and early July. Acute hospital partners in all parts of our area have reported pressures during this period predominantly at OPEL 3 with occasional escalation to OPEL 4.

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

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

System mechanisms have now taken place over the last quarter to review the effectiveness of the winter plans across the ICB and providers. A number of local learning points have been identified and a key area of focus in preparing for next winter is infection prevention and control due to the high prevalence of winter virus's last year and the adverse impact on bed closures and staff sickness absence. The **National Urgent and Emergency Care Plan 2025/26** was published on 5<sup>th</sup> June and this places significant emphasis on achieving improvements across the whole system that will deliver a better Winter for our patients and our staff. Key context set out in the plan is:

- The current performance of UEC services does not meet the standards patients need or staff want to deliver.
- The public continue to feel the impact of poor UEC delivery.
- The recognition of burnout of front-line staff particularly in the acute sector.



- Inability/unwillingness to work more coherently across different service providers in the NHS and social care has led to deterioration in performance.

Key actions set out in the plan to address this are:

- Leaders will need to commit to developing and testing collective winter plans, which will be signed off by every board and chief executive within each system by summer 2025.
- Regions will work with systems and providers on an exercise to stress-test and refine their plans in September 2025 and will continue to oversee improvement support to the most challenged organisations in the run up to and throughout this winter. Each plan must:
  - improve vaccination rates.
  - increase the number of patients receiving care in primary, community and mental health settings
  - meet the maximum 45-minute ambulance handover time standard.
  - improve flow through hospitals with a particular focus on patients waiting over 12 hours and eliminate corridor care.
  - set local performance targets by pathway to improve patient discharge times, and eliminate internal discharge delays of more than 48 hours in all settings.
  - patients who are categorised as Category 2 – such as those with a stroke, heart receive an ambulance within 30 minutes.
  - a minimum of 78% of patients who attend an A&E to be admitted, transferred or discharged within 4 hours.
  - reducing the number of patients who remain in an emergency department for longer than 24 hours while awaiting a mental health admission. This will provide faster care for thousands of people in crisis every month.
  - seeing more children within 4 hours, resulting in thousands of children receiving more timely care than in 2024/25

The Trusts winter plan for 2025/26 has been developed and will be submitted as a draft plan to ICB partners over the next few weeks, the final plan will be submitted to the Trust Board in September for final approval.

Waiting times for both children's and adult neurodiversity services continues to be the most significant area of pressure and challenge for operational services. In all these areas demand exceeds commissioned capacity. Dialogue is progressing with the ICB to agree a way forward on waiting times for 2025/26 and beyond. Excessive waiting times for children and adult neurodiversity services are continuing to be challenged across all areas within our ICB and nationally due to exponential rise in demand over recent years. Unfortunately, some children on the neurodiversity waiting lists are continuing to present with mental health needs, this is being monitored very closely. Occupancy and patient flow in our CAMHS inpatient beds continues to be good. Focus continues on our children's early intervention services, particularly embedding the support teams in schools.

Nationally requirements are in place to eradicate the use of out of area mental health beds and our services are implementing plans to achieve this, our data demonstrates that whilst some fluctuation is taking place, overall reduction is being achieved. Our daily bed occupancy has been between **75.8 – 87.6%**. Work has been

undertaken to reduce the use of older peoples functional out of area bed use with plans progressing to expand the use of the Older Peoples Acute Community Service (intensive community support) and to provide the use of step up/step down community-based beds. Work is progressing to finalise a provider for these beds. Out of area placements for our Psychiatric Intensive Care Unit (PICU) continues to be a focus for improvement, demand for these beds has reduced in the last two months. PICU flow is currently being targeted through improvement methodology to continue to recover the out of area position. Following support from EMT plans are being progressed to change our current PICU based at Miranda House to an all-male unit and to make alternative provision for female patients by developing a High Dependency Unit (HDU) within our current estate (see section **3.1.5**). This will improve patient flow, reduce the need for out of area placements and provide a further improved position to address mixed gender safeguarding risks.

Patients who are Clinically Ready for Discharge (CRFD) from our mental health beds remains a key priority. Patients are waiting predominantly for specialised hospital placements with other NHS providers or local authority provided residential placements. Escalation mechanisms are in place with partner agencies to take action to resolve the delayed transfers and discharges that our patients are experiencing. Focus is being maintained on improving this position to achieve the best outcomes for our patients and to ensure it does not continue to adversely impact on the improved position we had previously achieved in reducing out of area placements.

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

The overall staff absence position due to sickness is currently at 6.8% (inclusive of 2.12% mat leave)

The Trust continues to effectively manage the impact of system pressures within its ongoing arrangements. Reducing the number of patients who are clinically ready for discharge/patients with no criteria to reside (NCTR) and reducing out of area placements remains a key operational priority in relation patient flow and access to inpatient mental health beds.

Operational focus remains on recovering access/waiting times where these continue to be a challenge. Divisions continue to pursue a range of service change and transformation programmes which are set out in their service plans, these are reported via the Operational Delivery Group to the Executive Management Team. They demonstrate that they are underpinned by capacity and demand modelling work, respond to external benchmarking data and are supported by a Quality Improvement (QI) approach where this is applicable to improve outcomes for our patients. Focus on improved efficiency and productivity continues. Work is taking place to reduce the Trust's National Cost Collection Index; each service has a targeted plan for those areas above the Trusts target and service transformation plans are required to set out the expected productivity and efficiency gains.

Whilst the three phases of the implementation of the new **Electronic Patient Record** (EPR) System, for Forensics, Children & Learning Disabilities and the

Mental Health Division is now complete, the EPR Programme Board remains in place with a focus on stabilisation and optimising the use of the new system in order to realise the programme benefits as set out in the business case.

### **3.1.4 Learning from the CQC review of Mental Health services at Nottinghamshire**

Progress continues to be made in working through the Trusts action plan following the review of all the recommendations from the CQC and the Independent Homicide Review of the incident in relation to Nottinghamshire Healthcare NHS Foundation Trust. Following the initial review of recommendations good assurance was identified in a number of areas of our approach whilst further work was identified to strengthen our practice identified in others. Our combined action plan was submitted to the ICB and was presented to the ICB public board for approval in June. As part of this action plan, we have undertaken a clinical review exercise across adult community mental health teams (including our early intervention in psychosis (EIP team) to identify the population who benefit from a more assertive approach.

We continue to be directly engaged with NHS England's consultation and have strong links to the national programme through our clinical lead who is also the ICB lead linked to the national team. National guidance is scheduled to be published by the end of the summer and until then we will continue to progress with our planning and actions.

### **3.1.5 Psychiatric Intensive Care Unit (PICU) and Learning Disability Bed Proposals**

The executive management team have recently approved separate proposals to change the configurations of beds for the Psychiatric Intensive Care Unit (PICU) and Learning Disability (LD) beds based at Townend Court. To achieve both schemes a programme of works will take place at Townend Court.

Both proposals have been underpinned by detailed capacity and demand analysis:

In summary the PICU scheme will:

- Reduce and eliminate both the Trusts and ICB use of out of area PICU beds.
- Address the mixed sex and sexual safety risks by providing single sex provision.
- Increase the number of available beds from a total of 10 beds to 12 male PICU beds and 4 female High Dependency Unit (HDU) beds. The existing PICU unit at Miranda House can be adapted with minimal estates work to accommodate 12 beds.
- The current PICU will become an all-male 12 bedded unit.
- 4 female HDU beds will be developed at Townend Court (separated from the LD beds). Consideration is being given to the future of these beds in line with the plan to build the new female treatment unit on the Willerby Hill site as part of that development)
- A £1.8 million capital programme application submitted to NHS England has been successful to support the development of separate male and female PICU beds.

- The revenue costs to support the necessary increase in staffing will be redirected from the current out of area expenditure.
- The scheme is expected to be completed within the current financial year.

In summary the Learning Disability (LD) bed proposal will:

- Support the national objectives for learning disability services by reducing reliance on inpatient care, improving the quality of care provided, improve the provision of community services.
- Better address the needs of patients who are highly complex and require long term segregation (LTS) and “care away from others” CAFO).
- Reduce the need for out of area placements.
- Reduce the number of Assessment and Treatment Unit (ATU) beds to a maximum of 6 (11 beds in total are currently commissioned).
- Reconfigure the remaining beds to provide 2 Individual Complex Care beds which will provide a purposefully designed environment for those with the most complex needs to better support rehabilitation and transfer to appropriate community placements. This will significantly reduce and avoid the need for long term segregation and the use of CAFO.
- The proposal does not require additional revenue funding.

Prior to both of these proposals being supported, work commenced to change the mental health rehabilitation pathway in line with national guidelines to enhance the community element of this service. Patients previously supported by STARS beds based at Townend Court will be supported with intensive support in an appropriate community placement, these beds will no longer be required.

The PICU female HDU and LD bed proposals are compatible within the available space at Townend Court and both reduce the reliance on out of area beds, improve the quality and safety of the environment and support improved outcomes for these patient groups.

### **3.1.6 Board Statement of Emergency Preparedness, Resilience and Response (EPRR) Resource Assurance 2025**

It is required by the Trust, in order to be compliant with the EPRR national core standards to provide assurance to the Trust Board that the Trust has sufficient and appropriate resource to ensure it can fully discharge its Emergency Preparedness, Resilience and Response (EPRR) duties. EMT have reviewed a statement prepared by the Trusts Accountable Emergency Officer (AEO) and are recommending to the Trust Board that the statement is signed by the AEO and submitted to the ICB. The statement sets out that the Trust has sufficient EPRR resources as follows:

#### Direct Resources

| Role                                 | Grade | Full/Part time or hours |
|--------------------------------------|-------|-------------------------|
| EPRR and Business Continuity Manager | 8a    | Full time               |
| EPRR Officer                         | 5     | Full Time               |

|                                                                 |                     |                        |
|-----------------------------------------------------------------|---------------------|------------------------|
| Senior Administration Assistant<br>Apprentice – April to August | 2 – April to August | Part-Time (4 days)     |
| Senior Administration Assistant –<br>after August               | 3 – after August    | Full-Time after August |

This staffing resource stands compares favourably with other mental health and community providers. The EPRR team has a small administrative budget to cover training materials and courses, stationery, and equipment. Additional resources are made available from the Chief Operating Officer's budget for larger items of expenditure when required.

#### Organisational Status of EPRR at the Trust

The EPRR team requires adequate organisational status to conduct its work and to be able to escalate risk and issues to appropriate tiers of management. The following describes how the trust has secured the organisational status of the EPRR team:

- The EPRR and Business Continuity manager reports to the Deputy Chief Operating Officer and attends quarterly Trust Operational Delivery Groups.
- The EPRR team attends the divisional Operational Delivery Groups to update on EPRR on a quarterly basis.
- The Operational Delivery Group reports directly to the Executive Management Team.

#### Capacity and capabilities of the EPRR team

The role of the EPRR team is set out in detail in the Trust's Business Continuity and EPRR Policy. However, in summary, the main responsibilities of the EPRR team are to:

- Develop plans and procedures with colleagues and with other agencies to respond to disruptive risks,
- Train staff in their roles as part of an incident response team,
- Facilitate the creation of business continuity plans by all relevant services,
- Advise management prior to, during and after a disruption,
- Consult with stakeholders and partner to plan and prepare for disruptions.

#### Relevant Qualifications

The EPRR and Business Continuity Manager holds a MSc in Emergency Planning, Resilience and Response. The EPRR Officer is currently working towards their Diploma in Health Emergency Planning. The EPRR Officer holds the level 3 Award in Education and Training (AET) required to be able to train any aspect of EPRR to staff.

#### Capacity to meet EPRR requirements.

The table below represents total available days per the EPRR team staffing complement. These days have been allocated to both departments/ non EPRR domain activities.

| Staff               | Total days | AL | B Hol | available  |
|---------------------|------------|----|-------|------------|
| EPRR & BC Manager   | 260        | 38 | 8     | 214        |
| EPRR Officer        | 260        | 35 | 8     | 217        |
| Sen Admin Assistant | 260        | 28 | 5     | 227        |
|                     |            |    |       | <b>658</b> |

| Plan areas                                                                           | Days       | Percent        |
|--------------------------------------------------------------------------------------|------------|----------------|
| Office admin/directorate meetings/sickness absence                                   | 25         | 3.8%           |
| Vacancy - Maternity                                                                  | 95         | 14.4%          |
| Training - team                                                                      | 22         | 3.3%           |
| Contingency/ incident response                                                       | 25         | 3.8%           |
| 1. Governance                                                                        | 25         | 3.8%           |
| 2. duty to risk assess                                                               | 20         | 3.0%           |
| 3. duty to maintain plans                                                            | 50         | 7.6%           |
| 4. command and control,                                                              | 20         | 3.0%           |
| 5. training and exercising                                                           | 80         | 12.2%          |
| 6. response                                                                          | 20         | 3.0%           |
| 7. warning and informing                                                             | 33         | 5.0%           |
| 8. co-operation                                                                      | 23         | 3.5%           |
| 9. business continuity                                                               | 140        | 21.3%          |
| 10. chemical biological radiological nuclear (CBRN) and hazardous material (HAZMAT). | 80         | 12.2%          |
|                                                                                      | <b>658</b> | <b>100.00%</b> |

The planned days for EPRR cover all required areas of activity with specific areas of low compliance given priority – business continuity, training and exercising and CBRN/HAZMAT.

A time allowance has been given to contingency which from the perspective of EPRR will represent continued response to disruptions – the ongoing industrial action risk and potentially weather-based disruptions.

These time allocations have been reflected in the annual plan against specific topics, plans, and exercises.

The board are asked to support that this demonstrates that the Trust has sufficient resources to conduct its EPRR duties currently and make improvements on 2024's EPRR core standards level of compliance in order that the Trusts AEO can sign and submit the statement to the ICB.

### 3.1.7 GP Patient Survey Results 2025

The annual GP Patient Survey results for 2025 were published in July. The Community and Primary Care Division are currently undertaking a detailed analysis of the result and will develop an updated plan to respond to these which will be presented to the Executive Management Team and the Quality Committee. The results from the survey provide data that will be compared with last years survey result for our three primary care practices. The data is available and will also be compared at individual practice level and also at Primary Care Network, Integrated Care Board and Nationally. A general summary overview of the results are as follows:

#### Top 5 Areas of Improvement

- Usually get to see or speak to preferred healthcare professional
- Describe overall experience of the GP practice as good
- Describe experience of contacting the GP practice as good
- Say healthcare professional was good at considering mental wellbeing
- Find it easy to get through to this GP practice by phone

### **Top 5 Areas of Decline or Least Improvement**

- Find it easy to contact GP practice using website
- Were offered a choice of location for appointment:
- Say healthcare professional treated them with care and concern
- Find it easy to contact GP practice using NHS APP
- Knew next step within two days of contacting GP practice

### **Overall Trends**

- Humber Primary Care (HPC) showed the most consistent and significant improvements across nearly all indicators.
- King Street Medical (KSM) had mixed results, with improvement in continuity of care but decline in digital access and patient choice.
- Market Weighton Practice (MWP) experienced areas of decline, particularly in digital access and patient choice, some clinical communication indicators improved.

All of these areas will be focussed and progressed through a detailed action plan.

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

### **3.2.1 Leadership Visibility**

The Executive Director of Nursing, Allied health and Social Care Professionals has undertaken a number of visits. These have included: -

- Granville Court Nursing Home
- Fitzwilliam ward – Malton Community Hospital
- Westlands – inpatient unit
- STaRs – Specialist Treatment and Recovery Service including inpatient unit

The Executive Director of Nursing, Allied Health and Social Care Professionals has provided updates on each of the visits, and these have been shared with all staff through the Global update. In addition, she has undertaken an unannounced visit with Non-Executive Director Stuart Mckinnon-Evans to Pine View.

In addition, the Executive Director of Nursing, Allied health and Social Care Professionals had the pleasure of opening the Armed Forces fundraising event to raise money for Hull 4 Heroes and Health Stars at the Humber Centre on Monday 23<sup>rd</sup> June. The fundraising challenge event was an 80 thousand step challenge, which initially came from a patient on our Swale ward. Staff had supported the service user to plan the event which also included a celebratory BBQ following the 80k step challenge with a guest speaker from Hull 4 Heroes, garden games, cake decorating competition and raffle.

On the 10<sup>th</sup> July, the Executive Director of Nursing, Allied health and Social Care Professionals opened the Sexual Violence; Support and Healing Conference which was a 'call to action' event with motivational speakers from across our local partnerships.

### **3.2.2 Patient Safety Incident Response Framework (PSIRF)**

Consultation sessions with staff on the PSIRF learning responses has commenced as part of the Trust refresh of the PSIR plan. Anyone can join these, please email [Kate.baxendale@nhs.net](mailto:Kate.baxendale@nhs.net) who can include you in the sessions.

### **3.2.3 Safety Alerts**

A number of safety alerts have been issued

- White board pens
- Guedal airways
- Safehinge Primera doors

Relevant staff are asked to ensure the alerts issued are shared and actioned amongst all teams.

### **3.2.4 Alice Figueiredo case**

You will have heard in the news this last week about the criminal case regarding the sad death of Alice Figueiredo. On 7 July 2015, Alice was able to access a communal toilet on an inpatient ward and sadly died by ligaturing with a plastic bin liner. Staff have been reminded of our Trust Inpatient Search Policy - [search-policy-inpatient-m-013.pdf](#) additionally, plastic bags are a prohibited item and we continue to ensure patients and visitors aware of this.

### **3.2.5 Professional**

We are proud to be part of the NHS England national work on developing guidelines on Enhanced Therapeutic Observations of Care. Rachel Watson, Modern Matron has been supporting the work and delivered a presentation at a Regional Event last week. Fantastic to hear about the work underway led by our modern matrons to review our policy and guidance with service user and staff involvement from the beginning. Humber's work around co production was highlighted at this event and the fundamental principle we hold to ensure a collaborative and collective approach in taken to continuing develop the quality of care we deliver.

### **3.2.6 Avoidable Harm Group**

As part of our journey to enhance patient safety and quality delivered by a safe, skilled and innovative workforce, the Trust have linked in with Northumberland University and Mersey Care Trust to think about how we enhance a restorative just culture across the Trust. Restorative Just Culture is an underpinning principle of the patient safety incident response framework and as part of our ongoing journey to embed this, the Patient Safety and Human Resources Teams have been thinking together about how we further enhance a restorative just culture. A group is in place, and we have completed a self-assessment of where we think we are at, our strengths and areas of further development and we have heard from some brave staff who have gone through HR processes and have been willing to share some of their experiences so we can think about how we can further develop our processes.

### **3.2.7 Professional Strategy**

We held our first session to consider how we can develop a Trust Professional Strategy, which will articulate our values and commitment to workforce development and the delivery of outstanding, safe and innovative care. The group agreed that underpinning this strategy will be the Trusts building blocks of quality and safety, trauma informed care within a restorative just culture, Humber values and co



production. A working group has been established, and we will be hosting a series of events/ workshops open for all staff to co-produce the strategy together.

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

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

Granville Court – May 2025 – The Associate Director of People & OD along with Stuart McKinnon-Evans undertook a visit at Granville Court gaining valuable insight into the work the teams undertake at this unit, as well as seeking to understand the experience of those accessing services as well as that of the staff. Huge thanks to Tracey Robinson and her team for the warm welcome. It was apparent that staff were attentive to service user needs and there was a genuine sense of warmth and care that came from the interactions we observed.

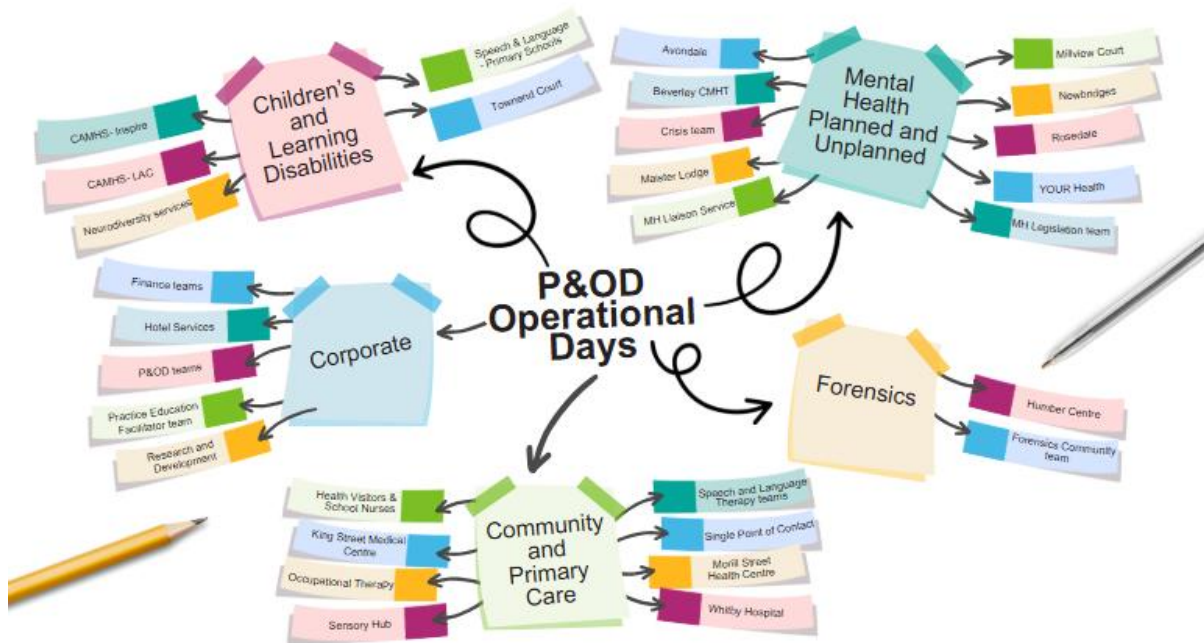
#### **3.3.2 People & OD Operational Days**

**Between 01st April 2024 and 31 March 2025 the People & OD team carried out 52 visits to areas across the Trust.**

Corporate teams are essential for effective patient care because they foster collaboration, improve communication, and ensure comprehensive care delivery. By working together, healthcare professionals can address diverse patient needs, leading to better outcomes, increased patient satisfaction, and a more positive work environment for staff. Often corporate teams can struggle to correlate what they do, day to day, with the impact this has on patients, and so in People & OD, we have operated with a key ambition to bridge this gap and heighten our understanding of how we can impact patient care from a distance.

In 2024, colleagues within the People & OD Directorate amplified their efforts to understand their impact on patient care by attending 'Operational Days,' which saw individuals within our team, attend sites in the organisation to immerse themselves in the daily functioning of frontline teams.

The purpose of these visits is to strengthen the directorates' understanding of how we as a corporate team can positively impact patient care, despite not delivering a frontline patient facing service. The learnings from these visits is vital in ensuring we reflect on and adapt our provision to meet wider organisational needs, and make operational and strategic decisions with regard to how we can deliver our service in such a way that it can give clinician time back to patients.



### Improvements to the programme for 2025/26

1. **Overcoming reticence** – as some were quite nervous about attending – Development of a repository of sites and managers contacts to aide and support overcoming the initial contact (this is then something that we can transfer to other corporate areas for their use)
2. **Making the contact count** – we have used the insights to change our own practice, but this needs to be fed into the divisions so that they can respond to feedback too. The team will work up a means to do this organically and quickly following a visit.
3. **Follow up on the changes** – We need to extract all of the proposed changes/learnings, so we can follow up on whether these changes have been sustained.
4. **Continuous activity** – We will continue to do this on an annual basis – we already place it as an objective in all P&OD appraisals, and that will continue.

### Other things that we have developed / are developing to enhance patient contact and participation:

- All interview band 7+ in People & OD directorate include a stakeholder panel that have a patient/career representative.
- We have two directorate away's days each year and we intend to open each with a patient story – to further bring to life patient experience in our directorate.

### 3.3.3 Off Framework Agency Use

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

The Trust has maintained a zero HCA agency usage position, however, there is still some reliance on framework agency usage for Nurses. With that said, the overall agency usage for Nurses has seen a reduction of 10% in 12 months and there are plans to reduce further throughout the remainder of 2025/26. Since January 2025, FWT have recruited more bank nurses than projected, thus meaning there will be less reliance on agency once all have been cleared for work.

Over the last 12 months, the team have reduced agency use by roughly 47%, resulting in a saving in excess of £115,000. Within this same period, there has also been a reduction of bank by over 7%. In June 2025, two agency workers moved over to the bank, therefore resulting in further cost savings.

### **3.3.4 Recruitment Statistics**

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

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

- **‘Conditional offer to checks ok’** was an average of 15.9 days, significantly below the 20-day target. This KPI has been under target since January 2025.
- **‘Closing date to start date’** was an average of 67.1 days, slightly above the 65-day target. Over a 12-month period, the KPI has only exceeded target on 3 occasions. This month’s increase has been attributed to 2 cases exceeding 100 days due to extended notice periods.

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

The Recruitment team are working proactively with managers to address ‘time to shortlist’ metrics which have been consistently above the 2-day target since January 2025. There has been a reduction in this KPI, going from 9.2 days in January to 6.8 days in May. There has been an increased number of candidates using AI to generate their applications, which is taking managers longer to shortlist. The team have now updated applicant and recruiting manager guidance to support with this.

### **3.3.5 Working Towards a Healthier Workforce – An intelligence Led approach to reducing sickness absence**

Following presentation at the EMT/ODG Timeout in June 2025, a task force will be established with operational and corporate colleagues across the Trust. The intention of this group is to work through the three identified workstreams in a coordinated programme of work to address higher prevalence of sickness absence.

Planning work has commenced, with the first meeting to take place in September, following the summer months. Further details and progress updates will be shared with EMT as part of the project lifecycle, for sign off and assurance as appropriate.

### 3.3.6 Flexible Working Requests (2024-25)

The following data show the number of flexible working requests made by Trust colleagues, with highlighted months illustrating those from the point at which 'Your Flex Plus' offer was pro-actively discussed and shared around the Trust geography. A total of 323 applications have been accepted with the remainder either withdrawn, rejected or pending a decision. Most requests involve changes to working days or shifts, and they are primarily submitted by female nurses in Band 5 or 6 roles

|                         | Jun 24 | Jul 24 | Aug 24 | Sep 24 | Oct 24 | Nov 24 | Dec 24 | Jan 25 | Feb 25 | Mar 25 | Apr 25 | May 25 | Jun 25 |
|-------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| No of Requests in Month | 35     | 31     | 29     | 35     | 51     | 54     | 36     | 68     | 56     | 47     | 59     | 44     | 58     |
| Rolling 12 Months       | 466    | 445    | 440    | 439    | 459    | 483    | 495    | 520    | 538    | 560    | 561    | 554    | 579    |

### 3.3.7 Workforce Wellbeing

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

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

This financial year has seen an increase in new referrals for physical and wellbeing MOTs in April 2025 compared with April 2024 with 28 additional referrals in April 2025 over last years figures

Wellbeing MOTs are now being booked and taking place and will be reflected in the figures for July 2025.

|                                                                              | <b>Apr<br/>25</b> | <b>May<br/>25</b> |
|------------------------------------------------------------------------------|-------------------|-------------------|
| Number of new referrals for MOT appointments – physical health and wellbeing | 72                | 32*               |
| Total number of physical health MOT appointments                             | 66                | 27*               |
| Total number of wellbeing MOT appointments                                   | 0                 | 0                 |
| Number of new referrals for 1-2-1 appointments                               | 5                 | 6                 |
| Total number of 1-2-1 appointments                                           | 0                 | 0                 |

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

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

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

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

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

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

### **3.3.8 Flu Programme 2025/26**

Seasonal flu vaccination remains a critical important public health intervention and a key priority for 2025/2026 to reduce morbidity, mortality and hospitalisation associated with flu at a time when the NHS and social care will be managing winter pressures whilst continuing to recover from the impact of the coronavirus (COVID - 19) pandemic.

In 2024/25 the Trust achieved an overall 62.50% flu vaccine uptake rate. However, the rate drops to 43.02% when just clinical and patient facing staff figures are collated across the Trust.

The 2025/26 flu season will focus on collating last year's data with a targeted approach to drive up uptake across areas with low figures for 2024/25 and high sickness absence rates due to cold/flu illness. This will help us with Trust winter planning 2025.

The National Flu Letter published by the UKSHA defines the eligibility for the flu vaccine 2025/26 and this includes:

- frontline workers in a social care setting without an employer led occupational health scheme including those working for a registered residential care or nursing home, registered domiciliary care providers, voluntary managed hospice providers and those that are employed by those who receive direct payments (personal budgets) or Personal Health budgets, such as Personal Assistants

All frontline health care workers, including both clinical and non-clinical staff who have contact with patients, should be offered flu vaccine from the start of October (exact date to be confirmed) as a vital part of the organisation's policy for the prevention of the transmission of flu. Employers should make the vaccine accessible for all frontline staff, encourage staff to get vaccinated, and monitor the delivery of their programmes. Further communications from NHS England will describe operational considerations.

Social care workers directly working with people clinically vulnerable to flu should also have the flu vaccine provided by their employer. There are circumstances where frontline staff, employed by specific social care providers without access to employer led occupational health schemes, can access the vaccine through the NHS free of charge.

Providers are expected to deliver a 100% offer to eligible groups. They should ensure they make firm plans to equal or improve uptake rates in 2025 to 2026, particularly in those cohorts where uptake has been lower (health and social care workers, clinical risk groups, children aged 2 and 3 years old, and pregnant women). Providers should also ensure they have robust plans in place to identify and address health inequalities for all underserved groups, and it is expected progress will be made on reducing unwarranted variation and improving uptake.

Commencement date: October 2025, exact commencement date yet to be confirmed.

Staff who are immunosuppressed can access the vaccine from their GP from September onwards as can pregnant women and children.

UKHSA recommend all flu vaccine providers have robust plans in place to identify and address health inequalities for all underserved groups and it is expected progress will be made on reducing unwarranted variation and improve uptake.

To achieve the above the Trust flu plan 2025/26 will focus on data obtained from last winter around sickness absence rates with an aim to increase uptake across the Divisions that had low flu uptake figures and higher rates of sickness absence due to cold and influenza type viruses.

The aim is to complete most flu vaccinations by the end of November 2025 as recommended by Flu comms plan to have a targeted focus on the following;

- o Areas in the Trust with the highest prevalence of flu related absence in 2024
- o Areas with the lowest vaccine uptake in the 2024/25 campaign
- o Engagement with Medics as a professional group given, they represent the lowest professional group uptake
- o Dispelling myths across those in the age 20-30 age brackets

Next Steps:

- Work between OH and Comms to develop a launch event and central campaign as a kick off.
- Strengthen Peer Vaccinator network – with focus on ensuring they are strongly represented in low uptake areas
- OH to base their clinics around the focus areas identified.
- Consideration of incentives to drive up vaccination rates

### **3.3.9 Statutory and Mandatory Training Update**

Our statutory and mandatory training compliance continues to demonstrate consistently high performance. Overall compliance rose from **94.67% in May to 95.62% in June 2025**, maintaining a position well above the Trust's 85% target. This reflects our sustained focus on essential training and is supported by benchmarking data which places Humber Teaching NHS Foundation Trust among the highest performing Trusts regionally and nationally.

Several key areas have shown strong progress:

- **Basic Life Support (BLS)** improved significantly from **83.97% to 88.22%**, now surpassing the compliance target for the first time since May 2024.
- **Safeguarding Children Level 3** rose from **84.26% to 88.61%**, marking a substantial 4.35 percentage point increase in one month.
- **DMI Refresh** compliance continued its strong performance, increasing from **87.97% to 88.40%**, above target for the sixth consecutive month.
- **Corporate Induction** remains a leading area, rising again to **99.02%**, ensuring new starters receive essential information from day one.

Access to **Safeguarding Level 3** training has significantly improved since the last update. The Learning Team and Safeguarding Team have worked in partnership to develop a more accessible and transparent offer, which has drastically improved how we track and report individual progress against the set learning objectives. This enhanced reporting has confirmed that **Safeguarding Children Level 3** is now performing **above the 85% compliance threshold**, and **Safeguarding Adults Level 3** has shown a marked increase in training attainment. This development represents a fantastic success and now enables us to focus our efforts more precisely on the areas where compliance support is most needed.

Some areas still require attention:

- **ILS – Paediatric** remains below target, currently at **68.97%**, following a dip earlier in the year driven by four staff becoming non-compliant.

- **Conflict Resolution Training (formally PATS) has improved from 75.19% to 76.79%** but remains under the 85% threshold.
- **ILS – Adult** continues to hover just below target at **81.74%**.

We continue to respond to these variations by using our data to drive meaningful adjustments and improvements. A key development in May was the streamlining of training requirements, removing recurring modules that are no longer mandatory. This change is expected to release valuable staff time and provide a clearer compliance picture.

Additionally, a new compassionate reminder system is being piloted for overdue training. Initially launched with medical colleagues, this approach—designed to address ESR’s limitations—is now being extended to other staff groups. The aim is to increase engagement through more personalised prompts rather than relying solely on automated compliance alerts to managers.

Looking ahead, we are turning our attention to supporting our **manager population to better monitor and address non-attendance at training**. There are features within **ESR** that provide clear visibility of course attendance data, including Did Not Attends (DNAs), which are currently under-utilised. Improving manager engagement with these tools is a priority, as this data is critical for managing individual learning performance, improving accountability, and ensuring the efficient planning and use of our internal training resources.

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

We remain committed to ensuring that training is relevant, accessible, and meaningful—underpinning safe, competent care and positioning Humber as a leader in workforce development and compliance.

### **3.3.10 Leadership and Talent Development Update**

- **Humber Talent Programme Update**

In June, the 10 delegates took part in a face-to-face workshop on *Strategic & Innovative Thinking*, which was met with positive feedback. One participant shared, *“Like all HTP sessions so far, this was a really great session. The topics were communicated well and kept us all engaged. I’m consistently impressed with the quality of information and the knowledge gained. I’m truly grateful to be part of this programme and look forward to the upcoming sessions.”*

Delegates are now beginning to explore how they will use their personal development fund of £1,000. One colleague, Felicity Hague, has already started a PRINCE2 Project Management course and is actively sharing her insights with the group, offering encouragement and inspiration. The cohort continues to support one another and is fostering strong networking connections throughout the programme.

- **Mentor service**

As part of the PROUD programme of Organisational Development, we offer staff the opportunity to connect with an internal mentor if they wish. Mentor profiles are



available online, allowing individuals to choose a mentor who best aligns with their goals and development needs. To ensure high-quality support, one of our Senior OD Practitioners delivers mentor training. A recent training cohort has added five newly trained mentors to our internal network, further expanding the support available.

- **Alumni Programme**

Both the *Change Leadership* and *Compassionate Leadership* workshops have now been successfully delivered to over 100 Alumni members. Their positive reception has led to plans for additional sessions over the coming months.

Development is underway for the third workshop in the series—*Dealing with Dysfunction*—which is scheduled for launch in August. In response to operational pressures and the need for accessible development opportunities, a shorter, bite-sized version of our first two workshops have also been created. These condensed sessions are designed to support a wider audience across the Trust without affecting service delivery.

The bite-sized *Leading Change* workshop has already been rolled out, with in-person sessions delivered to senior leaders within Children's Services and Community Mental Health Teams. Reflecting the breadth of our offer, the OD team also supported a development session for the 0-19 Service, focusing on Compassionate Leadership. This session emphasised that everyone has the ability to lead with compassion and contribute to more inclusive and supportive work environments.

The Alumni network itself continues to grow, now welcoming a new cohort that brings our total membership to over 300. July also sees the launch of two exciting developments: the second edition of the Alumni newsletter, and the introduction of a new change adoption model—co-designed by our own Alumni members.

### **3.3.11 Career Development Update**

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

**Apprenticeships** - We have 123 apprentices that are currently on programme and this quarter we have introduced an Art Therapist Level 7 and the Digital and Technology Solutions Level 7 apprenticeships confirming that the breadth of apprenticeship standards across our Trust is expanding.

Apprenticeships enable us to nurture the talent within our workforce, unlocking potential by offering opportunities for growth and development. In turn, this leads to improved care for our patients. There are apprenticeships in nearly all departments, showing our commitment to building an effective and empowered workforce.

We are working with Humber Health Partnership, CHCP and Training Provider, Corndel, to deliver Level 3 and Level 5 management apprenticeship cohorts. We have had an amazing uptake from our staff with 17 Humber employees attending the insight session.

**Work Placements** – This quarter we arranged 13 meaningful placements across Children's & LD, Community and Primary Care, and People & OD Services, giving students valuable first-hand experience of our Trust and what we do.

**Informal 'Lunch & Learn' Sessions** – We were invited into Ron Dearing College in Hull for a casual lunchtime talk to offer students the opportunity to engage directly with us and deepen their understanding of the health roles we offer.

**Strengthening T-Level Partnerships** – As we work closely with our partner colleges, we are now understanding the academic principles and how they link with daily professional practice. Our professionals spoke to T-Level students about deteriorating patients, tissue viability and machinery calibration, topics integrated into their curriculum.

**Careers Events**- We participated in five careers fairs, including an Inclusive Careers Project at MKM Stadium. The morning session featured a conference, followed by afternoon visits from local schools. For information, most school careers events are scheduled between September and December to align with the academic calendar.

Our team attended the **“Make Work Experience Great”** event at a university in Lincoln, organised by the Lincoln Local Enterprise Partnership sharing best practice on how to support young people.

### **Digital Work Experience**

In collaboration with the ICB and the Humber Health Partnership, we took part in a digital work experience opportunity, making it possible for students to gain professional insights remotely through talks from speakers and careers sessions.

In April we were involved in engaging in a multi-generational workforce recruitment webinar attended by 250 HR and senior leaders from varied organisations.

**Explore Humber Careers Event** - On 3<sup>rd</sup> July, we hosted our “Year 10 – Explore Humber Careers” event where we welcomed students from Wolfreton, Baysgarth, Kelvin Hall, Newland School for Girls, Ron Dearing UTC, and Driffield School into our Trust. The purpose of the event was to give the students a flavour of some of the many different careers in Humber.

Students took part in some meaningful interactions and hands-on learning with our professional staff and got a closer look at the many rewarding roles within Humber, from Physiotherapists, Speech and Language Therapists and Occupational Therapists to Nurses, Pharmacists, and Psychological Professionals.

### **3.3.12 Sexual Violence and Misconduct Update**

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

In addition, the following work is currently underway:

- A new Sexual Misconduct Policy has been approved by EMT and now awaits board ratification prior to launch.
- A training needs analysis has been carried out and agreed that it is highly recommended for all of our line managers to carry out the e-module that is available on ESR to raise awareness and gain basic knowledge about how to respond to a report. P&OD Directorate have chosen to make the training mandatory for all colleagues.
- Risk assessments are currently underway across the Trust and a central risk register will be compiled by the Sexual Safety Group
- The sexual safety group will assess progress against the national assurance framework in 2025 and establish priority actions from the outcomes.
- A review of the data available has been carried out and a new Sexual Safety report will be compiled and submitted to QPAS and elements of it included in the People Insight report
- A launch plan is currently being developed for this programme of work to include provision of intranet pages and a summary of support available for employees. This will include presentations to raise awareness and open sessions with staff to ensure that they are aware of the policy, how to report incidents and what support is available. There will be a leaflet designed to summarise the key points and how to report incidents.

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

### **Equality, Diversity and Inclusion**

#### **NHS England EDI Best Practice Case Study**

In May, NHS England interviewed the Trust's EDI Lead to develop a Best Practice Case Study regarding the Trust's approach to implementing the NHS England EDI Improvement Plan, specifically high-impact action one, which addresses EDI objectives for the Board and high-impact action six, which addresses bullying and harassment for racially diverse groups. In June, our EDI Lead presented at the Using data to inform strategic board objectives (HIA1/6) Shared Learning Event. Ninety NHS colleagues attended the online session, and the case study has been made available on the NHS Futures platform - [Humber Teaching NHS Foundation Trust: Using data to inform strategic board objectives Case Study - Equality, Diversity and Inclusion - Futures](#)

#### **3.3.13 EDI Annual Report**

The Trust EDI Annual Report has been drafted and approved by EMT. The report provides an overview of our initiatives over the past year, including workforce initiatives, patient engagement efforts, and targeted interventions to address inequalities. It also highlights the voices of our staff, patients, and community partners, whose insights and experiences are central to shaping our approach.

It brings together all our workforce EDI workstreams, such as the WRES, WDES, Gender Pay Gap, and the patient and carer experience workstreams. Actions arising from the EDI Annual report are drawn from those specific workstreams.

It is an opportunity to reflect on the past year, and we acknowledge that there is still much work to be done, and that is reflected in our Workforce and PACE actions moving forward.

Our workforce actions will focus on operationalising Respect and No Excuse for Abuse in collaboration with the service areas. Understanding the Datix data related to patient abuse towards staff and examining bespoke support for specific areas. Work with ICB partners to deliver a reciprocal mentoring pilot and training on allyship and advocacy, embed flexible working arrangements for men, and encourage men to take on junior band roles, while developing our succession planning to support our female leaders. While the PACE team will be looking at 'you said, we did' communications, increasing co-production and the use of experts by experience and including trauma-informed approaches to their work.

#### **3.3.14 NHS Equality Delivery System 2022 (EDS22)**

Previously known as EDS2, a new template was introduced in 2023, referred to as EDS22. Completion of the EDS22 is a requirement of both NHS Commissioners and NHS Providers in the NHS Standard Contract.

The Equality Delivery System 2022 (EDS22) is a comprehensive framework designed to help NHS organisations improve their performance on equality, diversity, and inclusion. It supports NHS Trusts in meeting their legal obligations under the Equality Act 2010 while advancing the NHS People Promise to create a fair and inclusive workplace for all.

The ICB and CQC use it to understand what the Trust is doing to improve inequality across patients and the workforce.

EDS22 is a toolkit designed around three primary domains, and grades are given against each:

- Domain 1: Commissioned or provided services
- Domain 2: Workforce health and well-being
- Domain 3: Inclusive leadership

The EDS22 is implemented in a three-stage process:

- Self-assessment
- Peer-reviewed assessment
- Stakeholder-reviewed assessment

The EDS22 is a collaborative process with input from a range of operational areas.

EDS22 outcomes are measured through a scoring system, ranging from undeveloped, developing activity, achieving activity and excelling activity. No areas are undeveloped or developing; our EDS22 scores are in the achieving and excelling category. Overall, the outcome of our EDS22 is a score of 29, which represents progress from the previous year's 25, indicating that as an organisation, we are achieving our aims, missing out on excelling by just 4 points.

#### **3.3.15 Respect**

The objective for the original respect campaign was in response to anecdotal feedback from our staff networks, with the key aim of driving up the reporting of bullying and harassment between staff. The most statistically significant improvement in the 2024 National Staff Survey is for the question 'the last time I or a colleague received bullying, harassment or discrimination, I or a colleague reported it'. If we look in more detail, we can also see that staff from ethnically diverse

communities are reporting at higher rates of than their white peers. As such, we can see the impact of the Respect campaign in the staff survey, it has worked as intended, we have addressed under reporting and driven up the reporting of these incidents.

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

### **3.3.16 No Excuse for Abuse**

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

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

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

#### **1. Rainbow Alliance Network**

The following provides a summary of the monthly LGBTQ+ Network discussions and escalations from the meetings held between April and June 2025;

- The network lacks a chair and is being wonderfully maintained by the deputy chair, with plans in place for Chair recruitment in the summer.
- The network has made plans to support Hull Pride, accessing their allocated budget to support.
- The network was supportive of the Trust's Trans Inclusion action plan to address the outcomes of the Supreme Court Judgement.
- The Network Sponsor escalated concerns regarding recruiting a new chair and accessing the budget.
- Deputy Chair attended the Hull and East Riding LGBTQ+ Forum on behalf of the organisation.

## **2. Disability Network**

The following provides a summary of the monthly Disability Network discussion and escalation from the meetings held between April and June 2025;

- The network chair has stepped down, and the deputy chair is diligently maintaining the meetings.
- Continued promotion of the new hidden disabilities' badges
- Held discussions about neurodiversity champions/training opportunities.

## **3. Race Equality Network**

The following provides a summary of the monthly Race Equality Network discussion and escalation from the meetings held between April and June 2025;

- Held a Race Equality Development session, including guest speakers from around the Trust to share work on that includes race equality, such as Patients and Carer Race Equality Framework (PCREF), Trauma Informed Care, Culture of Care, Respect and No Excuse for Abuse.
- Agreed to put in a written proposal to EMT to discuss changing the network name, to align it with PCREF and Culture of Care.
- Provided an update to members on changes to staff composition, as well as Respect and No Excuse for Abuse.
- A new Executive Sponsor has taken on the role due to the retirement of the previous sponsor.
- Escalated support for a member of staff who claimed they were being victimised, and for an Iranian member of staff who was distressed due to family living in a conflict zone.

### **3.3.17 Future Workforce Solution Update**

The NHS Business Services Authority (NHSBSA) is currently leading a transformation programme to identify and deliver a future workforce solution to nearly 2 million NHS colleagues across England and Wales. This will see the eventual replacement of the Electronic Staff Record (ESR) product currently used within the Trust and across the wider NHS.

Procurement of the future solution is currently nearing the end after a lengthy process, and we anticipate updates on the successful supplier in the coming months. While the transition to the new product is not expected to take place for several years, organisationally we are starting to plan for what this may involve, whilst also maximising our current use of the existing ESR system, with further updates to be issued as they become available.

## **3.4 Medical Director Updates**

### **3.4.1 Leadership Viability**

The Executive Medical Director continues to undertake visits to various sites in the trust. I recently spent time with at Newbridges Unit and Mill View Lodge Inpatient

Unit, connecting with teams and engaging in conversations about how to work effectively and navigate challenging incidents on the units.

### **3.4.2 Innovation Hub**



We are excited to announce the launch of **Innovate**, an initiative designed to support staff in introducing meaningful changes and fresh ideas across the Trust.

While "**innovate**" can often be seen as a buzzword, the focus is straightforward: improving outcomes wherever possible. Whether it is enhancing patient care, increasing efficiency, reducing costs, or simply making daily tasks easier, Innovate is about empowering everyone to contribute to positive change.

The presence of the "Q" in the Innovate badge signifies the continued commitment to quality improvement while also inviting bold, forward-thinking ideas from across the organisation.

Staff will soon begin seeing the **Innovate** logo across communications and platforms, signalling opportunities to engage with new tools, ideas, and approaches that make participation accessible and engaging. Importantly, ideas do not need to be fully developed. Submissions in their early stages will be welcome, with support provided to refine and implement them.

‘Thinking outside of the box’ ideas could not only transform local practices but also influence broader change across the healthcare system. The aim is to embrace innovation and drive meaningful improvement.

### **3.4.3 Response to the recommendations of the Independent Review of Physician Associates and Anaesthesia Associates (the Leng Review)**

The Government and NHS England have accepted the recommendations from the Independent Leng Review into the roles of Physician Associates (PAs) and Anaesthesia Associates (AAs), with significant implications for patient safety, supervision, and clinical governance.

#### **Key changes include:**

1. the renaming of roles (PAs to “Physician Assistants” and AAs to “Physician Assistants in Anaesthesia”),
2. restrictions on PAs assessing undifferentiated or untriaged patients,
3. mandatory close supervision by named doctors.

A minimum of two years of hospital-based experience is now required before deployment into primary care, and national job descriptions, credentialing frameworks, and statutory GMC registration (by December 2026) will be introduced.

NHS Trusts are expected to ensure compliance through strengthened oversight, revised workforce planning, and support for affected staff.

**For the Board's awareness:** There are currently no PAs or AAs employed within Humber Teaching NHS Foundation Trust.

[Independent review of the physician associate and anaesthesia associate roles: final report - GOV.UK](#)

### **3.4.4 Medical Education**

- DME remains on long-term sick, 'light touch' Interim DME cover continues to be provided by Dr Doug Ma, Royal College Tutor.
- NHS England Education- Senior Leader Engagement Visit 4<sup>th</sup> June 2025 – Exceptional feedback received:
  - “Trust continues to excel”
  - “No concerns – well performing Trust”
  - “Exemplar mental health site”
  - “Excellent Trust to work with”
  - “Doing some phenomenal things”
- Hull York Medical School (HYMS) Quality Visit held 29th April 2025 – excellent feedback, no issues, or concerns.
- GMC Survey 2025 now closed - No comments relating to our Trust, no patient safety concerns or undermining feedback.
- Recruitment & Rotation Management: With the surge in core expansion there is likely to be much greater competition for higher placements over the next few years however there is no funding for expansion in 2025 and redistribution has also been suspended, potential expansion will now be deferred until August 2026.
- Medical Education - Safe Learning Environment Charter (SLEC) reviewed and updated – all 10 elements met in full.
- Medical Education Department Workplan 2025/26 ratified by the Medical Education Committee (MEC)
- Series of successful, well-attended events held including Medical Education Awards which saw 6 of the Trust's doctors and 1 medical student receive awards for excellence:
  - Hull and York Medical School (HYMS) Educator of the Year: Dr Alex Collins-Flatt
  - Hull and York Medical School (HYMS) Medical Student of the Year: Fred Halliday
  - Humber Teaching NHS FT - Trainer of the Year (Clinical or Educational Supervisor): Dr Richard Ward & Dr Priyanjan Undugoda



- Humber Teaching NHS FT – Resident Doctor of the Year (Foundation, GP, Core or Higher Trainee): Dr Jemima Cohen & Dr Vieri Thonet
- Innovation, Inspiration, or Special Recognition in Medical Education Award: Dr Kayleigh Jones

### **3.4.5 Research**

We are delighted to announce that we have been awarded significant grant funding from the National Institute for Health and Care Research (NIHR) for a 20-month study known as CONIFAS2, starting June 2025 led by Dr Hannah Armitt, Trust Clinical Research Psychologist.

This research aims to gather evidence on whether a nature-based intervention is feasible and acceptable for delivery in NHS Children's Neurodiversity Services and is important as waiting lists to access ADHD support are long, and lack of support for these children leads to mental health difficulties for both children and their families.

The intervention being tested in CONIFAS2, a nature-based activity box for use at home, was developed in a previous study, also led by Dr Armitt, and was created with children, their families and staff who support them. This intervention includes activities to support time in nature and is for use with usual care, which is often medication. CONIFAS2 will involve a randomised controlled feasibility trial investigating whether this nature-based activity box can be used in NHS ADHD services and whether it helps with ADHD symptoms and quality of life.

Children with ADHD, their families and staff who support them have co-designed the intervention and the study itself and will meet regularly to support and be involved as the study progresses.

This research grant is the second that Dr Armitt has been awarded by the NIHR in the last 12 months, the other being Forest School Interventions for Children's Health (FINCH), which is currently gathering evidence on whether a school-based intervention, known as 'Forest School', which is inclusive and has the potential for widespread delivery, can improve mental health and wellbeing for children aged 7-11.

Dr Armitt's reputation for research around children's health and wellbeing and for nature-based research has also now led to her being a named collaborator on other national programmes of research.

### **3.4.6 Psychology**

#### **Key achievements:**

Katie Foy (Forensic Psychologist in Training) and Huda Abdullahi (Assistant Psychologist) presented their evaluation of the Phoenix Programme at the British Psychological Society Division of Forensic Psychology national conference in Glasgow earlier this month. The work showcases the development, delivery and evaluation of a bespoke evidence-based intervention tailored specifically for the needs of patients in secure care with dual diagnosis.

Psychologists in adult mental health have presented the first draft of the psychology strategy, to tie in with the divisional operational strategy. This is a particular achievement given the additional work they have been covering due to sickness

absence. Overseen by the AD of Psychology, the senior psychologists have focussed on three key areas; health inequalities, pathways, and workforce, with a focus on efficiency and productivity over-arching all areas.

Our CPD day, which was opened up to all psychological professions, focussed on Racial Trauma Informed Care, with external speakers from Beyond Bias. This included teaching elements and a reflective space to consider how we will take the ideas forward, as part of our ongoing improvement journey, and commitment to reducing health inequalities.

#### Challenges:

While we are currently navigating a period of increased sickness absence among senior psychologists in Adult Mental Health due different reasons. We remain focused on supporting staff wellbeing and resilience. Additionally, the recent retirement of the Lead Psychologist in Children and Young People's Services marks a significant transition, and we are grateful for their contributions. In the interim, the Associate Director of Psychology has stepped up to provide vital leadership across both areas. While this has naturally led to a temporary reduction in capacity for strategic and project-based work, the commitment and adaptability shown during this time highlights the strength of our team. Plans are underway to rebalance workloads and prioritise key initiatives moving forward.

#### New Projects:

The AD of psychology is leading a new group, linked to the Care, Culture and Equity group to look at trauma-informed information sharing protocols, as aligned to the new EPR. With membership of an expert by experience, members of the IG and Digital Delivery teams, as well as clinicians primarily from psychology, the group is aiming to ensure that our processes and procedures in this area are fully trauma informed.

### **3.4.7 Mental Health Legislation**

We are pleased to share that the recruitment process for the four newly appointed Associate Hospital Managers is nearing completion. As part of their onboarding, we arranged bespoke training sessions, with Non-Executive Directors also invited.

Although we had to pause mock CQC visits since the STaRS visit due to other critical priorities, we are now back on track with one already scheduled for later this month—demonstrating the continued commitment to quality and preparedness.

To further support the team and enhance service delivery, we have brought in a temporary team member for an additional day per week. While their initial focus was on monitoring restrictive practices such as rapid tranquilisation and LTS reviews, they have also stepped in to assist with general team duties. This added support is helping to relieve some of the current pressures and ensure continuity. Additionally, the post holder is managing Section 117 information requests from both Local Authorities and the ICB, ensuring timely and coordinated responses.

## **3.5 Director of Finance Updates**

### **3.5.1 Leadership Visibility**

Since the last board meeting the Director of Finance visited Hotel Services Staff at East Riding Community Hospital (ERCH) as part of the National Estates and

Facilities Day, as well as a walk around the site Pete also observed the new Electronic Meal ordering system in operation.

Visits have also taken place to see the works currently taking place at Hawthorne Court to enable the decant of patients at Granville Court (to allow the full refurbishment take place) and the works taking place at County Hall Beverley. A series of site visits continue to be arranged with the senior Finance Directorate team to learn more about the work of the directorate and for any questions on our portfolio to be raised, the next visit is planned for Whitby on the 31<sup>st</sup> July.

### **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 Chief Executive Officer and Senior Independent Responsible Officer 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 the status of its digital estate which provides the data included in this section of the report.

In terms of CareCerts

- Cyber Alerts issued during 2025: 75 (Inc. 12 in June)
- High Priority Cyber Alerts Issued during 2025: 10 (Inc. 2 in June)
- June Cyber Alerts with patch(s) NOT approved for deployment: 0
- June Cyber Alerts with patch(s) fully deployed to all devices (or not applicable): 9
- June Cyber Alerts not 100% deployed (due to devices still to check in): 3

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

### **3.5.3 Other Digital updates**

- Our Trust Chief Information Officer (CIO) Lee Rickles was one of the three Health CIO to be short listed for Health CIO of the year.
- Electronic prescription service has been rolled out across all services. Patient can now collect the prescriptions electronically from any community pharmacy.
- 85% of windows 10 devices have been upgraded to windows 11 ahead of support for windows 10 being removed in October 2025.
- Lexacom has transcribed 750,000 words since it has been rolled out.

- Accurx is issuing 7,500 messages each month. This includes digital letters and appointment reminders.
- Dedalus has provided the Lorenzo data to the Trust. It is currently being checked prior to the final decommissioning of Lorenzo.
- A data quality dash board has been developed and this is now being issued to operational teams.

### **3.5.4 Estates and Hotel Services**

- Departmental Intranet page has been developed with the support of the communications team, intention is to launch this with the new Trust intranet platform. This includes for the ongoing departmental rebranding as Humber Facilities Management.

### **3.5.5 Operational (Estates)**

- Increased incidences of patient damage across the inpatient estate continues to be an area of focus.
- Further reduction in rented storage at Hawthorne Ave in progress which also includes for streamlining the process of storing and recycling furniture and fixtures.

### **3.5.6 Development and Sustainability**

- Location of phase 1 of the mental health inpatient redesign identified on the Willerby Hill site, with further development work of the site master plan underway.
- County Hall works have commenced, with programmed completion in October 2025.
- Granville Court - Contractor appointed following Board approval, a Value Engineering exercise is coming to a conclusion the outcome of which will be reported to Executive Management Team (EMT).
- Works at Hawthorne Court (for Granville Decant) are now complete, a move date for the end of July is planned, this will be dependent on the results of water sampling.
- Programme of works has commenced at Baker Street, to improve environment for both staff and patients. Landlord is arranging access to survey the site in compliance with the institutional lease arrangement.
- Critical Infrastructure Risk funding approved from NHS England (NHSE) for a sum of £600k, investment is aligned to fire alarm and emergency lighting upgrades within forensic services.
- A refreshed Green Plan has been completed and submitted to EMT and Finance Committee, this is included in the committee assurance report. The plan is currently with the designers to align with corporate brand guidance and formatting ahead of submission to NHSE (31 July 25).
- Proposal for energy procurement (post March 26) shared with EMT in July. Risk value of the preferred strategy will be provided to EMT prior to final recommendation. Decision on procurement route required by end of Sept 25, to facilitate a contract to be entered into with CCS when current contract expires in March 2026.
- Work has commenced to re-invigorate the Green Champion Network
- Application submitted for HSJ Awards (Sustainability category)

### **3.5.6 Safety**

- Risk assessments for fire, security and Health and Safety completed and up to date, this is reported monthly to EMT for assurance purposes.
- All Trust buildings have completed evacuation exercises for the first half of 2025.
- Draft Annual Non-Clinical Safety Report issued to Health and Safety Group at end of June, this is now due to be reported to EMT and then Finance Committee.

### **3.5.7 Hotel Services**

- Tom Wilkinson has successfully completed his Team Leading Apprenticeship and is now a fully-fledged area supervisor.
- Plans in place to support the movement of Granville residents to Hawthorne whilst maintaining services in both building for a period of time.
- 2-year extension to the laundry contract agreed
- Clinical Waste Contract due to go out to tender later in 2025 for award in 2026.
- Taken receipt of our first 2 fully electric vans to add to the cars that are already on the fleet.
- Humber Centre Patients are warmly welcomed into the dining rooms, where a relaxed atmosphere encourages connection and camaraderie among patients from different wards. Each Thursday, this uplifting experience invites patients to savour a tempting selection of specials alongside the core menu.

### **3.5.8 Property**

- Work is concluding to grant a ground lease to Humber Health Partnership to enable the Community Diagnostic Capacity spoke site to be developed at East Riding Community Hospital.

### **3.5.9 PARTNERSHIPS AND STRATEGY**

#### **Primary Care**

- Key focus for the Trust is the safe transfer of our three practices to three new receiving organisations. Significant progress has been made on the transfer of both the King Street Medical Centre in Cottingham and Market Weighton Practice where Heads of Terms have been agreed. Progress in Bridlington for the Humber Primary Care Practice has been slower with ongoing meetings being held between the Trust, the Integrated Care Board and the potential receiving organisation.

#### **Children and Learning Disability Division**

- The CLD Division has been successful in a bid through Health Stars for £20,000 from the National Lottery Awards for All to run the Learning Disability Community Hubs over the next 2 years that we have been piloting in Hull and the East Riding.
- The Trust have been successful in a bid to continue their support for the Partnership for Inclusion of Neurodiversity in Schools (PINS) programme for a second year. This will consolidate the learning across the 14 schools supported last year across Hull and the East Riding as well as supporting 14 new schools. This will be complimented by the development and co-production of 2 videos to embed a whole school approach and will be made accessible to all schools across Hull and the East Riding.

### **Mental Health Division**

- A £1.8 million capital programme application has been successful to support the creation of separate male and female PICU units. NHSE have requested a Full Business Case by 31/08/26.

### **Forensics**

- A business case for the introduction of a full tier three weight management service (Health at any Size) has been approved. The service will offer a holistic approach to weight management encompassing psychological wellbeing, nutrition and diet, exercise, and lastly where appropriate pharmacological intervention

### **Health Inequalities**

- Heating for Health training session for staff was delivered on 11<sup>th</sup> June, facilitated by Yorkshire Energy Doctor. This equips staff to identify and help households whose homes may be too cold for their health and well-being. It specifically responds to the recommendations of NICE Guideline 6 regarding the roles of health and social care practitioners in mitigating the health risks from cold homes.
- A similar event called Advice First Aid Training for staff is planned for 17<sup>th</sup> Sept, facilitated by Citizens Advice Hull & ER. The session will focus on sharing knowledge and empowering staff to point people to sources of help and information, and to identify those who need more in-depth help from Citizens Advice.

## **4 Communications Update**

See Appendix 1

## **5 Health Stars Update**

See Appendix 2

## Communications Board Report – April – June 2025

This is the first report to the Board on the delivery of the 2025–2027 Communications Plan. The plan was developed to support the Trust’s vision and priorities, with a clear focus on improving how we engage with staff, patients, partners and our wider communities. It sets out a practical framework for how communications can strengthen workforce culture, enhance leadership visibility, build brand consistency, support operational priorities and improve the experience of those who use and deliver our services.

Progress against the strategy is reported in two ways. Operational performance of core communications channels is monitored quarterly and shared with the Executive Management Team through a dashboard (appendix 1). This report will come to the board quarterly and focuses on the second strand: progress made against the strategic priorities identified to support delivery of the seven objectives. It provides an overview of early implementation and begins to explore how impact will be measured over time. Future reports will build on this, ensuring communications continues to make a meaningful contribution to the Trust’s overall success.

| Strategy Link                                    | Project                 | Description                                                                                                                                                                                             | Activity over period                                                                                                                                                                     | Progress towards KPI's over period                                          | Target KPI by 2027                                                    |
|--------------------------------------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Promoting people, communities, and social values | Shared Content Strategy | A coordinated way of creating and using content to ensure consistent, accessible messages reach the right people. It reduces duplication, supports clear communication and makes best use of resources. | Key strategic aims for trust included in content plans.<br><br>Evaluation of first quarter output<br><br>Created a 'tell your story' page on intranet to support staff to share content. | Achieving goal of no single-use content                                     | No single use content                                                 |
|                                                  |                         |                                                                                                                                                                                                         |                                                                                                                                                                                          | Engagement has climbed to 5% +                                              | Increase social media engagement rate > 7%                            |
|                                                  |                         |                                                                                                                                                                                                         |                                                                                                                                                                                          | Story form has been created. Dwell time above 1min currently.               | Improve website news dwell time > 1min                                |
|                                                  |                         |                                                                                                                                                                                                         |                                                                                                                                                                                          | Currently hitting upper limit of 3-12 posts per day                         | 3-12 posts per weekday (1-4 per channel) as measure of project health |
|                                                  | Health Inequalities     | This project supports the delivery of the Trust's Health Inequalities Plan                                                                                                                              | A searchable online library of health literate and culturally appropriate & wellbeing/signposting information is in development as part of the Trust website.                            | Development in progress                                                     | Visits to library – KPI set after 6 months in operation               |
|                                                  |                         |                                                                                                                                                                                                         |                                                                                                                                                                                          | In progress – creating checklist document to assess brand inbox submissions | Accessibility check list                                              |

|                                                 |                |                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                |                                                                                                                                                                                                                                                                                                         |
|-------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                 |                |                                                                                                                                                                                                                      | <p>Working in partnership with patient and carer experience team and health inequalities team to develop a Trust-wide approach to;</p> <p>Translation- tender is now undergoing evaluation, with moderation to happen during August. Relaunch of process to staff so they understand how to access in Autumn.</p> <p>Easy read – software currently sits with a single speech and language therapist. Communications to take on contract from renewal in December. Open up access to more staff and increase promotion</p> <p>Plain English communications – built in to accessibility check list to be in Autumn. Promoting tool for staff to check their own reading age</p>                     | Enabling work taking place over the period                                                                                                     | <p>Number of documents available in multiple formats per month</p> <p>10 distribution sites live by end March 26</p> <p>Workshops online by Jan 26</p>                                                                                                                                                  |
| Developing an effective and empowered workforce | Cultural Comms | Supporting a positive, inclusive culture through clear, compassionate internal communication. It strengthens leadership visibility, improves message cascades through managers, and increases two-way communication. | <p><b>Staff Survey 2025</b> - working with patient experience to create a library of positive changes linked to last year's survey. These 'You Said We Did' stories will be shared under the name 'Shared Voices, Shared Action' to highlight our collective approach to improvement.</p> <p><b>Intranet Updates</b> - A new homepage, navigation and AI search are in development for a late summer launch, shaped by feedback from last year's engagement. Updates will make it quicker and easier for colleagues to find what they need.</p> <p><b>Managers Feedback</b> – we have shared a managers comms feedback survey to find out what we are doing well and further support required.</p> | <p>New reporting to be available in August to allow a benchmark to be set for this.</p> <p>Outcomes as part of staff survey when completed</p> | <p>Increased global open rate in mental health unplanned, forensic and in estates and facilities team.</p> <p>Staff survey Engagement measure 7.49- in line with 'best' score (currently 7.20)</p> <p>Involvement measure (Engagement sub - score) 7.35 – in line with 'best score (currently 7.16)</p> |
|                                                 |                |                                                                                                                                                                                                                      | A programme of bespoke media training has been rolled out to individual teams. During the period we have media trained 8 members of the Partnerships and Strategy Team and 14 members of the Workforce and OD team. Plans are now in place to train a further two Trust teams at bespoke events before March 2026                                                                                                                                                                                                                                                                                                                                                                                  | 42 staff members now trained in-house through Comms training                                                                                   | Training numbers                                                                                                                                                                                                                                                                                        |
|                                                 |                |                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 100% staff found training useful<br>100% would recommend training                                                                              | Post training survey                                                                                                                                                                                                                                                                                    |



|                                              |                       |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                             |                                                                      |                                                                                                          |
|----------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
|                                              |                       |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                             | Not available live.                                                  | Visits to training materials online.                                                                     |
| Enhancing prevention, wellbeing and recovery | Humblebevable         | Continuing our award winning recruitment marketing campaign enabling the objectives of the Recruitment Task and Finish group objectives.                                                                                                        | Three campaigns run annually for recruitment. Currently preparing for the autumn campaign and developing a short summer campaign to test some new animated adverts.<br><br>1. September – return to nursing focus<br>2. New Year, New Job (Dec-Jan)<br>3. Refresh your career (March-April) | More info at end of year. Currently around 6% mark.                  | Reduce nurse vacancy rate<br><br><6% (March 2025)                                                        |
|                                              |                       |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                             | Performance in line with last year. More clear when campaigns begin. | Year on year increase visits to Join Humber website                                                      |
|                                              |                       |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                             | Sign ups have progressed past 2,650 without campaign input so far    | Increase job bulletin sign ups                                                                           |
|                                              | Trauma informed Comms | We will support the Trust's aspiration to have a trauma-informed culture, recognising the impact of trauma on individuals, fostering a safe and trusting environment, and adapting practices to support recovery and prevent re-traumatisation. | Advertising for members of a new group which will include Experts by Experience to pilot and test for key campaigns to ensure it feels safe and effective.                                                                                                                                  | Rewriting Trust 'Style Guide' for relaunch in late 2025              | 80% of materials sent to Brand Inbox will meet standards set for TI communications compliance by Q3 2027 |
|                                              |                       |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                             | Self-assessment to be completed by end Q2                            | Improved self-assessment of TI and community knowledge by Q3 2027                                        |
|                                              |                       |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                             | Working with PACE and ops to trail QR codes on patient letters       | Increase in use of Reach Deck tools and Access Able > 60% by 2027                                        |
|                                              |                       |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                             | Currently out to recruit EbE with a good level of interest.          | 10+ advocates engaged in material design                                                                 |
|                                              | Digital Accessibility | Through implementing an accessibility audit on Trust website and acting on the recommendations we will ensure that we maintain a fully                                                                                                          | An independent audit of the Trust website is complete, and implementation planning is underway. Most issues from the Government Accessibility Audit are resolved, and we're finalising a Disproportionate Burden assessment for historic documents, supported by IG.                        | In progress                                                          | Be awarded and maintain the Ability Net accreditation.                                                   |
|                                              |                       |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                             | Set after year one                                                   | % of digital content and platforms that meet accessibility standards                                     |

|                                 |                            |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                      |                                                                                                                                                                                                      |
|---------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                 |                            | inclusive and accessible digital environment across all platforms, removing barriers for our communities, stakeholders, and staff to access our digital communications.               | <p>To ensure future compliance, we've created guidance for uploading accessible documents, a checklist for internal use, and are exploring AI tools to support checks. Changes to the way we upload documents to the website will go to EMT/ODG in August.</p> <p>Team training has been booked covering accessible content, social media, videos, documents and testing. Learning from these sessions will be shared across the team and wider Trust.</p>                                                                                                                                                                                             | In progress                                                                                          | Be named in the Top 30 NHS websites for accessibility.                                                                                                                                               |
| Communications Partner Projects | Community and Primary Care | Working closely with the clinical team we will support the virtual ward with external outreach and education to support referral and transition of patients to virtual care settings. | Established fortnightly contact with the new Clinical Operations Lead for the Virtual Frailty Ward to share insights and align on priorities. Three positive news stories are planned, and VFW assets are being reviewed and refreshed, including new materials for events and engagement.                                                                                                                                                                                                                                                                                                                                                             | In progress/ongoing measure                                                                          | A higher percentage of appropriate referrals and sustained bed occupancy, benchmarked against March 2025.                                                                                            |
|                                 |                            |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | In progress/ongoing measure                                                                          | Bed Occupancy report data                                                                                                                                                                            |
|                                 | Mental Health              | This marketing campaign will amplify the work of the Humber Recovery and Wellbeing College by reaching wider audiences through targeted, interest-based content.                      | <p>Social media content strategy has been developed and put into action with a focus on myth-busting surrounding the recovery college. Promotion has grown to several posts a month.</p> <p>Additional focus is place on the RWCs unique offer – you do not need to have a referral to take part and can join sessions based on your interests to open up a conversation about your mental health.</p> <p>Internal-focused campaign will begin during winter pressures in order to make members of staff more aware of the college's offer, that they can set patients on the road to recovery now, and they can find an activity that suits them.</p> | Increased number of posts about Recovery College activity has led increased social media over period | Increase recovery college social media followers by 50%                                                                                                                                              |
|                                 |                            |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                      | <p>Create and build recovery college mailing list to 20% of event attendees (400) allow us to target and retarget audiences</p> <p>Increase session attendees by 25% (24/25 = 1677 participants)</p> |

|  |                                               |                                                                                                                                                                                                                                      |                                                                                                                                                                                                          |                                                                                                             |                                                                                                                                                                                                                                      |
|--|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <b>Children's &amp; Learning Disabilities</b> | Establish a Communications Champions Forum project will bring together representatives from Hull and East Yorkshire 0-19 Services and Mental Health Support Teams (MHSTs to address key health concerns affecting local populations. | Established forum and testing campaigns<br><br>Secured budget for paid ads from service to improve reach                                                                                                 | Engagement rate remains high with an average of 10.61%                                                      | 80% of campaigns delivering an engagement rate of 3% or higher                                                                                                                                                                       |
|  | <b>Forensic</b>                               | This communications plan sets out how we will raise the profile of the Forensic Division by sharing its news, achievements, and stories more widely across both internal Trust channels and external platforms.                      | Internal messages have been shared in wider internal channels including Global and Intranet.<br><br>Where appropriate messages have also been shared on external website as articles for public viewing. | Increase of Forensic stories in the Global Q1- 4 stories shared internally<br><br>1 story shared externally | <div>Increase in shared information – include 6 stories per year</div> <div>Identify external facing stories and share through channels – aim for 3 external facing per year</div> <div>Reduction in division job vacancy rate</div> |

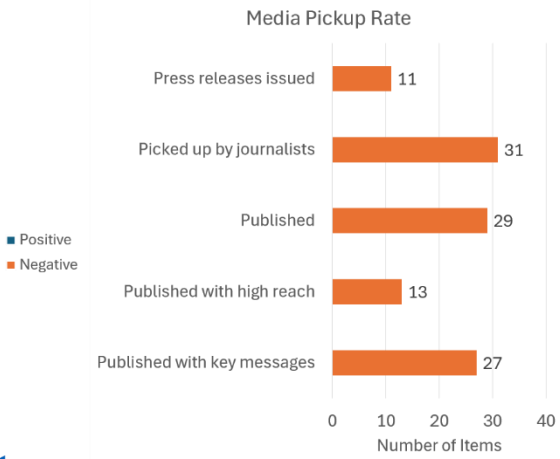
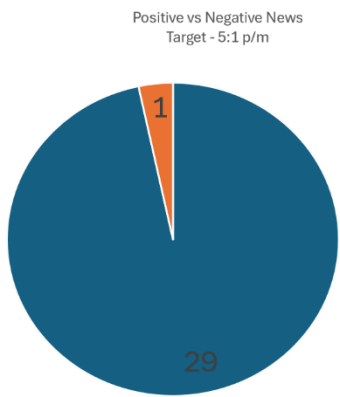
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| Fostering integration, partnership and alliance | <b>Cultivating collaboration and managing internal efficiencies</b> | <p>As our communications function evolves, we are focusing on stronger collaboration and more sustainable ways of working. Our priorities are to better support corporate and clinical teams, promote a positive team culture, manage workloads, and streamline internal processes. This will help us align with organisational needs, increase impact and build a resilient, future-ready communications service.</p> | <p>Working on a relaunch for the communications team internally within the Trust, to ensure staff know how we can support and who to contact for what</p> <p>Supporting people within our team to foster a positive working culture. Actions driven from survey results.</p> <p>Enhancing our collaboration with HR &amp; Pace Teams to support their communications goals, developing comms plans for the year</p> <p>Ongoing action to ensure communications visibility with senior management, EMT and the board remains in place and supports organisational goals</p> <p>Development of enhanced and efficient processes within our team, including the integration of 365 offers such as Planner and OneDrive</p> | <p>In progress</p> <p>80% overall satisfaction rate when surveyed in Q1,</p> <p>To be measured in year two</p> <p>Ongoing measure</p> <p>Q1 year one data shows:</p> <ul style="list-style-type: none"> <li>- 45% confident with Planner</li> <li>- 63% confident with OneDrive</li> </ul> | <p>To be completed in year one</p> <p>70%+ people feel satisfied working in our team</p> <p>60%+ senior managers surveyed believe they're well supported by the comms team</p> <p>Positive feedback and inclusion in Trust-wide projects</p> <p>80%+ team members feel confident with new processes by year-end</p> |
|-------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                      |                                                    |                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Optimising an efficient and sustainable organisation | <b>Digital empowerment, innovation and quality</b> | <p>This project focuses on two areas: empowering staff and communities to confidently use and understand the value of digital tools and promoting innovation and quality by supporting the shift from analogue to digital, in line with NHS England's ambitions.</p> | <p>Developed and begun delivering strategies for Interweave, the EPR programme and the Innovation Hub.</p> <p>Positive case studies from digital investment are being captured and shared, with DDG minutes used for storytelling.</p> <p>We're working with digital journalists to promote our innovation and Digital-First position.</p> <p>Internal digital training opportunities are being reviewed with HR, and we're providing EMT and the Board with meaningful digital comms data to show impact against organisational goals and the 10-Year Plan.</p> | <p>See appendix 2/3 for progress against plans</p> <p>Communications sent – to be measured in year two</p> <p>In progress – BCS IT Now magazine 2-page spread secured in Q1</p> <p>To be measured in year two</p> <p>In progress – and illustrated in our involvement in the new Innovate programme</p> | <p>Interweave Communications Strategy</p> <p>More than 80% of staff surveyed feel in the know regarding Trust-wide digital projects and their benefits</p> <p>At least 50% of all staff surveyed know there is a Digital and Data Group where they can apply for funding</p> <p>Improved relations with digital journalists and higher success rate of support on our press releases year-on-year</p> <p>At least 70% of staff surveyed feel empowered to enhance their digital skills should they have a professional or personal interest to do so</p> <p>Continued support from</p> |
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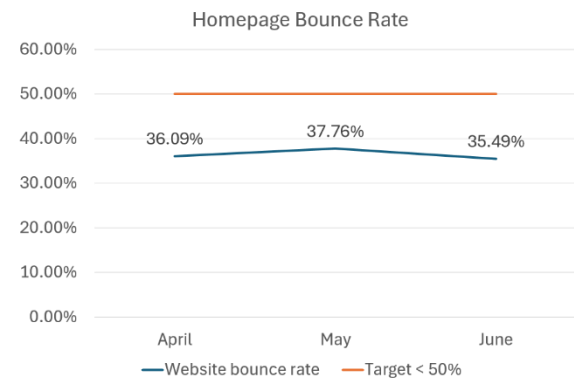
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|                                           |                            |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                       |                              | senior Digital managers and directors to involve communications in their projects due to meaningful impact                                              |
| Innovating for quality and patient safety | <b>CQC</b>                 | <p>Working with the Deputy Director of Nursing we have developed a self-assessment for communications based on the 'we statements'.</p> <p>A review will be carried out quarterly to review progress and actions and we are performing against our performance indicators.</p> | <p>Self-assessment completed against the CQC 'we statements' and approved by DON</p> <p>Q1 progress to be reported at Quality Standards Group to report on progress and communicate and support group priorities.</p> | Q1 review complete end July. | Improvements across CQC self-assessment                                                                                                                 |
|                                           | <b>Freedom to Speak Up</b> | Supporting the FTSU team to promote their messaging through targeted communications and effective strategy.                                                                                                                                                                    | <p>Reviewing communications in line with planned changes to national guardians' office.</p> <p>Video filming for Freedom to Speak up month in October</p> <p>Attending forum to meet ambassadors in August.</p>       |                              | <p>Increase in percentage of staff being aware of FTSU and the process to follow (Staff Survey Results)</p> <p>Increase in low grade FTSU reporting</p> |
|                                           |                            |                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                       |                              |                                                                                                                                                         |

Appendix 1 – Communications Dashboard

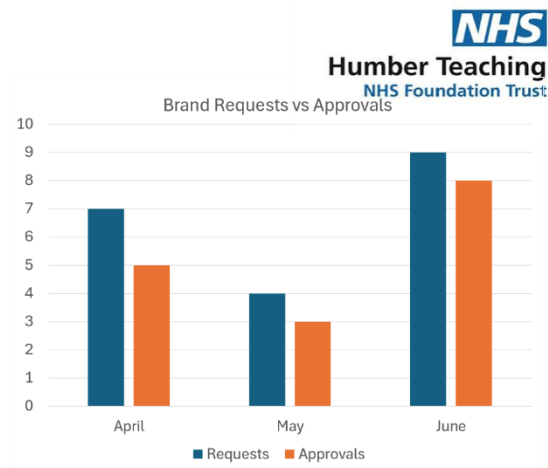
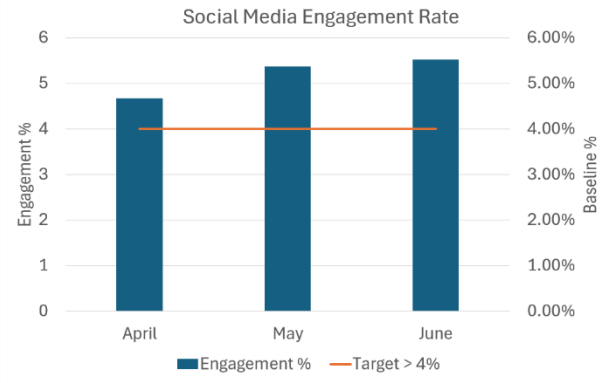
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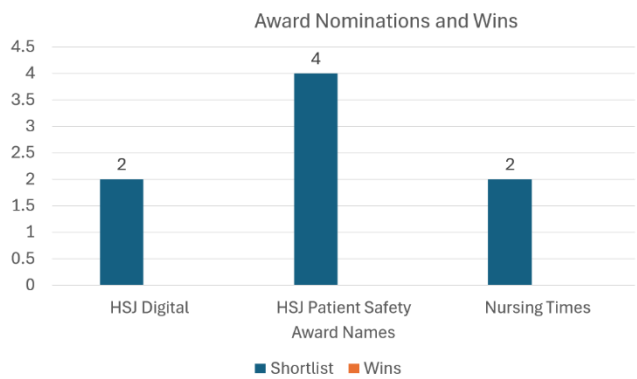
Website



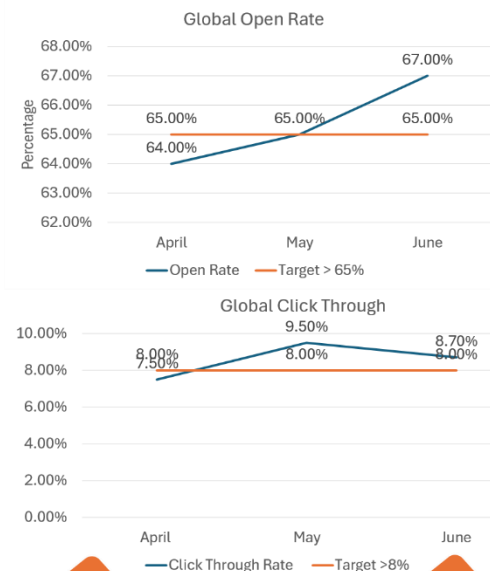
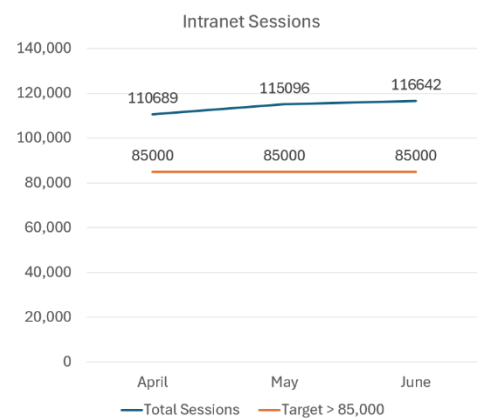
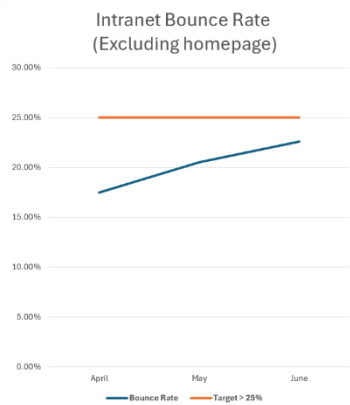
Social Media



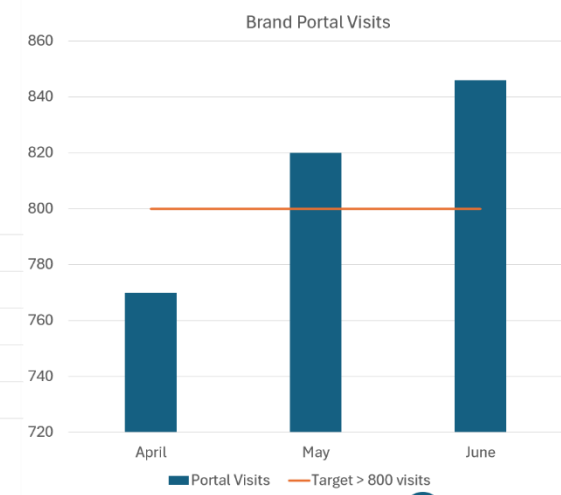
Events



Internal Communications



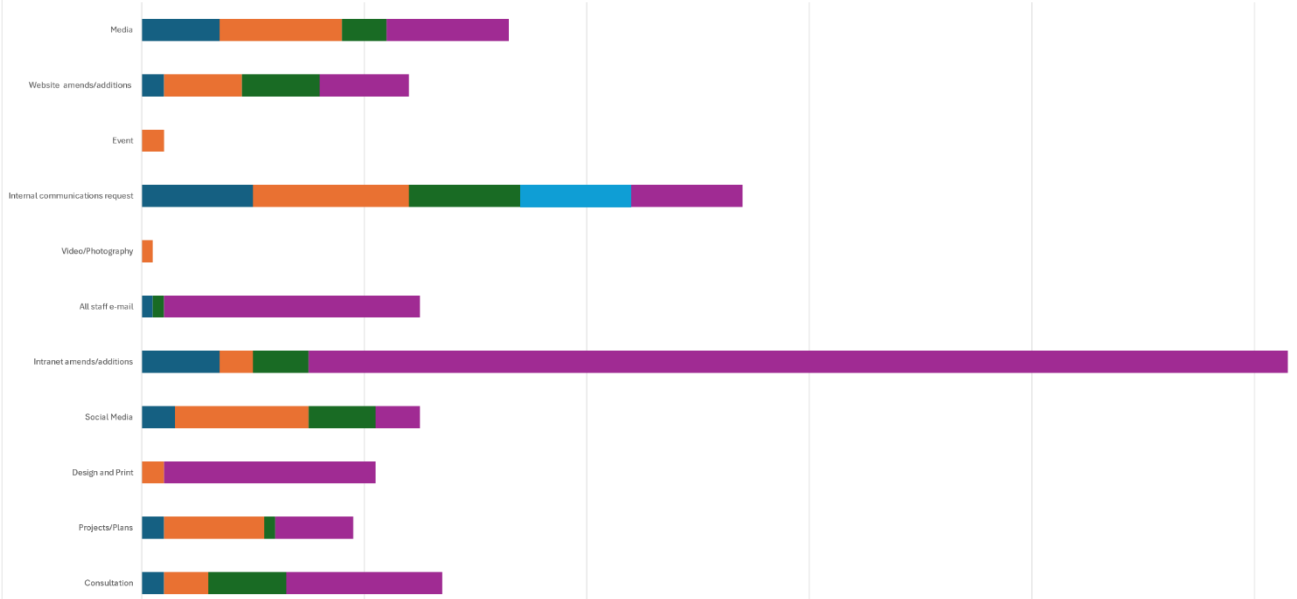
Brand Management



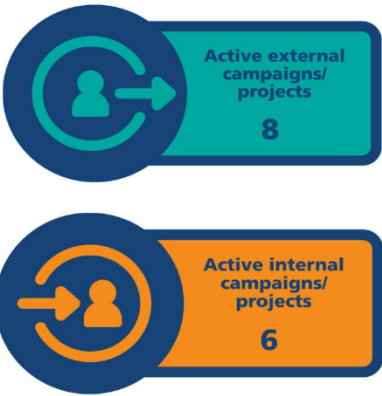
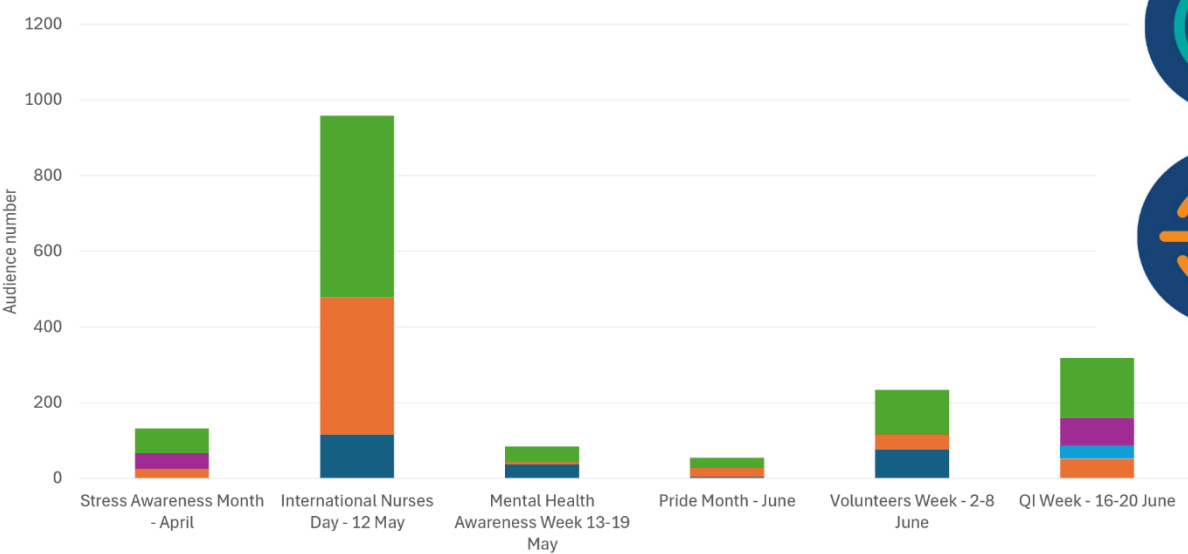
Events & Campaigns



Support By Area



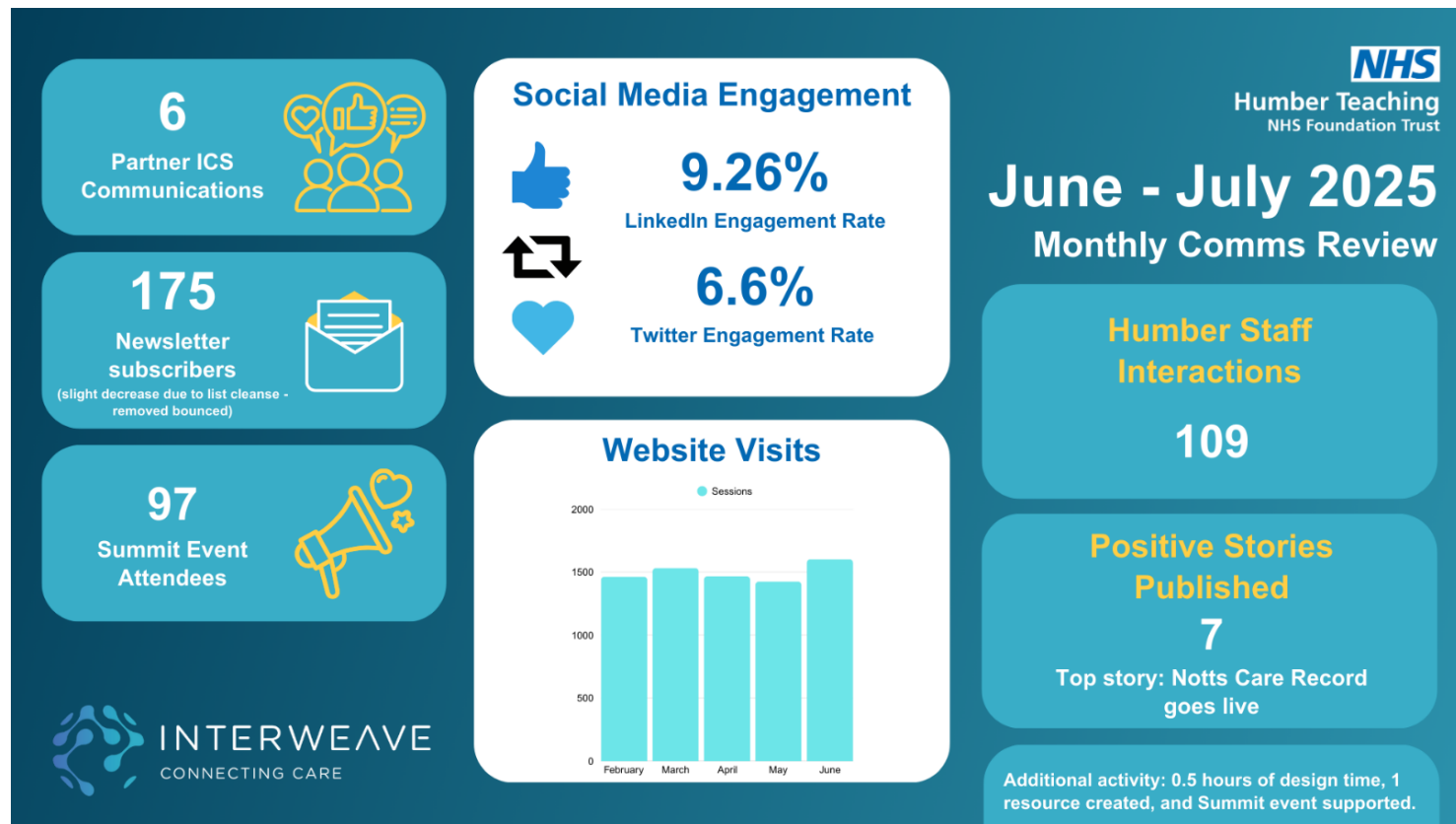
Awareness Days Engagement



## Appendix 2 - Interweave

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

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





### Appendix 3 - BeDigital

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



**Humber Teaching**  
NHS Foundation Trust

**June - July 2025**

Monthly Comms Review

**Global And Local  
Newsletter Interactions**

**206**

in the Digital section

**Digital Stories Published**

**17**

Topics include: EPR Extension, National Record Locator, Lee Rickles CIO Award, BeDigital Toolbox, EPS Benefits, YHCR Non-GP Feed, & Do IT Profiler.

Additional activity: 3.5 hours of design and 2 resources created for the Digital Team.

# Finance & Fundraising Report

Including update on Wishes and Dreams

## July 2025

Reporting on May and June 2025

Anita Green – Charity Manager  
John Busby – Senior Finance Officer

# *Health Stars*

*Better Healthcare, Brighter Futures*



# Highlights Dashboard

## 1. Delivering Outstanding Care



## 2. Enhance Healthcare experiences and outcomes



## 3. Improve staff health, wellbeing and development



## 4. Improve health and wellbeing of communities



# KPI update

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

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

| GOAL / KPI                                                                                                      | Measure of success                                                                                                                   | Success to date                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| Be in the upper quartile of Community/Mental Health Trust charities by year 3.<br><br>2025/26 Target = £200,000 | Grants: £50,000<br>Events/Community: £30,000<br>Individual: £15,000<br>Corporate: £5000<br>Other: £100,000                           | TOTAL: £23,261<br>Grants: £2000<br>Events/Community: £8725<br>Individual: £3837<br>Corporate: £0<br>Other: £3307                      |
| Be the charity of choice for people taking part in events or organising their own fundraising                   | 20 people signed up to Health Stars events<br><br>10 people/groups organising their own fundraising                                  | 27<br><br>6                                                                                                                           |
| Promote fundraising to all staff, visitors and, where appropriate, patients                                     | Fundraising posters/resources visible on every unit/service                                                                          |                                                                                                                                       |
| Share good news across all platforms                                                                            | 25 stories on Health Stars website<br><br>4 stories shared to external media                                                         | 9 stories uploaded<br><br>1 (Better Days in April)                                                                                    |
| Increase visits to website                                                                                      | Maintain visits above benchmark figure<br>- Total – 500 per calendar month<br>- 'Access Funding' page – 60 visits per calendar month | Total visits: benchmark = 500<br>May 2025 = 429<br>June 2025 = 690<br>Access Funding: benchmark = 60<br>May 2025: 43<br>June 2025: 57 |

# KPI update

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

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

| GOAL / KPI                                                        | Measure of success                       | Success to date                                                                                                                                   |
|-------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| Increase the percentage of wishes that are approved               | 75% of wishes approved                   | 63% approval<br>(Due to 8 wishes still 'in process', once these are complete we will be at 90%)                                                   |
| Launch and complete 4 Dreams                                      | 4 Dreams completed                       | Better Days Appeal launched<br><br>Flojac mattress – funding application submitted – result due in August<br><br>6 other wishes in initial stages |
| Focus on staff submitting wishes that address Health Inequalities | 10 wishes addressing Health Inequalities | P&S to assess every 3 months and identify which wishes address Health Inequalities                                                                |

# KPI update

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

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

| GOAL / KPI                                                                                           | Measure of success                                        | Success to date                                                        |
|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------|
| Recruit Charity Champions within each service to increase knowledge and understanding of the charity | 50% of services have a charity champion (33)              | 7                                                                      |
| Increase understanding amongst staff of need for fundraising                                         | Health Stars team to speak at 20 meetings / events        | 6, most recently a talk to the Key Worker team on 7 <sup>th</sup> July |
| Increase wishes specifically for wellbeing of staff                                                  | Approve 10 wishes specifically to improve staff wellbeing | 5                                                                      |

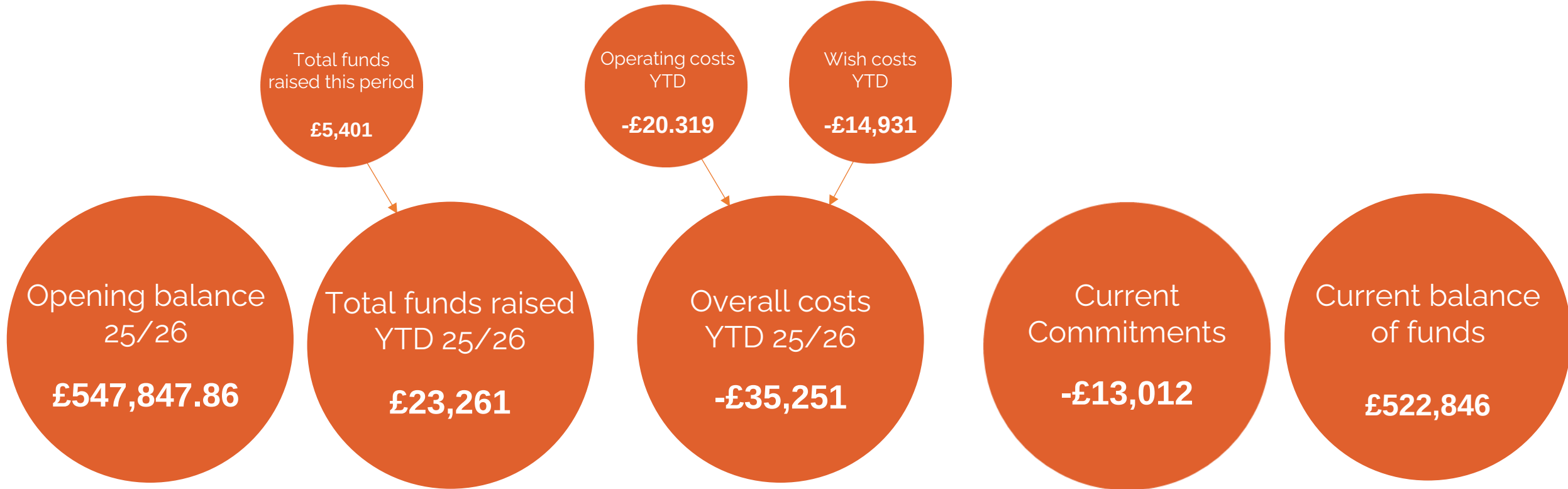
# KPI update

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

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

| GOAL / KPI                                                                                               | Measure of success                                                                   | Success to date                                 |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------|
| Increase social media presence across all platforms                                                      | Increase Facebook followers by 15% to 1000<br>Launch a LinkedIn page – 200 followers | 926 followers                                   |
| Develop corporate relationships                                                                          | Work with 5 corporate partners                                                       | 1 + 5 sponsors for CEO Challenge                |
| Launch and maintain Small Community Grants Scheme                                                        | Allocate 35 small grants                                                             | Launch August 2025                              |
| Launch external supporter newsletters<br>Establish CRM to manage donor relationships                     | Launch an external supporter newsletter with 100 people on mailing list.             | CRM currently being populated                   |
| Microhive: Concentrate on promoting to new starters through induction, day one pack, introduction email. | Target = 10% increase from 382 members to 420 members.                               | New induction to be launched in September       |
| Lottery: Link campaign to specific fund for 3 months to concentrate promotional activities.              | Target to be set after trial with Better Days Appeal in Autumn 2025.                 | Link to public appeal September – November 2025 |

# Financial position as at: 30<sup>th</sup> June 2025





# Balance Sheet Reconciliation

The following table provides a reconciliation of fund balances to resources

| As per trial balance at 30/06/2025                             | £                 |
|----------------------------------------------------------------|-------------------|
| Bank account balance NHS Foundation Trust                      | 10,000            |
| Bank account balance NHS FT Fund Deposit                       | 376,374.90        |
| Charities Investment Fund (CIOF)                               | 355,000           |
| Investment – H Butler Shares                                   | 9,556             |
| <b>Total resources held</b>                                    | <b>750,930.90</b> |
|                                                                |                   |
| Accrual (to be reviewed)                                       | (1,200)           |
| Debtors                                                        | 250               |
| Gifts In Kind (Inventory)                                      | 12,844            |
| Prepayments                                                    | 46,975.50         |
| Other liabilities - Humber Teaching NHS FT<br>(Wish recharges) | (273,942.73)      |
|                                                                |                   |
| Current commitments                                            | (13,011.80)       |
|                                                                |                   |
| <b>Net funds at DATE</b>                                       | <b>522,845.87</b> |

# Fund Zone Balances

Figures based on balances as at 30-06-25

| Fund Zone                         | Sub Funds                                   | Current Commitments | Balance 05/06/2025 | Balance 30/06/2025 | Remaining   | Percentage Split | Operating Costs YTD | Less Operating Costs YTD |
|-----------------------------------|---------------------------------------------|---------------------|--------------------|--------------------|-------------|------------------|---------------------|--------------------------|
| Community & Primary Care          | Community & Primary Care - General          | 3,255.60            | 86,128.16          | 86,128.16          | 82,872.56   | 15.52%           | (1,737.34)          | 81,135.22                |
|                                   | Malton                                      | 0.00                | 2,250.93           | 2,250.93           | 2,250.93    | 0.42%            | (47.19)             | 2,203.74                 |
|                                   | Whitby                                      | 0.00                | 29,921.96          | 29,921.96          | 29,921.96   | 5.60%            | (627.28)            | 29,294.68                |
|                                   | Bridlington                                 | 4,788.89            | 24,576.11          | 24,576.11          | 19,787.22   | 3.71%            | (414.82)            | 19,372.40                |
|                                   | Betty Whatling Legacy                       | 0.00                | 39,513.00          | 39,513.00          | 39,513.00   | 7.40%            | (828.35)            | 38,684.65                |
|                                   | Better Days                                 | 0.00                | 2,344.91           | 2,344.91           | 2,344.91    | 0.44%            | (49.16)             | 2,295.75                 |
| Children, Young People & Families | Children, Young People & Families - General | 0.00                | 336.69             | 336.69             | 336.69      | 0.06%            | (7.06)              | 329.63                   |
|                                   | Inspire                                     | 0.00                | 30,099.60          | 30,099.60          | 30,099.60   | 5.64%            | (631.01)            | 29,468.59                |
|                                   | Learning Disabilities                       | 320.00              | 368.42             | 523.18             | 203.18      | 0.04%            | (4.26)              | 198.92                   |
| Mental Health & Wellbeing         | Mental Health & Wellbeing - General         | 341.98              | 6,619.79           | 6,665.77           | 6,323.79    | 1.18%            | (132.57)            | 6,191.22                 |
|                                   | Westlands                                   | 0.00                | 246.63             | 493.57             | 493.57      | 0.09%            | (10.35)             | 483.22                   |
|                                   | Maister Lodge                               | 0.00                | 758.57             | 1,609.56           | 1,609.56    | 0.30%            | (33.74)             | 1,575.82                 |
|                                   | Newbridges                                  | 0.00                | 58.97              | 58.97              | 58.97       | 0.01%            | (1.24)              | 57.73                    |
|                                   | Millview Court                              | 0.00                | 278.30             | 278.30             | 278.30      | 0.05%            | (5.83)              | 272.47                   |
|                                   | Millview Lodge                              | 0.00                | 104.76             | 491.81             | 491.81      | 0.09%            | (10.31)             | 481.50                   |
|                                   | Avondale                                    | 0.00                | 1,551.60           | 1,551.60           | 1,551.60    | 0.29%            | (32.53)             | 1,519.07                 |
|                                   | Forensics                                   | 13.35               | 13.35              | 13.35              | 0.00        | 0.00%            | 0.00                | 0.00                     |
| Healthstars Central Fund          | Healthstars Central Fund - General          | 3,881.92            | 98,175.57          | 100,079.03         | 96,197.11   | 18.01%           | (2,016.67)          | 94,180.44                |
|                                   | Volunteers                                  | 351.12              | 4,689.77           | 4,689.77           | 4,338.65    | 0.81%            | (90.96)             | 4,247.69                 |
|                                   | Recovery College                            | 0.00                | 347.69             | 347.69             | 347.69      | 0.07%            | (7.29)              | 340.40                   |
|                                   | DBT                                         | 58.94               | 79.34              | 79.34              | 20.40       | 0.00%            | (0.43)              | 19.97                    |
|                                   | Grimsby Fishermen's Grant                   | 0.00                | 15,000.00          | 15,000.00          | 15,000.00   | 2.81%            | (314.46)            | 14,685.54                |
|                                   | Small Community Grants Fund                 | 0.00                | 200,000.00         | 200,000.00         | 200,000.00  | 37.45%           | (4,192.79)          | 195,807.21               |
| Central Charges                   | Central Charges                             |                     | 4,818.70           | (11,195.63)        | (11,195.63) |                  |                     |                          |
| Total:                            |                                             | 13,011.80           | 548,282.82         | 535,857.67         | 522,845.87  | 100.00%          | (11,195.63)         | 522,845.87               |
| P&L Balance:                      |                                             |                     | 548,282.82         | 535,857.67         |             |                  |                     |                          |
|                                   |                                             |                     | 0.00               | 0.00               |             |                  |                     |                          |

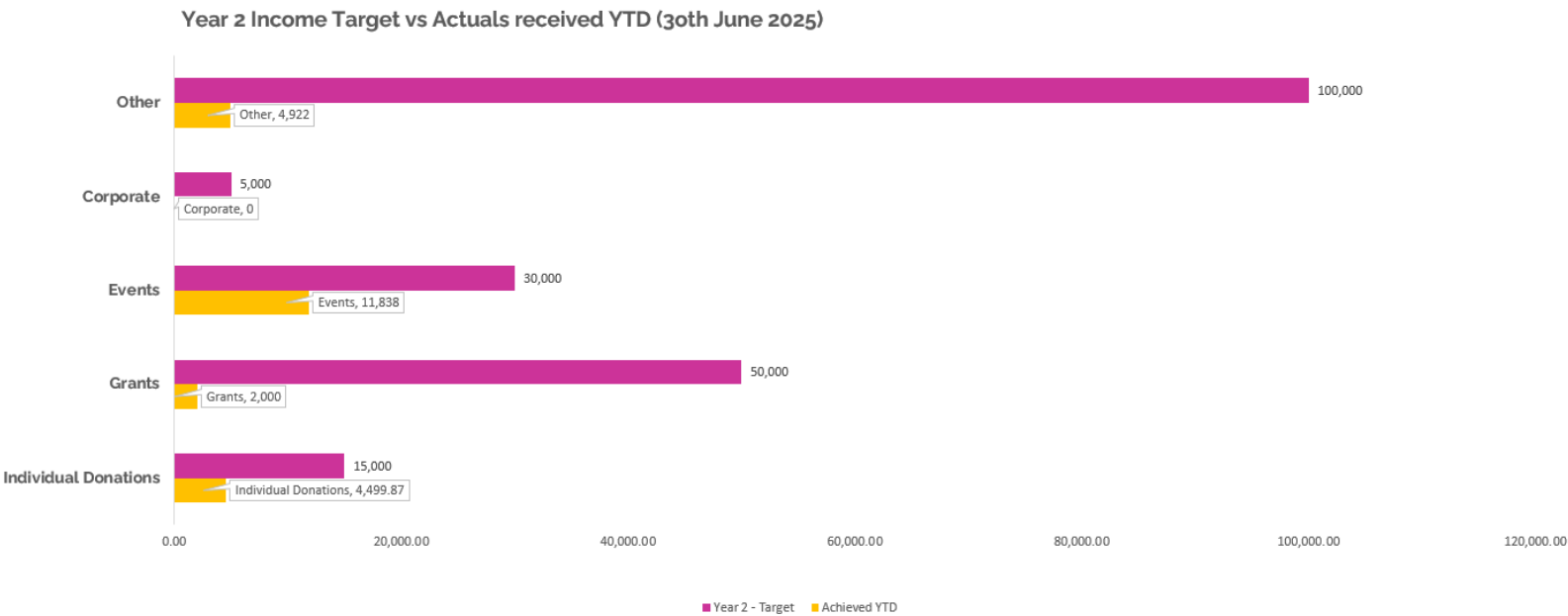
# In Year Financial Performance:

## Year 2 income target £200,000

| Grants: £50,000<br>Actual: £2,000                            | Events/Comm: £30,000<br>Actual: £8,725                                                   | Ind. donations: £15,000<br>Actual: £3,838.44                                                                      | Corporate: £5,000<br>Actual: £0                                                      | Other: £100,000<br>£3,307                          |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------------------------------------------------|
| NHS Charities Together<br><br>Grants, Trusts and Foundations | Health Stars own events or hosted by third parties<br><br>Seasonal campaigns and appeals | Individual fundraising<br><br>Major gifts<br><br>Planned giving (in memory, celebration)<br><br>General donations | Charity of the Year<br><br>Fundraising within businesses (not connected to an event) | Investment income<br><br>Legacies / gifts in wills |

As at the end of June 2025 actual year to date income of £23,261 had been received.

The following graph shows the year to date performance against the annual target for the five fundraising pillars.



# Fundraising: Grants

**Grants: £50,000**

NHS Charities Together

Grants, Trusts and Foundations

**Total raised to date: £2000**



Trust tracker  
update from Tess  
later in this  
meeting



NHS Charities  
Together Greener  
Communities  
Grant – discussing  
various projects



Working on Grant  
for Jack Brunton  
Trust - Malton



Waiting on result  
from Saturday  
Hospitals Trust for  
Flojac Mattress for  
Scarborough

# Fundraising: Events and Community

**Events: £30,000**

Health Stars own events or hosted by third parties

Seasonal campaigns and appeals

**Total raised to date: £11,838**

Money received  
through  
Just Giving  
YTD:  
**£5,050**

Two members of  
staff took part in  
the East Yorkshire  
Half Marathon  
and 10K and  
**raised £320**

Two members of  
staff took on the  
Yorkshire 3 Peaks  
and raised  
**£580**

Team of 5 ran the  
Hull 10K and  
raised  
**£1015**

# Fundraising: Individuals

**Individual donations: £15,000**

Individual fundraising

Major gifts

Planned giving (in memory, celebration)

General donations

**Total to date: £4,500**

Confirmed own  
fundraising events:

**Skydive (£838)**

**VD Day Run (£40)**

**Wolds Walk (£750)**

**Birmingham Half (£310)**

(Money on JG page so far)

**£801**

donated to Malton  
Hospital to thank the  
staff for care given to  
relatives

# Fundraising: Corporate

**Corporate: £5,000**

Charity of the Year

Fundraising within businesses (not  
connected to an event)

**Total to date: £0**



**£2600**  
pledged to  
support Michele's  
CEO Challenge  
with £2000 from  
Sewell Group

# Fundraising: Other

**Other: £100,000**

Investment income

Legacies / gifts in wills

**Total to date: £4.922**



Legacy received in  
July 2025:  
**£76,472**



# Fundraising Update (to 7<sup>th</sup> July 2025)

| Event               | Date         | Participants | Minimum projected income | Sponsorship on page so far |
|---------------------|--------------|--------------|--------------------------|----------------------------|
| East Yorkshire 10K  | 25 May       | 1            | £100                     | £120                       |
| East Yorkshire Half | 25 May       | 1            | £100                     | £200                       |
| Hull 10K            | 8 June       | 5            | £500                     | £1,005                     |
| Yorkshire 3 Peaks   | 14 June      | 2            | £400                     | £427                       |
| Skydive             | 13 September | 13           | £5200                    | £1826                      |



£3095 raised



Teams from PICU,  
Inspire, Malton

£5050  
raised on  
Just Giving  
(to 12<sup>th</sup> June)

27 people  
taking part in  
our events  
(target = 20)

6 people  
taking on their  
own challenge  
(target = 10)

# Fundraising: CEO Challenge – 3 July 2025



**£3095 raised**

Driving Treasure Hunt across the Trust. Michele had to navigate to locations with no sat nav or map and complete a challenge with the service, before finding her next location!



# Small Community Grants Scheme

- £200,000 transferred to Health Stars to administer a Small Community Grants Scheme
- Similar scheme took place in 2023/2024 and gave grants to around 35 local grassroots organisations who were working with people in the community to improve their mental health.
- Money came from Humber, was administered by Smile. We've taken it in-house.
- An online form will sit on Health Stars website for organisations to apply for the money (up to £5000).
- **Online form developed and with team for approval.**
- **Soft launch in August – Anita to speak with Hull and East Riding VCSEs** (Anita to speak at meeting in July)
- **Main launch in September/October**





**30 wishes  
received**

| Month      | Wishes submitted | Month        | Wishes submitted |
|------------|------------------|--------------|------------------|
| April 2025 | 10               | October      |                  |
| May 2025   | 9                | November     |                  |
| June       | 11               | December     |                  |
| July       |                  | January 2026 |                  |
| August     |                  | February     |                  |
| September  |                  | March        |                  |

**Note to explain number of 'in process wishes'**

- Influx of wishes in a short period of time
- Fund Guardians on A/L so delay in getting wishes approved.
- Once approved, completion rate will increase to 90%

19  
complete

2  
declined

8  
in process

1  
closed

63%  
KPI = 75%



MAY 2025

|                  |                                     |                            |         |            |
|------------------|-------------------------------------|----------------------------|---------|------------|
| Children and LD  | Acute CAMHS                         | Garden Furniture           | £140.85 | Complete   |
| Children and LD  | Townend Court                       | Activity Boxes             | £500.00 | Complete   |
| Children and LD  | CAMHS Crisis Team                   | Sensory/Wellbeing Items    | £192.00 | Declined   |
| Children and LD  | Intensive Home Based Treatment Team | Sensory/Wellbeing Items    | £421.46 | Declined   |
| Children and LD  | CAMHS Crisis Team                   | Sensory/Wellbeing Items    | £222.94 | Complete   |
| Comm and Primary | Community Therapy Teams             | Room Hire and Refreshments | £130.00 | Complete   |
| Corporate        | Research and Development            | Amazon Gift Vouchers       | £30.00  | Complete   |
| Forensic         | Ullswater                           | Catering for team training | £290.00 | Complete   |
| Mental Health    | STaRS                               | Air Fryer/Darts/Lamps      | £121.98 | In process |





JUNE 2025

|                   |                                  |                               |           |            |
|-------------------|----------------------------------|-------------------------------|-----------|------------|
| Children's and LD | Learning Disabilities            | Community Hub                 | £369.83   | Closed     |
| Children's and LD | Granville Court                  | Ikea shelving & storage boxes | £520.00   | In process |
| Children's and LD | Childrens Neurodiversity Service | Books                         | £824.73   | In process |
| Children's and LD | Community Paediatric Dietetics   | Dietetic Passport             | £228.37   | In process |
| Comm and Primary  | Market Weighton Practice         | Wellbeing Fair activities     | £1,195.35 | In process |
| Comm and Primary  | Specialist Respiratory Physio    | Weights, dumb bells etc       | £1,930.25 | In process |
| Forensic Services | Ullswater                        | BBQ, BBQ tools & charcoal     | £137.50   | In process |
| Mental Health     | Westlands                        | Sensory items, lights, radio  | £218.44   | Complete   |
| Mental Health     | Provider Collaborative           | Lanyards                      | £45.00    | Complete   |
| Mental Health     | HICTOP                           | Wall mural                    | £187.95   | In process |
| Mental Health     | Maister Court                    | Clock, adhesive & marker pens | £29.88    | Complete   |



## Current dreams

|                                                                                     |                                        |                                                                                       |                 |                                                                                                                                                    |                       |
|-------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
|    | <b>Malton Day Room</b>                 | Creating a dementia friendly day room on the Fitzwilliam Ward                         | £50,000         | Appeal launched<br>Donor wall imminent<br>Events planned                                                                                           | Community and Primary |
|    | <b>Whitby Hospital Children's Area</b> | Creating a fun and child-friendly space within the waiting area                       | £30,000 in fund | Dan and Rob visited, working on new ideas                                                                                                          | Community and Primary |
|    | <b>0-19 Mobile Clinic</b>              | To provide services within communities                                                | Unknown cost    | Service survey complete, Several services want to be involved. Next step: talk to Pete Osborne about the vehicle and P&S about a grant application | Children and LD       |
|  | <b>People Promise</b>                  | To provide a psychologist for staff as part of the Workforce Wellbeing Team           | Unknown cost    | NHS CT Workforce Wellbeing Grants open, apply for round 2 in Autumn                                                                                | Corporate             |
|  | <b>Granville Court Eyegaze machine</b> | Purchase of 2 Eyegaze machines to support patients who communicate through their eyes | Approx £8000    | Awaiting response from Hornsea Freemason Lodge – meeting in August                                                                                 | Children and LD       |



## Current dreams

|                                                                                     |                                 |                                                                                                                                                                                                                                                                                                                                                            |                                      |                                                        |                       |
|-------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------|-----------------------|
|    | <b>Flojac - Scarborough</b>     | An inflatable bed which could be used to assist in palliative care.<br>A lot of patients when nearing the end of life need to have a mattress upgrade but due to their condition it is difficult to move them. This often includes having to use the fire brigade and as many staff as possible, which can be difficult to organise and can cause a delay. |                                      | Awaiting response to application – due August 2025     | Community and Primary |
|    | <b>Granville Court</b>          | Huge transformation of Granville Court – Anita finding out how Health Stars can be involved                                                                                                                                                                                                                                                                | Anita to attend next Project meeting |                                                        | Children and LD       |
|  | <b>Inspire Courtyard Garden</b> | Transform the courtyard garden at Inspire                                                                                                                                                                                                                                                                                                                  | Unknown                              | Initial meetings and engagement with HYAG and patients | Children and LD       |





# Appeal plans: Summer 2025

| Events, Community, Individuals |      |                                     | Grants              |       |                                         | Just Giving appeal Target |
|--------------------------------|------|-------------------------------------|---------------------|-------|-----------------------------------------|---------------------------|
| Donor wall                     | £300 | Being fitted end of July            | Jack Brunton Trust  | £4250 | Application to be submitted July 2025   | £1000                     |
| Scouts bag pack                | £150 | Next space at Morrisons = September | Malton Town Council | £2000 | Application to be submitted August 2025 |                           |
|                                |      |                                     | Rotary / Lions      | £3000 | Anita to visit in July                  |                           |



|         |                 |         |         |         |
|---------|-----------------|---------|---------|---------|
| £10,070 | Target: £20,770 | £30,000 | £40,000 | £50,000 |
|---------|-----------------|---------|---------|---------|



# Good News

Check out our latest news stories:

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



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[Better Days Appeal](#)

## News



### Health Star Dream Granted for East Riding Partnership Addition Teams

26/06/2025

Health Star Dream Granted for East Riding Partnership Addition Teams



### Supporting Nurses to Feel At Their Best

26/06/2025

Supporting Nurses to Feel At Their Best



### NHS Staff Raise £600 for Health Stars

25/06/2025

NHS Staff Raise £600 for Health Stars



### Trust CEO Preparing for Fundraising Challenge

24/06/2025

Trust CEO Preparing for Fundraising Challenge

#### Filters

- ☐ Communities
- ☐ Events
- ☐ Fundraising
- ☐ Equipment
- ☐ Donations
- ☐ Patients
- ☐ Staff
- ☐ Buildings
- ☐ General news



|                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                      |   |            |  |            |  |         |   |           |   |               |  |  |  |
|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|---|------------|--|------------|--|---------|---|-----------|---|---------------|--|--|--|
| Title & Date of Meeting:                                                                              | Trust Board Public Meeting – 30 July 2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                      |   |            |  |            |  |         |   |           |   |               |  |  |  |
| Title of Report:                                                                                      | Publications and Policy Highlights                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                      |   |            |  |            |  |         |   |           |   |               |  |  |  |
| Author/s:                                                                                             | Name: Michele Moran<br>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                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                      |   |            |  |            |  |         |   |           |   |               |  |  |  |
| <b>Purpose of Paper:</b><br><i>Please make any decisions required of Board clear in this section:</i> | <p>To inform and update the Trust Board on recent publications and policy since the May 2025 Board meeting (as detailed below):</p> <ul style="list-style-type: none"> <li><i>Ambitions for a neighbourhood health service</i></li> <li><i>New national operating framework</i></li> <li><i>Ten Year Infrastructure Strategy</i></li> <li><i>NHS Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) reports</i></li> <li><i>National Recruitment policy framework</i></li> <li><i>UK Health Security Agency (HSA) - Health inequalities in health protection report 2025</i></li> <li><i>NHS England - A climate adaptation framework for NHS organisations in England</i></li> <li><i>NHS England - Patient safety healthcare inequalities reduction framework</i></li> <li><i>NHS England - AI-enabled ambient scribing products in health and care settings: An overview for NHS executives and Boards</i></li> <li><i>NHS England – Freedom to Speak Up</i></li> <li><i>Putting young people at the heart of care</i></li> <li><i>Inpatient Mental Health Improvement guide</i></li> </ul> |                                                                                                      |   |            |  |            |  |         |   |           |   |               |  |  |  |
| <b>Key Issues within the report:</b>                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                      |   |            |  |            |  |         |   |           |   |               |  |  |  |
| <b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>n/a</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>n/a</li> </ul>                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Decisions Made:</b> <ul style="list-style-type: none"> <li>n/a</li> </ul>                         |   |            |  |            |  |         |   |           |   |               |  |  |  |

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

### Monitoring and assurance framework summary:

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

## Publications and Policy Highlights

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

### 1. Ambitions for a Neighbourhood Health Service

At the NHS Providers Annual Conference in November 2024, Secretary of State for Health and Social Care Wes Streeting said a new neighbourhood health service would be focused on “building up community and primary care services with the explicit aim of keeping patients healthy and out of hospital, with care closer to home and in the home.”

In January 2025, NHS England published [guidelines on neighbourhood health](#), asking systems to develop the foundations for neighbourhood working over the next year.

NHS Providers has published a report which features three case studies that show how trusts are already working at neighbourhood level to support people in a way that reduces pressures on other parts of the health and care system, and to improve patient experiences and outcomes.

The report can be accessed via this link: [Delivering on ambitions for a neighbourhood health service](#)

#### Lead: Chief Operating Officer

Our services are currently engaged in a number of Place based initiatives that are being developed in line with the national neighbourhood health agenda. Specific programmes of work are taking place in Whitby, Scarborough, Hull and the East Riding of Yorkshire. This is a clear area of focus in the NHS 10 Year Plan, further work is expected nationally to set out how this agenda will be delivered, and we will continue to engage closely with this.

### 2. New National Operating Framework

The [new National Operating Framework](#) was published by NHS England last week. The new framework takes a more consistent and transparent approach to how organisations are assessed.

NHS Providers believes there is scope for improvement. There are several changes they'd like to see including on the capability assessment, metrics for ambulance, community and mental health services and the need to apply this framework to private providers too.

Link to the NHS Providers Report: [Scope for improvement of National Oversight Framework](#)

#### Lead: Director of Finance

The oversight framework has been reviewed, and a Dashboard has been developed to report assessment to Executive Management Team and ultimately Trust Board once National reporting commences, which is now expected to be August 2025 at the earliest.

### 3. Ten Year Infrastructure Strategy

The government has published a 10 Year Infrastructure Strategy which includes a commitment to give a total of £750 million over this period to many hospitals, mental health units and ambulance sites

Link to the Strategy: [CP 1344 – UK Infrastructure: A 10 Year Strategy](#)

#### Lead: Director of Finance

The Strategic Estates Team will review the 10-year Strategy and potential opportunities this may present for the Trust; this will be linked to expected capital guidance from NHS England we expect to be published in the Autumn.

### 4. NHS Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) reports

NHS England has published the 2024 Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) reports.

The WDES was introduced in 2019 and is built around 10 evidence-based measures (metrics) which enable NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff.

The Workforce Race Equality Standard (WRES) was introduced in 2015 to help NHS organisations identify improvements to manage and monitor inequalities through nine workforce indicators. It aims to support a more inclusive NHS workforce and improving care quality, patient satisfaction and workforce experience.

These reports confirm that the NHS still has work to do to improve working conditions for ethnic minority and disabled staff.

The reports can be accessed via the following links:

[NHS England » NHS Workforce Race Equality Standard](#)  
[NHS England » NHS Workforce Disability Equality Standard](#)

#### Lead: Associate Director of People and Organisational Development

##### Workforce Disability Equality Standard

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) used by NHS organisations to compare disabled and non-disabled staff experiences. Like the Workforce Race Equality Standard (WRES), it allows NHS Trusts to hold up the mirror to organisational performance on the equality agenda and develop action plans to address areas of challenge.

In the ICB's recent evaluation of the six Trusts in our system, the Trust's WDES results position well when compared to our system partners, where we position higher in most areas.

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

having been supported by Executive Management Team and the People & Organisational Development Committee.

### **Workforce Race Equality Standard**

The Workforce Race Equality Standard (WRES) was mandated through the NHS standard contract in 2015, with the first report released in June 2016. Since then, the Trust has published its progress annually against various indicators, emphasising efforts to address workplace inequality and demonstrating advancement in relation to the nine WRES indicators. This approach enables the Trust to fully comprehend local challenges, implement necessary changes, and also track our progress on a broader scale by comparing regional and national issues.

In the Integrated Care Boards recent evaluation of the six Trusts in our system, the Trust's WRES results position well when compared to our system partners, where we position higher in almost all areas.

The Trust has improved in all nine Workforce Race Equality Standard (WRES) indicators compared to the previous year's figures. Seven of these indicators have surpassed national comparison figures, highlighting two focus areas moving forward. Action plans are in place having been supported by Executive Management Team and the People & Organisational Development Committee.

## **5. National Recruitment Policy Framework**

NHS England has published a new recruitment policy framework which recommends steps to removing barriers and widening access to NHS roles.

The framework supports the [NHS People Promise](#) by encouraging flexible working within all elements of recruitment. It aims to help employers:

- understand their role and responsibilities
- ensure the recruitment process they manage is fair and effective, and
- build on current recruitment practices.

Link to the framework: [NHS England » Recruitment policy framework](#)

### **Lead: Associate Director of People and OD**

The Trust's People & Organisational Development Team are reviewing the framework at present and will be adapting its internal resources where applicable. With a robust policy, toolkit and resources already in place, this framework will enhance our current materials.

## **6. UK Health Security Agency (HSA) - Health Inequalities in Health Protection Report 2025**

Health inequalities in health protection have a high human cost across people and places. They have a wider societal impact, including on health services and economic productivity. The causes of and solutions to addressing health inequalities are often systemic, structural and complex.

The UK Health Security Agency has produced a report which sets out the extent of these health inequalities. It also sets out how the UK HSA aims to make health protection fair.



Link: <https://www.gov.uk/government/publications/health-inequalities-in-health-protection-report/health-inequalities-in-health-protection-report-2025>

### **Lead: Medical Director**

This report provides a high-level overview of the current landscape of health protection inequalities in England. It focuses on three key dimensions aligned with the CORE20PLUS framework:

- Individuals living in areas of socioeconomic deprivation
- People from diverse ethnic backgrounds
- Geographic disparities, including regional and Integrated Care System (ICS) levels across England (as of April 2025)

These focus areas underpin the Trust's Health Inequality Plans and Social Values Initiatives, which are being delivered in collaboration with system partners.

## **7. NHS England - A climate adaptation framework for NHS organisations in England**

A climate adaptation framework has been developed to support NHS organisations to adapt to climate change. Drawing from a model developed for the public sector in Scotland, this framework provides a holistic approach to organisational change, for any NHS organisation to prepare for and respond to the impacts of climate change.

Link: <https://www.england.nhs.uk/long-read/a-climate-adaptation-framework-for-nhs-organisations-in-england/>

### **Lead: Director of Finance**

As part of the Trusts Green Plan the Trust recognises that adaptation and resilience are essential components of the sustainability strategy and is embedded in day-to-day business activities as well as longer term planning.

## **8. NHS England - Patient safety healthcare inequalities reduction framework**

NHS England has produced a framework which sets out five principles to reduce patient safety healthcare inequalities across the NHS. It outlines opportunities for implementation that local teams and Integrated Care Boards can take up, as well as the work NHS England is taking nationally to support and enable this. These principles align with the aims of NHS England's Patient safety strategy and Core20PLUS5 approach for adults and for children and young people to address healthcare inequalities. This framework is for all NHS providers and their staff, and particularly leaders, managers and educators implementing strategies to foster a culture of inclusive, safe care.

Link: <https://www.england.nhs.uk/long-read/patient-safety-healthcare-inequalities-reduction-framework/>

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

We will consider alongside with the refresh of the Patient Safety Incident Response Framework, the Dr Dash report and Patient Safety Incident Response Plans review (2025) completed by Patient Safety Learning authority.

## **9. NHS England - AI-enabled ambient scribing products in health and care settings: An overview for NHS executives and Boards**

This document offers high-level information for NHS senior executives and Board members on ambient scribing products that feature Generative Artificial Intelligence (AI), for use across health and care settings in England. These products are sometimes referred to as ambient scribes or AI scribes and include advanced ambient voice technologies (AVTs) used for clinical or patient documentation and workflow support. Ambient scribing products offer an important opportunity for the NHS to improve patient care, enhance clinical efficiency and productivity, address poor data quality and automate coding.

Link: <https://www.england.nhs.uk/long-read/ai-enabled-ambient-scribing-products-in-health-and-care-settings/>

### **Lead: Director of Finance**

This paper has been reviewed by the Trust AI Group and used to update the draft AI and Software as a Medical Device Policy, the policy is currently going through the consultation and governance process and is expected to be presented for approval in September.

## **10. NHS England: Freedom to Speak Up**

NHSE has issued Freedom to Speak Up (FTSU) guidance to help staff and patients understand the process, and FTSU guardians and information governance professionals to manage information raised in a safe and appropriate way.

Link to the guidance: <https://transform.england.nhs.uk/information-governance/guidance/freedom-to-speak-up/>

### **Lead: Chief Executive Officer**

This guidance helps patients and staff of NHS organisations to understand the Freedom to Speak Up processes and supports the Guardian and information governance professionals to manage information in a safe and appropriate way.

A recent internal audit of our Trust speak up processes has been completed and has provided significant assurance. Further work will be completed to review the new national guidance recently published.

## **11. Putting Young People at the Heart of Care**

NHS Providers has published a report, which highlights how NHS trusts are working in new and innovative ways to improve services for children and young people across all sectors.

The report demonstrates what trusts are doing to address the extraordinary level of demand for children and young people's services and highlights the importance of delivering timely care at this critical period in life.

Link to the report: [\*Providers Deliver: putting young people at the heart of care.\*](#)

## Lead: Chief Operating Officer

This is a very helpful report and showcases the Trusts Children and Young People's services as an exemplar of how trusts are working to improve services across sectors. Our Children's division have reviewed this report and are taking it forward as part of their Child and Adolescent Mental Health Service pathway transformation programme. Being the provider of 0 – 19 services for Hull and the East Riding of Yorkshire provides us opportunity to truly integrate children and family interventions, focus on prevention and early support and improve outcomes.

## 12. Inpatient Mental Health Improvement Guide

NHS England has published an improvement guide for staff involved in planning and improving mental healthcare inpatient flow and the discharge of adult patients from mental health settings (including NHS, local authority, housing and other partners).

It is part of a [wider series](#) of guidance designed to support staff delivering clinical operational improvement initiatives.

The guide provides suggestions and exemplars for staff involved in patient flow improvements.

Link to the guide: [NHS England » Inpatient mental health: Improvement guide](#)

## Lead: Chief Operating Officer

The guide focuses on working age and older persons' acute mental health inpatient flow as a key enabler to improve clinical effectiveness and patient experience.

Reducing the length of time people require inpatient care stay is the overarching focus for elective learning and improvement networks taking place across the country to put this guide into practice. This guide aligns with the mental health patient flow work taking place in our mental health division and the emphasis through the use of the Multiagency Discharge Event (MaDE) improvement methodology which is having a positive impact on reducing the length of stay in our mental health beds. We are participating in the regional improvement network and will share our own practice taking place in line with the improvement guide and ensure that we learn and adopt improved practice from other providers.

**Agenda Item 09**

|                                                                                                                                                                                                 |                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                               |          |            |  |            |  |         |   |           |  |               |   |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------|------------|--|------------|--|---------|---|-----------|--|---------------|---|--|--|
| Title & Date of Meeting:                                                                                                                                                                        | Trust Board Public Meeting – 30 July 2025                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                               |          |            |  |            |  |         |   |           |  |               |   |  |  |
| Title of Report:                                                                                                                                                                                | Health Inequalities Trust Board Highlight Report July 2025                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                               |          |            |  |            |  |         |   |           |  |               |   |  |  |
| Author/s:                                                                                                                                                                                       | Sarah Clinch, Senior Partnerships and Strategy Manager<br>Tess Owen, Partnerships and Strategy Officer                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                               |          |            |  |            |  |         |   |           |  |               |   |  |  |
| Recommendation:                                                                                                                                                                                 | <table border="1"> <tr> <td>To approve</td><td></td><td>To discuss</td><td></td></tr> <tr> <td>To note</td><td>✓</td><td>To ratify</td><td></td></tr> <tr> <td>For assurance</td><td>✓</td><td></td><td></td></tr> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                               |          | To approve |  | To discuss |  | To note | ✓ | To ratify |  | For assurance | ✓ |  |  |
| To approve                                                                                                                                                                                      |                                                                                                                                                                                                                             | To discuss                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                               |          |            |  |            |  |         |   |           |  |               |   |  |  |
| To note                                                                                                                                                                                         | ✓                                                                                                                                                                                                                           | To ratify                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                               |          |            |  |            |  |         |   |           |  |               |   |  |  |
| For assurance                                                                                                                                                                                   | ✓                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                               |          |            |  |            |  |         |   |           |  |               |   |  |  |
| <b>Purpose of Paper:</b><br><i>Please make any decisions required of Board clear in this section:</i>                                                                                           | This paper and accompanying highlight report update the Board on progress of work to address health inequalities.                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                               |          |            |  |            |  |         |   |           |  |               |   |  |  |
| Key Issues within the report:                                                                                                                                                                   |                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                               |          |            |  |            |  |         |   |           |  |               |   |  |  |
| <b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>The programme is on track against the delivery plan.</li> </ul>                                                   |                                                                                                                                                                                                                             | <b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>Recognising and addressing health inequalities within our services and communities</li> <li>Driving change at every level of the system</li> <li>Health inequalities at the heart of our biggest programmes of change</li> <li>Ensuring our communication and interactions are inclusive and welcoming to everyone</li> <li>Tackling the broader social determinants of health</li> <li>Collaborating closely with partners to maximise impact</li> </ul> |                                               |          |            |  |            |  |         |   |           |  |               |   |  |  |
| <b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"> <li>Capacity of the BI team to support data analysis for HI work, during the EPR optimisation, See risk register</li> </ul> |                                                                                                                                                                                                                             | <b>Decisions Made:</b> <ul style="list-style-type: none"> <li>None</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               |          |            |  |            |  |         |   |           |  |               |   |  |  |
| <b>Governance:</b><br><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                     | 08/07/25 |            |  |            |  |         |   |           |  |               |   |  |  |
|                                                                                                                                                                                                 | Mental Health Legislation Committee                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Operational Delivery Group                    | 19/06/25 |            |  |            |  |         |   |           |  |               |   |  |  |
|                                                                                                                                                                                                 | 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  |                                                                             |

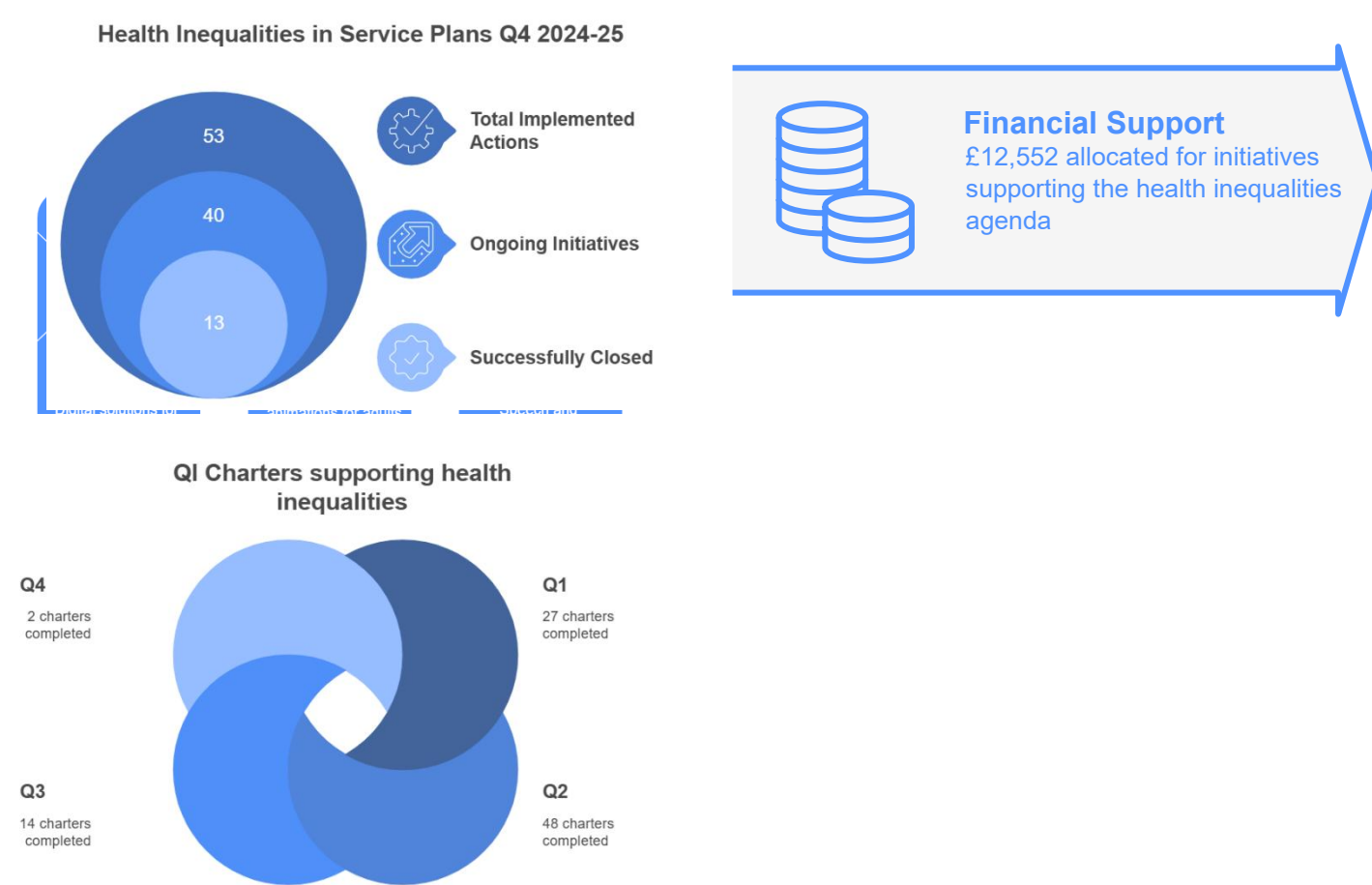
|                                                             |                          |                            |                                    |          |                         |            |
|-------------------------------------------------------------|--------------------------|----------------------------|------------------------------------|----------|-------------------------|------------|
| <b>HEALTH INEQUALITIES EMT/TRUST BOARD HIGHLIGHT REPORT</b> |                          | <b>Period Covered:</b>     | <b>January – June 2025</b>         |          | <b>Project End Date</b> | <b>n/a</b> |
| <b>Project Name:</b>                                        | Health Inequalities      | <b>Project RAG Status:</b> | <b>Current:</b>                    | <b>G</b> | <b>Previous</b>         | <b>G</b>   |
| <b>Division:</b>                                            | Finance/ Medical         | <b>Service Area:</b>       | <b>Partnerships &amp; Strategy</b> |          |                         |            |
| <b>Project Lead:</b>                                        | Sarah Clinch & Tess Owen | <b>Project Ref:</b>        | <b>N/A</b>                         |          |                         |            |

| Work Area                                                                                      | RAG     |          | Progress in this reporting period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------|---------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                | Current | Previous |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Understanding health inequalities in our services and communities</b>                       |         |          | <ul style="list-style-type: none"> <li>The Health Inequalities Plan approved by Trust Board and launched at the Culture of Care Showcase Event on 15th May 2025.</li> <li>Narrative produced for Trust Annual Report on access to CAMHS and Talking Therapies and use of RRI and MHA by ethnicity and deprivation decile.</li> <li>Agreed data-based approach to understanding staff health inequalities with the Staff Health &amp; Wellbeing Group.</li> <li>Agreed a combined monitoring dataset with Care, Culture and Equity programmes.</li> </ul>                                                           |
| <b>Change happens at all levels</b>                                                            |         |          | <ul style="list-style-type: none"> <li>Established new process for identifying QI projects with a HI focus at an early stage and connecting them to wider HI work.</li> <li>Delivered HI training as part of PROUD Alumni and Preceptorship.</li> <li>Launched East Riding Inclusion Health Champions to increase workforce awareness of inclusion health</li> <li>Promoted use of Health Stars funds to support HI Projects.</li> </ul>                                                                                                                                                                           |
| <b>Health inequalities at the heart of our biggest programmes of change</b>                    |         |          | <ul style="list-style-type: none"> <li>Published EHIIA completion guidance for staff <a href="#">Equality and Health Inequalities Impact Assessments   Humber Teaching NHS Foundation Trust</a></li> <li>Reviewed HI Delivery Plan with clinical leads for Forensics and CLD and identified aligned activity within divisional service plans &amp; QIPs</li> <li>Project group established and regular meetings scheduled for DNA and Health Inequalities Project.</li> </ul>                                                                                                                                      |
| <b>The way we communicate and interact with patients and service users is welcoming to all</b> |         |          | <ul style="list-style-type: none"> <li>Actions embedded within the Marketing &amp; Communications Plan 2025-2027 on improving availability of Easy read documents and versions and creating tools to support writing in plain English</li> <li>PACE team coordinating further awareness raising for staff on access to translation and interpretation services.</li> <li>Reasonable Adjustments Task and Finish Group has been set up.</li> </ul>                                                                                                                                                                  |
| <b>The way we deliver care supports health equity</b>                                          |         |          | <ul style="list-style-type: none"> <li>Care, Culture and Equity Steering Group established to align health inequalities with trauma informed, Culture of Care and PCREF, with representation from divisional Clinical Leads</li> <li>Relevant clinical projects starting to be identified through review of HI Plan with divisions. Themes identified: <ul style="list-style-type: none"> <li>Delivery of Culture of Care (phase 1)</li> <li>Assessment &amp; formulation work / implementation of Personalised Care Framework</li> <li>Work on neurodiversity pathways (Forensics and CLD)</li> </ul> </li> </ul> |
| <b>Tackling the wider causes of inequality</b>                                                 |         |          | <ul style="list-style-type: none"> <li>Published information for staff on supporting patient and service users with housing issues.</li> <li>Developing information for staff about Financial Inclusion and working with Citizens Advice and Yorkshire Energy Doctor to deliver training for staff.</li> </ul>                                                                                                                                                                                                                                                                                                     |

|                       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------------------|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                       |  |  | <ul style="list-style-type: none"> <li>Ongoing work to support relaunch of the Community MH Grants Scheme.</li> <li>Community Hubs Working Group are leading on future “community wellbeing hub” utilisation of Health Trainer shops, Alfred Bean Hospital and Whitby Hospital.</li> </ul>                                                                                                                                                                                                                                                                                         |
| Working with partners |  |  | <ul style="list-style-type: none"> <li>Supporting Crisis Care Concordat workplan discussions about prevention and the impact of the social determinants of health.</li> <li>Continuing work to map out Trust involvement with Neighbourhood Health Partnerships.</li> <li>Presentation on impact of housing issues including data on impact of housing related DTOC shared with ERYC housing leads.</li> <li>Agreed HTFT input to design of ERYC housing related support pilot and strategic review of demand for supported living across LD, Mental Health and Autism.</li> </ul> |

| Key Risks / Issues / Late Tasks                                                           | Risk Rating |          | Actions to Mitigate Risk                                                                                                                                                                                                                                                                                               |
|-------------------------------------------------------------------------------------------|-------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                           | Current     | Previous |                                                                                                                                                                                                                                                                                                                        |
| Capacity of the BI team to support data analysis for HI work, during the EPR optimisation | High        | High     | Collaborative discussions via the ‘Care, Culture and Equity’ meetings, to explore efficient ways to manage data requirements across multiple workstreams (PCREF, Health Inequalities, Culture of Care) whilst managing requests to BI. BI are now actively involved in these meetings and reviewing data requirements. |
| Items for escalation: None                                                                |             |          |                                                                                                                                                                                                                                                                                                                        |

### Quarter 4 Health Inequalities Activity Highlights



**Agenda Item 10**

|                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                              |   |            |  |            |   |         |  |           |  |               |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------------|--|------------|---|---------|--|-----------|--|---------------|--|--|--|
| Title & Date of Meeting:                                                                                                                                                                                                                                                      | Trust Board Public Meeting – 30 July 2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                              |   |            |  |            |   |         |  |           |  |               |  |  |  |
| Title of Report:                                                                                                                                                                                                                                                              | Review of patient safety across the health and care landscape                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                              |   |            |  |            |   |         |  |           |  |               |  |  |  |
| Author/s:                                                                                                                                                                                                                                                                     | Sarah Smyth, Executive Director of Nursing, Allied Health and Social Care Professionals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                              |   |            |  |            |   |         |  |           |  |               |  |  |  |
| 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                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                              |   |            |  |            |   |         |  |           |  |               |  |  |  |
| <b>Purpose of Paper:</b><br><i>Please make any decisions required of Board clear in this section:</i>                                                                                                                                                                         | <p>The purpose of this report is to brief the Trust Board on the review which was commissioned by the Secretary of State for Health and Social Care, following a review into the operational effectiveness of the Care Quality Commission (CQC) in summer 2024.</p> <p>The review was asked to look at 6 specific organisations that were established to either assure - or contribute to improving - the safety of care, while also making reference to the wider landscape of organisations influencing quality of care. The 6 organisations are:</p> <ul style="list-style-type: none"> <li>• CQC</li> <li>• Health Services Safety Investigations Body (HSSIB)</li> <li>• Patient Safety Commissioner</li> <li>• National Guardian's Office</li> <li>• Healthwatch England and Local Healthwatch</li> <li>• The patient safety learning aspects of NHS Resolution</li> </ul> <p>The review was asked to consider whether there are overlaps and gaps in functions across organisations and make recommendations as to the future roles of the 6 organisations.</p> |                                                                                                                                                                                                                              |   |            |  |            |   |         |  |           |  |               |  |  |  |
| <b>Key Issues within the report:</b>                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                              |   |            |  |            |   |         |  |           |  |               |  |  |  |
| <b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>• We have an established Patient Safety Strategy and Patient and Carer and Experience Strategy with regular reporting through Quality and Patient Safety Group, Executive Management</li> </ul> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>• The Trust is currently reviewing the arrangements under which patient safety investigations are undertaken. Over the last</li> </ul> |   |            |  |            |   |         |  |           |  |               |  |  |  |



|                                                                                                                                                                                                                                            |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |                                               |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------------------------|----------|
| Team and Quality Committee                                                                                                                                                                                                                 |                                     | year, 12 Patient Safety Incident Investigations were commissioned, which is in line with the number recommended in the national patient safety strategy. However, we also utilise Patient Safety Incident Analysis and last year 38 were undertaken. The balance between learning and investigation has to be delicately managed in order to ensure that the focus is on applying learning as opposed to continually investigating similar issues. As a Trust we have also moved to ensuring we link recommendations from reviews to quality improvement initiatives and have transformational action plans in place, as well as identifying immediate safety actions. This is to ensure we are focused on outcomes rather than outputs and are not repeating similar transactional actions repeatedly. The use of QI methodology should also support the acknowledgment of the resources required to implement the required improvements; however further work is required around this. The findings from the review will be considered as part of the review of the Trust's PSIRF arrangements underway currently. |      |                                               |          |
| <b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"><li>The Trust may wish to consider that the Director who has patient experience within their portfolio, is made explicit within their title for transparency.</li></ul> |                                     | <b>Decisions Made:</b> <ul style="list-style-type: none"><li>We will continue to review further publications following the review</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |                                               |          |
| <b>Governance:</b><br><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                     | 22.07.25 |
|                                                                                                                                                                                                                                            | 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                                                                    |                                                      |                                                        |     |                                                                             |
| <input checked="" type="checkbox"/>                                                        | 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  |                                                                             |

# **Review of Patient Safety across the Health and Care Landscape - Penny Dash July 2025**

## **1. Introduction**

The purpose of this report is to brief the Trust Board on the review which was commissioned by the Secretary of State for Health and Social Care, following a review into the operational effectiveness of the Care Quality Commission (CQC) in summer 2024.

The review was asked to look at 6 specific organisations that were established to either assure - or contribute to improving - the safety of care, while also making reference to the wider landscape of organisations influencing quality of care. The 6 organisations are:

- CQC
- Health Services Safety Investigations Body (HSSIB)
- Patient Safety Commissioner
- National Guardian's Office
- Healthwatch England and Local Healthwatch
- the patient safety learning aspects of NHS Resolution

The review was asked to consider whether there are overlaps and gaps in functions across organisations and make recommendations as to the future roles of the 6 organisations.

## **2. Background and context**

Over the last 10 years, there has been an increasing focus on the safety of care with a number of high-profile failures, for example in Mid Staffordshire NHS Foundation Trust.

The reaction to these has typically been to set up a public inquiry or review into what went wrong, with subsequent recommendations for changes that often establish new organisations and bodies external to the mainstream work of the commissioners and providers of care.

While this is understandable, it has led to a growth in the number of organisations considering safety and the wider quality of care, with the resulting impact of even more recommendations and a cluttered landscape.

This review is a first step in considering where change could most appropriately be made.

## **3. Definition and impact of quality (including safety) of care**

While there is no universally agreed definition of quality in health systems, it is recognised as multi-dimensional. These dimensions typically include safety, effectiveness and patient or user experience, as well as accessibility, equity and efficiency. CQC considers the management and leadership of care (referred to as 'well led') alongside safety, effectiveness and user experience ('caring' and 'responsive care').

Safety is often understood as minimising harm that arises during the giving of care, and is concerned with:

- the avoidance, prevention and amelioration of adverse outcomes or injuries stemming from the process of healthcare.
- Of around 600 million patient interactions with the NHS a year, around 3,000 (1 in 200,000) result in a safety investigation. International comparisons suggest that, if the UK had performed at the level of the top decile of Organisation for Economic Co-operation and Development (OECD) countries in 2022, there could have been 780 fewer deaths per year due to unsafe care.

Effective care means care that should be provided to evidence-based standards to people who need it. Ineffective care results in considerably more avoidable harm.

Of the avoidable deaths in 2022 in England and Wales, around 65% could be attributed to conditions considered preventable (around 82,000 deaths). While many of the underpinning drivers of ill health are beyond the scope of the NHS, there remains considerable opportunity to ensure more consistent delivery of high-quality care.

Poor user experience can arise for many reasons, including:

- failing to involve patients or users in decisions about their own care
- failing to listen to patients or users highlighting concerns
- not supporting people to better manage their own care, resulting in poor compliance with drug and non-drug interventions

Inequity and inequalities are evident across all dimensions of quality - people living in some of the poorest parts of the country die on average 10 years earlier than those in more affluent areas, and satisfaction with services differs by age, gender, race and socio-economic status. Unsafe and ineffective care disproportionately impacts those from disadvantaged groups and those same groups report higher levels of dissatisfaction in care delivery.

Poor management of care contributes to unsafe care, ineffective care and poor user experience. Research from 2019 found that poor or inadequate management results in a 5% efficiency gap. Applying this to NHS trusts, it is a cost of over £5 billion each year, which equates to 330,000 quality-adjusted life years (QALYs) using Department of Health and Social Care (DHSC) estimates of cost per QALY. More recent analysis suggests that productivity in acute hospitals has declined since financial year 2019 to 2020 by about 8%. This equates to around £6 billion per year or around 400,000 QALYs.

#### **4. The Quality Landscape**

Across England, numerous organisations and professional groups have a role in high-quality care, including those with a specific remit for safety.

DHSC, NHS England and the UK Health Security Agency (UKHSA) are responsible for setting overarching policies, guidelines and strategic priorities at the national level.

NHS England, integrated care boards (ICBs), local authorities, private health insurers, and providers (NHS trusts, private providers, primary care providers including GPs and dentists, and social care providers) have prime responsibility day-in day-out for commissioning, providing and assuring high-quality care. This is where the principal focus for ensuring safe and high-quality care should sit.

CQC was established in 2009 as the independent regulator of the health and care sector.

Outside of commissioners and providers (and CQC as the main regulator), a wide range of organisations and professional bodies - around 40 in total - have a formal role in quality of care including the safety of care. This includes setting standards, monitoring performance, advocating for changes or supporting improvement. These organisations and bodies include:

- service regulators
- professional regulators
- standard-setting bodies
- royal colleges and faculties
- safety and improvement bodies
- organisations established to be the 'voice of the user'

Data on the quality of care is collected through a range of mechanisms, including national clinical audits commissioned by the Healthcare Quality Improvement Partnership (HQIP) and other registries and audits (such as those run by colleges, NHS England and others).

At least 30 advisory bodies and a large number of professional associations operate across a range of specialties and areas of care. The majority of these are funded, directly or indirectly, from the DHSC budget.

In addition, a range of academic, private and charitable organisations consider quality of care and publish recommendations.

## **5. Functions needed for a high-quality health and care system**

In order to determine where there is overlap in the roles of these organisations and identify gaps, the review sets out the functions required to ensure a high-quality health and care system. These can be grouped into 4 areas:

- developing a strategy
- delivering health and care
- assuring delivery
- improving

## **6. Findings of the review**

**Finding 1: there has been a shift towards safety (vs other areas of quality of care) over the last 5 to 10 years, with considerable resources deployed, but relatively small improvements have been seen**

The last 10 years have seen an increasing focus on safety in comparison with other dimensions of quality of care - for example:

- a number of organisations and professional bodies have been established to consider different aspects of safety
- multiple reviews and inquiries into safety have been carried out

- an increasing number of recommendations and other directions relating to safety have been given to commissioners and providers of services

Safety has also commanded significant resource. The various new organisations and bodies cost money (at least £60 million per year), while DHSC-sponsored reviews and inquiries into safety are estimated to have cost at least £100 million based on known costs. The indirect costs are considerably more.

It appears that the focus on safety has been at the expense of other aspects of quality of care.

**Finding 2: there has been limited strategic thinking and planning with regard to improving quality of care**

Strategic thinking and planning with regard to improving quality of care has been limited in recent years and has not systematically considered the allocation of resources to maximise quality of care or the optimal provider structures necessary to support quality.

The last comprehensive strategy to improve quality was High quality care for all: NHS Next Stage Review final report (published in 2008), though the Five Year Forward View (2014) and the NHS Long Term Plan (2019) did include initiatives aimed at improving quality of care.

All recognised the significant potential impact of improving the effectiveness of care with an emphasis on improved care for people with long-term conditions and frailty. This should have led to a shift in resources (money and staff) away from acute hospital care and towards primary and community (neighbourhood) care, but the opposite has happened.

There is a National Quality Board (NQB), which was formed in 2009, but to date it has not developed a comprehensive quality strategy.

**Finding 3: there is a large number of organisations carrying out reviews and investigations. A very high number of recommendations have been made to the NHS, most of which lack any cost-benefit analysis**

The growth in new organisations and professional bodies, along with multiple reviews and Inquiries, has resulted in an overwhelming number of recommendations.

The Thirlwall Inquiry has found that there have been over 1,400 recommendations from 30 inquiries that have taken place in England and Wales in the last 30 years related to its terms of reference alone. The various inquiries and reviews into maternity care over the last 5 years have resulted in over 450 recommendations.

The NHS in England has significantly enhanced its own capacity and capability to undertake reviews and investigations over the last 5 to 10 years with the establishment of the Patient Safety Incident Response Framework (PSIRF) and Learn from patient safety events (LFPSE) service. Of the 600 million patient or user interactions with the NHS in England each year, current (unpublished) estimates indicate that up to 3,000 patient safety incident investigations are conducted by trusts on an annual basis. Around 15,000 other learning responses are captured following patient safety events.

Recommendations are often focused on inputs, rather than outputs or outcomes, and fail to recognise the balance of risks within organisations and across systems. The review heard that the existence of so many recommendations causes considerable confusion for staff. They result in more clinical staff moving into supervisory roles to check that other clinical staff are adhering to the recommendations. The overwhelming majority of recommendations lack data as to the cost of implementation or the expected impact.

These risks disempowering local provider boards and clinical teams, where safety responsibility must sit every day.

**Finding 4: a large number of organisations look at user experience or advocate on behalf of the ‘voice of the user’, yet few boards in the NHS have an executive director for user or customer experience**

Multiple organisations:

- carry out surveys
- ‘listen to communities’
- support the co-design of care
- advocate for patients and users

This causes confusion for patients and users, who are unsure about the status of different groups, and results in inefficiencies, sub-scale inputs and a failure to ensure representativeness. Their distance from the commissioners and providers of health and care risks a lack of action and change.

At the same time, it is notable that most NHS boards lack an executive director for customer or user experience, which is the norm in other consumer-focused industries.

**Finding 5: the current system for complaints and concerns is confusing and may lack responsiveness**

The system for managing and learning from concerns and complaints is highly fragmented. Over 20 different organisations offer a place for patients or users to share feedback, either formally or informally, including concerns and complaints about serious harm or side effects.

Patients, users, and patient and user groups describe a confusing landscape where they do not understand who to complain to and how. Complaints and concerns are often poorly handled with patients, users, and patient and user groups describing delays and poor-quality responses.

About 11% of healthcare complaints (28,780 in financial year 2023 to 2024) are referred to the Parliamentary and Health Services Ombudsman. This compares with around 1.3% of complaints in the rail industry being referred to the Rail Ombudsman. The Local Government and Social Care Ombudsman receives about 3,000 complaints a year.

The system is particularly challenging for those who have, or believe they have, been harmed or suffered poor outcomes as a result of care.

**Finding 6: some of the organisations under review have expanded their scope**

It is notable that some of the organisations under review have expanded their scope of work beyond the original remit. While this is done with the admirable intention of improving the safety of care delivery, it can create further complexity, recommendations and confusion.

For example, HSSIB was originally established, along the lines of safety investigatory bodies in other industries, to look at specific cases or incidents of severe harm, but it has since broadened its work into making more systemic recommendations. The Patient Safety Commissioner was set up to look at how patients and users could better report complications from medicines and medical devices in order to improve their safety, but it has taken on a far wider role as an advocate for other patient safety themes.

CQC was established with the purpose of assessing the quality of health and care providers and, more recently, integrated care systems (ICSs). However, it has expanded its remit and now develops tools to support ICBs to better understand the health needs of particular communities.

**Finding 7: a greater strategic focus on care delivery and management is needed to improve quality of care**

Delivery, management and improvement of care are the responsibility of providers and their boards, but there has been relatively less attention paid to associated governance structures. There is:

- variation in the effectiveness of boards
- variable understanding of risks, and how to effectively balance risks across an organisation and a wider system
- variable accountability and responsibility for high-quality care
- a lack of detailed performance appraisals for staff
- a lack of incentives (and disincentives) to support and embed high-quality care
- inconsistent role modelling of behaviours that embed high-quality care

For some providers, their small size makes it hard to put in place governance structures - for example, in smaller GP and dental practices, and small and medium-sized enterprises (SMEs) in adult social care and private healthcare.

Standardisation of core processes and practices is lacking within and across providers, particularly in comparison with other high-risk industries (such as rail, maritime, construction or aviation) and healthcare organisations internationally.

Technology to support the provision of safe and high-quality care is under-developed and under-used - again in comparison with other industries and some other healthcare systems.

Approaches to improvement are variable and lack a well-resourced national quality support infrastructure.

**Finding 8: the National Guardian's Office duplicates work carried out by providers**

The responsibilities of the National Guardian's Office are to lead, train and support the network of Freedom to Speak Up Guardians, working with NHS England and other healthcare-related organisations to expand into primary care and other areas of health. Since the National Guardian's Office was created, Freedom to Speak Up Guardians have been established in provider organisations with support offered from, for example, NHS England.

The guardian role was designed to sit as an independent function, but the current hosting of the National Guardian's Office within CQC results in the role being distant to the people it needs to support and influence. Placing the responsibility for Freedom to Speak Up Guardians firmly within commissioners and providers should raise the profile and importance of staff voice and allow a more rapid response.

Ensuring that these functions are happening in all commissioners and providers should be a core function of CQC as the independent regulator of health and care.



### **Finding 9: insufficient use is made of the NHS's data resources to generate insights and support improvement**

The NHS is one of the most data-rich healthcare systems in the world and has historically been at the forefront of collecting and reviewing data for clinical audit purposes.

There is considerable opportunity to build on this with more data sharing across organisations. There is also the potential to use advanced analytics and artificial intelligence (AI) to generate far greater insights, enabling organisations to identify and focus on the most significant issues and challenges to improve care.

### **Finding 10: there is insufficient focus on developing a national strategy for quality of social care**

While adult social care has not been the primary focus of this review and is a fundamentally different market to healthcare, the review has been struck by the lack of national attention to the quality of social care. In particular:

- as it pertains to outcome indicators
- how much less data there is about quality of care in social care
- the lack of agreement as to the metrics that would best define and describe quality in adult social care

While there is a plethora of organisations considering the quality of healthcare, the quality of social care falls predominately to the Social Care Institute for Excellence (SCIE) and CQC.

## **7. Conclusions of the review**

There are 5 principal conclusions from the findings above:

**1.** Action is needed to address gaps in functions. In particular, a strategic approach to improvement and innovation in quality of care (including safety) is needed that:

- considers allocation of resources to maximise health outcomes
- co-ordinates and prioritises the many recommendations and 'asks' of providers

**2.** There is a need to streamline, simplify and consolidate functions where considerable duplication and overlap currently exist - specifically when it comes to:

- user, patient or community engagement
- capturing and learning from user or patient experience, or the 'voice of the user'
- investigations

**3.** Too many functions sit outside of the commissioners and providers of care who are ultimately responsible for improving quality (including safety). This results in limited impact from the very many inquiries, reviews, investigations and resulting recommendations that are made.

**4.** Within commissioners and providers, there needs to be a far greater focus on:

- building skills and capabilities

- effective governance structures
- clearer accountability for quality (including safety) of care

5. CQC was established as the independent regulator of health and care. It needs to rebuild public, professional and political confidence, and should also house functions where independence is required.

## 8. Recommendations

### **Recommendation 1: revamp, revitalise and significantly enhance the role of the National Quality Board**

A revamped, revitalised and reinforced NQB should be responsible for developing a comprehensive strategy to improve quality of care that is in line with the aims of DHSC and the NHS in England. This should build on data and analysis about current quality of care, evidence and examples of high-quality care and, where appropriate, recommendations from previous reviews and inquiries.

This strategic approach should:

- recognise the need to balance across all dimensions of quality
- build on the principle of healthcare value (seeking to maximise outcomes per pound spent) so that both outcomes and costs are continually optimised
- ensure resources are allocated to maximise life expectancy and quality of life - the common purposes of DHSC and the NHS in England

NQB should:

- build and maintain a repository of recommendations
- operate a clearing-house function to prioritise existing and new recommendations (such as those based on evidence of cost-effectiveness and that fit with strategic priorities)
- avoid unfunded mandates being imposed on the system without due consideration
- where appropriate, ensure ongoing monitoring of the implementation, and impact, of prioritised recommendations

It should draw lessons from other industries and health and social care systems to strengthen concepts of:

- balance of risk
- standardised care models and operating processes
- robust governance structures
- optimal improvement approaches

NQB could be co-chaired by the chairs of CQC and NHS England, transitioning over time to the lead non-executive director for quality on the board of DHSC, and be directly accountable to the Secretary of State for Health and Social Care.

### **Recommendation 2: continue to rebuild the Care Quality Commission with a clear remit and responsibility**

CQC should remain the independent regulator and oversight body across the health and care system.

However, it needs to adopt tailored approaches to assessments by sector and within sectors, taking into account the structure of commissioners (including private health insurers) and providers, as described in more detail in the previous review into the operational effectiveness of CQC.

As part of its assessment framework for larger organisations, it should focus on the role of boards, governance and accountability systems. It should assess boards on their ability to improve all aspects of quality of care while effectively balancing risks across organisations and wider health and care systems.

For those (usually smaller) organisations where lack of governance structures may be more of an issue, it should offer a more customised approach.

For all providers, it should draw on comprehensive and detailed data to meaningfully identify risks.

Where independence from and oversight of commissioners and providers of health and care is required, CQC should host those functions.

**Recommendation 3: continue the Health Services Safety Investigations Body's role as a centre of excellence for investigations and clarify the remit of any future investigations**

Most investigations into safety incidents should continue to be managed within provider organisations and commissioners (ICBs), with support from regions where required, to ensure they are:

- mobilised quickly
- conducted with a high level of expertise
- rapidly resolved, where feasible, and lessons are learnt

HSSIB should operate as a dedicated, expertise-led investigation facility that can be used in a responsive way to minimise the number of externally commissioned reviews and inquiries that might otherwise be required.

HSSIB should collaborate with DHSC (through NQB) to agree the scope of any investigations it carries out. Recommendations arising from all investigations should be considered as part of the clearing-house function of NQB.

Consideration should be given to the role of HSSIB in improving the quality of other investigations (for example, service reviews led by royal colleges or the Parliamentary and Health Service Ombudsman).

The functions of HSSIB should be transferred to CQC. It should continue to operate as a discrete branch within CQC and retain its independence for providers.

**Recommendation 4: transfer the hosting arrangement of the Patient Safety Commissioner to the Medicines and Healthcare products Regulatory Agency (MHRA), and broader patient safety work to a new directorate for patient experience within NHS England, transferring to the new proposed structure within DHSC**

The original function of the Patient Safety Commissioner - to promote the safety of and enable the user voice to feedback on adverse impacts of medicines and medical devices -

should sit with MHRA, which has direct responsibility to monitor medicines and medical devices.

This move would:

- offer improved clarity about where responsibility for the voice of patients lies when it comes to the safety of medicines and medical devices
- build on MHRA's current work to capture adverse events more effectively (such as through use of technology)

The wider remit adopted by the Patient Safety Commissioner should be integrated into DHSC to support improvements to patient safety and patient experience, including managing and learning from complaints.

This should be reflected in a significantly enhanced profile for the patient voice through a new director of patient experience within the new DHSC structure. It is notable that the executive team of NHS England (and providers within the system) lack a director of customer experience or similar. This is in contrast with other large-scale consumer-focused organisations, which do not outsource their customer experience function.

The patient experience directorate should:

- take responsibility for significantly improving the complaints function across the NHS
- seek to improve wider patient voice and engagement work
- take responsibility for advocacy support for people wishing to complain, which is currently carried out in local authorities

There should be consideration of formal support for those who have, or believe they have, suffered unsafe care.

**Recommendation 5: bring together the work of Local Healthwatch, and the engagement functions of integrated care boards (ICBs) and providers, to ensure patient and wider community input into the planning and design of services**

The statutory functions of Local Healthwatch relating to healthcare should be combined with the involvement and engagement functions of ICBs to listen to and promote the needs of service users. This should incorporate patient participation groups (PPGs) and patient or user engagement teams in provider organisations.

This will:

- ensure greater clarity and improved effectiveness in bringing patient, user and community inputs into care planning
- support clearer accountability from all organisations within an ICS to their local populations
- Local patient and user engagement teams would be supported by the new patient experience directorate within DHSC.
- The statutory functions of Local Healthwatch relating to social care (a very small proportion of the work of Local Healthwatch) should be transferred to local authorities in order to improve the commissioning of social care.

The strategic functions of Healthwatch England should be transferred to the new directorate for patient experience at DHSC.

CQC should assess whether every ICB and provider is listening to patients and users effectively.

**Recommendation 6: streamline functions relating to staff voice**

Staff should be supported and encouraged to share concerns - with a clear role for Freedom to Speak Up Guardians in commissioner and provider organisations.

The functions of the National Guardian's Office should be aligned with those in commissioner and provider organisations. Placing the responsibility for Freedom to Speak Up Guardians firmly within commissioners and providers should:

- raise the profile and importance of staff voice
- allow a more rapid response

The responsibilities of the National Guardian for Freedom to Speak Up in the NHS and the National Guardian's Office should be incorporated into providers. This means the distinct role of National Guardian is no longer required.

Aside from Freedom to Speak Up Guardians, other routes that staff can take to escalate concerns, as per national government guidance, should remain.

Ensuring that these functions are happening in all commissioners and providers should be a core function of CQC as the independent regulator of health and care.

**Recommendation 7: reinforce the responsibility for and accountability of commissioners and providers in the delivery and assurance of high-quality care**

Ultimately, it is only the providers of care and commissioners (including NHS England and DHSC) who can improve quality of care. Far greater emphasis and attention should be given to how:

- individual providers (NHS trusts, primary care providers including GPs and dentists, private providers, and domiciliary and residential social care providers) deliver high-quality care
- their commissioners (DHSC, NHS England and ICBs, private health insurers and local authorities) commission on the basis of all dimensions of quality (including use of resources) and hold providers to account

This needs to be accompanied by clearer governance and accountability structures within organisations with:

- role modelling of positive actions from top to bottom
- continual measurement
- detailed appraisals
- reward mechanisms
- a commitment to learning

Relative roles of different organisations and accountability structures within NHS England are being considered as part of the revised operating model described in the 10 Year Health Plan, and through the integration of NHS England into DHSC.

**Recommendation 8: technology, data and analytics should be playing a far more significant role in supporting the quality of health and social care**

Technology - in particular the use of AI - has the potential to significantly improve the safety, effectiveness and responsiveness of care delivery, and the use of resources. This will potentially result in major gains in safety and wider quality of care, including user experience and wider patient outcomes.

Advanced analytics and AI would enable far greater insights into where and why poor-quality care is happening - and at significantly lower cost. To achieve this, data needs to be high quality, easily shareable and accessible by all organisations, patients and users, and the wider public.

Aligning recommendations to the Sudlow Review and building on the federated data platform could provide real-time data on all aspects of quality.

Significant investment in digital and data capacity should be taken forward through the 10 Year Health Plan.

**Recommendation 9: there should be a national strategy for quality in adult social care, underpinned by clear evidence**

While recognising the fundamental differences of adult social care to healthcare, greater consideration should be given to developing a strategy for improving the quality of social care. As set out in the review into the operational effectiveness of CQC, this should include:

- the most appropriate metrics to assess quality
- how to disseminate best practice care
- how to ensure more effective commissioning of adult social care

**Proposals for NHS Resolution**

Outside of these recommendations, the review has considered the role of NHS Resolution and recommends it continues with its role as already established.

Lessons learnt from its reviews and any associated recommendations should be considered within the remit of a revamped NQB.

## **9. Next steps**

Further work to set out how commissioning and provider structures will support improvements in quality of care is taking place as part of the 10 Year Health Plan.

**Other regulations, requirements and roles**

Throughout the course of this review, the very large number of requirements, regulations, roles and organisations that purport to address safety have been raised. These include:

- the large number of organisations highlighted in this review
- new roles that have emerged over the last few years - for example, the guardians of safe working hours
- the multiple levels of 'checkers' - for example, the safeguarding teams in ICBs
- the extensive mandatory training for all staff, which is often out of kilter with the role and its potential risks - for example, extensive fire safety training for GPs

- the extensive paperwork required to be completed by staff - for example, lengthy forms for psychiatrists to complete after mental health consultations

It is not clear that a robust cost-benefit analysis has been conducted before introducing these changes - but what is clear is that they take frontline staff away from looking after patients and users. It is suggested that further work is carried out to quantify the cost-benefit of all of these, led by NQB.

## **10. Considerations for the Humber Teaching Foundation Trust**

The Trust may wish to consider that the Director who has patient experience within their portfolio is made explicit within their title for transparency.

The Trust is currently reviewing the arrangements under which patient safety investigations are undertaken. Over the last year, 12 Patient Safety Incident Investigations were commissioned, which is in line with the number recommended in the national patient safety strategy. However, we also utilise Patient Safety Incident Analysis and last year 38 were undertaken. The balance between learning and investigation has to be delicately managed in order to ensure that the focus is on applying learning as opposed to continually investigating similar issues. As a Trust we have also moved to ensuring we link recommendations from reviews to quality improvement initiatives and have transformational action plans in place, as well as identifying immediate safety actions. This is to ensure we are focused on outcomes rather than outputs and are not repeating similar transactional actions repeatedly. The use of QI methodology should also support the acknowledgment of the resources required to implement the required improvements; however further work is required around this. The findings from the review will be considered as part of the review of the Trust's PSIRF arrangements underway currently.

The Trust will consider future reports/ strategies as published in response to this publication.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                        |                                                                                                      |                                             |      |            |  |            |   |         |  |           |  |               |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------|------|------------|--|------------|---|---------|--|-----------|--|---------------|--|--|--|
| Title & Date of Meeting:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Trust Board Public Meeting – 30 July 2025                                                                                                                                                                                                                              |                                                                                                      |                                             |      |            |  |            |   |         |  |           |  |               |  |  |  |
| Title of Report:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Ten-Year Health Plan Headlines                                                                                                                                                                                                                                         |                                                                                                      |                                             |      |            |  |            |   |         |  |           |  |               |  |  |  |
| Author/s:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Michele Moran<br>Chief Executive                                                                                                                                                                                                                                       |                                                                                                      | Stella Jackson<br>Head of Corporate Affairs |      |            |  |            |   |         |  |           |  |               |  |  |  |
| Recommendation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <table border="1"> <tr> <td>To approve</td><td></td><td>To discuss</td><td>√</td></tr> <tr> <td>To note</td><td></td><td>To ratify</td><td></td></tr> <tr> <td>For assurance</td><td></td><td></td><td></td></tr> </table>                                             |                                                                                                      |                                             |      | To approve |  | To discuss | √ | To note |  | To ratify |  | For assurance |  |  |  |
| To approve                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                        | To discuss                                                                                           | √                                           |      |            |  |            |   |         |  |           |  |               |  |  |  |
| To note                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                        | To ratify                                                                                            |                                             |      |            |  |            |   |         |  |           |  |               |  |  |  |
| For assurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                        |                                                                                                      |                                             |      |            |  |            |   |         |  |           |  |               |  |  |  |
| <b>Purpose of Paper:</b><br><i>Please make any decisions required of Board clear in this section:</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Trust Board is asked to: <ul style="list-style-type: none"> <li>Consider the implications for the Trust of the recently published Ten-Year Health Plan.</li> <li>Note that further updates regarding the Plan will be shared with the Board as appropriate.</li> </ul> |                                                                                                      |                                             |      |            |  |            |   |         |  |           |  |               |  |  |  |
| <b>Key Issues within the report:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                        |                                                                                                      |                                             |      |            |  |            |   |         |  |           |  |               |  |  |  |
| <b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>The Plan sets out a long-term vision for improving health and care services in England. It responds to changing population needs and aims to reduce inequalities, improve outcomes and make better use of technology and innovation.</li> <li>The plan is built around three key shifts: boosting out-of-hospital care to reduce pressure on hospitals, focusing more on prevention and early intervention, and giving people more control over their own health and care.</li> <li>The Plan was developed with input from patients, staff and partners and provides a framework for local systems to shape services around their populations, with a focus on integration, sustainability and continuous improvement.</li> <li>The Trust's strategy, vision and mission are responsive to the Plan.</li> </ul> |                                                                                                                                                                                                                                                                        | <b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>N/A</li> </ul> |                                             |      |            |  |            |   |         |  |           |  |               |  |  |  |
| <b>Key Points/Risks:</b> <ul style="list-style-type: none"> <li>Delivery plans to support implementation of the Long-Term Plan will be key and these are awaited.</li> <li>The Workforce Plan (yet to be published) will be integral to delivery of the Ten-Year Plan.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                        | <b>Decisions Made:</b> <ul style="list-style-type: none"> <li>N/A</li> </ul>                         |                                             |      |            |  |            |   |         |  |           |  |               |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                        | Date                                                                                                 |                                             | Date |            |  |            |   |         |  |           |  |               |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Audit Committee                                                                                                                                                                                                                                                        |                                                                                                      | Remuneration & Nominations Committee        |      |            |  |            |   |         |  |           |  |               |  |  |  |



|                                                                                                             |                                     |  |                                               |          |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------|--|-----------------------------------------------|----------|
| <b>Governance:</b><br>Please indicate which committee or group this paper has previously been presented to: | Quality Committee                   |  | People & Organisational Development Committee |          |
|                                                                                                             | Finance Committee                   |  | Executive Management Team                     | 15.07.25 |
|                                                                                                             | 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  |                                                                             |

## Ten-Year Health Plan Headlines

### 1. Introduction

The Department of Health and Social Care published the Ten-Year Health Plan on 3 July 2025. The Plan sets out a long-term vision for improving health and care services in England. It responds to changing population needs and aims to reduce inequalities, improve outcomes and make better use of technology and innovation.

At its core, the plan is built around three key shifts: boosting out-of-hospital care to reduce pressure on hospitals, focusing more on prevention and early intervention, and giving people more control over their own health and care.

Developed with input from patients, staff and partners, the plan provides a framework for local systems to shape services around their populations, with a focus on integration, sustainability and continuous improvement.

The Plan is available via the following links:

- Website - [10 Year Health Plan for England: fit for the future - GOV.UK](https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future)
- Executive Summary - [Fit for the future: 10 Year Health Plan for England - executive summary](https://www.gov.uk/government/publications/fit-for-the-future-10-year-health-plan-for-england-executive-summary)
- Full Plan: [assets.publishing.service.gov.uk/media/6866387fe6557c544c74db7a/fit-for-the-future-10-year-health-plan-for-england.pdf](https://assets.publishing.service.gov.uk/media/6866387fe6557c544c74db7a/fit-for-the-future-10-year-health-plan-for-england.pdf)

This briefing paper outlines the key points within the Plan.

### 2. The Three Shifts

These are:

**From hospital to community;** transforming healthcare with easier GP appointments, extended neighbourhood health centres, better dental care, quicker specialist referrals, convenient prescriptions, and round-the-clock mental health support - all designed to bring quality care closer to home.

**From analogue to digital;** creating a seamless healthcare experience through digital innovation, with a unified patient record eliminating repetition, artificial intelligence (AI) enhanced doctor services and specialist self-referrals via the NHS app, a digital red book for children's health information, and online booking that ensures equitable NHS access nationwide.

**From sickness to prevention;** shifting to preventative healthcare by making healthy choices easier—banning energy drinks for under-16s, offering new weight loss services, introducing home screening kits, and providing financial support to low-income families.

### 3. What does this mean for staff?

- A new set of Staff Standards for modern employment in the NHS will be introduced.
- The time staff need to spend on statutory mandatory training will be substantially reduced by April 2026.
- Single sign-on for NHS software will be introduced to reduce the administrative burden on staff.
- Staff will spend less time on admin and will have more time for patient care and, starting in 2027, AI diagnostic tools will be rolled out and AI administrative tools will be deployed NHS-wide.
- New advanced practice models will be developed for nurses, midwives and allied health professionals.
- The NHS operating model will be streamlined, by reducing the number of organisations involved and simplifying decision-making.
- Staff will be supported to focus on quality, working with clinicians and patients to develop a new series of 'Modern Service Frameworks' to accelerate progress in conditions where there is potential for rapid and significant improvements in quality of care and productivity.

## 4. The content of the Plan

### 4.1 Chapter 1: From hospital to community

#### What will this mean for the NHS?

- The Neighbourhood Health Service will bring care into the places people live and abolish the default of a 'one size fits all' care. It will also transform access to general practice and prevent unnecessary hospital admissions. Key ambitions in this area include:
  - **Restoration of GP access** with an end to the 8am rush through the training of thousands more GPs and embedding of AI technology /digital telephony to improve patient access.
  - **A GP led Neighbourhood Health Service** with new GP contracts to create single and multi-neighbourhood providers (from next year) and multiprofessional neighbourhood teams organised around groups with most need (in the next 3 years).
  - **Care closer to the community** and on the high street with Neighbourhood Health Centres in every community, pharmacy offering more clinical services and prevention, increased numbers of NHS dentists and improving access to dental care for children and a focus on prevention through genomics technologies, diagnostics and predictive analytics.
  - **Redesigning outpatient and diagnostic services** with patient initiated follow up as a standard approach (by 2026); embedding 'advice and guidance' in many more specialities (over the next 10 years) to reduce the need for patients to travel for appointments; as well as expanding the use of AI-enabled digital diagnostic tools across specialities.
  - **Redesigning urgent and emergency care** by enabling patients to self-book into A&E (via the NHS App or 111) before attending, enabling clinical triage in advance and redirection if appropriate (by 2028) and Mental Health Emergency Departments co-located or close to 50% existing Type 1 A&E units (over the next 5 years).

### 4.2 Chapter 2: From analogue to digital

#### What will this mean for the NHS?

- The **NHS aims to transform into a digitally accessible health system** within the next decade, moving from its current "analogue" state to a "bricks to clicks" model.
- A key initiative is the **Single Patient Record (SPR)**, which will consolidate a patient's medical data into one secure, authoritative account, accessible to both clinicians and patients, facilitating personalised and seamless care.
- The **NHS App will become the primary digital front door** for patients, offering 24/7 access to advice, appointment management, communication with health teams, and universal access to approved digital health tools and apps.
- The shift to digital is expected to **significantly improve NHS financial sustainability** by reducing administrative costs, automating tasks like appointment booking, and decreasing the need for physical appointments.
- The plan emphasizes **inclusion and liberation of frontline staff**, aiming to make digital tools accessible to all, co-create solutions with diverse patient groups, and use AI to automate administrative work, freeing up clinicians' time for patient care.

### 4.3 From sickness to prevention

#### What will this mean for the NHS?

- Smoking – the Tobacco and Vapes Bill will mean that children turning 16 this year or younger can never legally be sold tobacco. It is estimated that the benefits of this policy will reach £6.6 billion in NHS savings, and further deterrents will also be introduced to prevent young people from taking up vaping.
- Obesity and physical activity – the obesity epidemic will be tackled. The school food standards will be updated for children and junk food advertising aimed at children will be reduced. There will be a move to a smarter regulatory landscape by setting new mandatory targets to increase the

healthiness of sales in all communities and work will be undertaken with the Food Strategy Advisory Board on sequencing. A pioneering industry collaboration has been established to test innovative models of delivering weight loss services and treatments to patients and a national campaign aimed at encouraging people to move more will be launched.

- Alcohol – people will be supported to make healthier choices by giving consumers more information about the health risks of alcohol consumption.
- Helping our children to flourish – expansion of the Mental Health Support Teams in schools and new Young Future Hubs will provide additional support for children and young people's mental health.
- Employment and work – patient employment goals will be part of care plans and local NHS services targets will be set for reducing unemployment and economic inactivity.
- From a sickness service to a prevention service – Immediate opportunities will be made available to deliver prevention: vaccination, screening and early diagnosis. Second, looking to the longer-term, a new genomics population health service will be created, to harness the potential for predictive analytics to support more personalised and precise prevention in the future. NHS incentives towards population health outcomes will be made available.

#### **4.4: A devolved and diverse NHS: a new operating model**

- The new operating model will devolve power from the centre to local providers, frontline staff and patients.
- Integrated Care Boards will be strategic commissioners of local health services, including neighbourhood health services, with a focus on population health outcomes and financial sustainability.
- Where local providers perform well, they will have greater autonomy and flexibility to develop services free from central control. The ambition over a 10-year period is for high autonomy to be the norm across every part of the country by authorising a new wave of NHS Foundation Trusts (FTs) in 2026. By 2035, government wants every NHS provider to be an FT. The most mature, high performing organisations will be designated Integrated Health Organisations, taking responsibility for the health (and budget) of a whole population.
- Multi-year budgets and financial incentives will be utilised to enable investment in population health outcomes, not just into inputs and activity. Resources will be tied to outcome-based targets, which all commissioners and providers will have a responsibility to help meet.
- ICBs will be supported to shape the provider landscape to encourage innovation, including the use of the VCSE and Independent sectors.
- A new partnership with local government to develop neighbourhood health along with other local partners and a stronger role for Strategic Authorities as ICB board members.
- An end to bureaucratic planning process with a much simpler set of requirements – a strategic commissioning plan for ICBs and a neighbourhood health plan for local partners at single or upper tier level. Integrated Care Partnerships will be abolished.
- A rules-based approach to managing failure with targeted support and an emphasis on supporting organisations to manage their own sustained improvement as quickly as possible. For our leaders, good work will be rewarded and NHS providers should be able to reward clinical teams that provide high quality care.
- A new Choice Charter for patients will be introduced to put power in the hands of patients. This will start in the areas of highest health need.

#### **4.5: A new transparency of quality of care**

##### **What does this mean for the NHS?**

- **Power to the patient through transparency, voice and choice:** publish easy-to-understand league tables, ranking providers against key quality indicators. Improve response times to patient safety incidents and complaints by expanding use of AI tools to support faster collection of complaints data. Pilot rapid response teams in 2026/27 to act quickly and decisively for those who have concerns about the care they are receiving. National investigation to be set up into NHS maternity and neonatal services to provide accountability for impacted families and drive urgent improvements to care and safety.
- **Clearer accountability and stronger incentives for high quality of care:** revitalise the National Quality Board (NQB) in 25/26 and task it with developing a new quality strategy, overseeing quality

measurement. All providers will be given flexibilities to make additional financial payments to clinical teams that have consistently high clinical outcomes and excellent patient feedback or are significantly improving care, under a new framework.

- **Streamlining regulation to focus on quality of care:** Moving CQC's operations to an intelligence-led model and giving it expansive new access to data. CQC will provide verbal feedback at the end of inspections, with written feedback within 2 days outlining any significant concerns. A reformed DHSC will also incorporate the functions of Healthwatch England to put patient voice at the heart. New tools on NHS.uk and through the My Choices tool in the NHS App will be introduced to make it easier for patients to access and interpret quality measures. The new Maternity Outcomes Signal System (MOSS) for maternity will be in place across trusts from November and near-real time data will be used to indicate higher than expected rates of stillbirth, neonatal death and brain injury. A national AI-led warning system building on the capabilities in the Federated Data Platform (FDP) to analyse data to identify where quality issues are emerging in parts of the NHS will be established.

#### 4.6 Chapter 6: Workforce

##### What does this mean for the NHS?

- **The 10 Year Workforce Plan will set out training, education and retention of the workforce** and the general shape of the workforce that will deliver new models of care.
- **Minimum standards for modern employment** in the NHS will be developed with the Social Partnership Forum, covering access to nutritious food and drink, reducing violence against staff, tackling racism and sexual harassment, standards of 'healthy work' and occupational health support, and support for flexible working.
- **Reduce the dependence of the NHS on international labour** to less than 10% of new recruits by 2035.
- **Prioritise UK medical graduates** for foundation training and UK medical graduates and other doctors who have worked in the NHS for a significant period for foundation and specialty training by 2035.
- **Working with trade unions and employers to maintain, update and reform employment contracts** and start a conversation on significant contractual changes that provide modern incentives and rewards for high quality and productive care (by 2035).
- **NHS employers will have new duties by 2035 to consider how they employ those in the local area**, including employing and training those in poverty or unemployment to take up appropriate roles.
- **By 2030 regulators will review curricula** to ensure that those joining the workforce have the skills to deliver the three shifts and drive our new model of care.

#### 4.7 Chapter 7: Powering transformation: innovation to drive healthcare reform

##### What does this mean for the NHS?

**Signal intent on five 'big bets'** – transformative technologies that will drive our new model of care by aligning research, investment and innovation:

1. **Data to deliver impact:** Allowing data to flow seamlessly and securely to deliver better care, and supporting UK companies to apply their skills to solving health problems.
2. **AI to drive patient power and productivity:** New regulatory frameworks for AI and software as a medical device by 2026 and significant investments in AI infrastructure.
3. **Genomics and predictive analytics for pre-emptive, personalised care starting at birth:** Build on expertise of the NHS Genomic Medicine Service to develop a unified genomic record, integrating patient genomic data with clinical data in near real-time.
4. **Wearables to make care 'real-time':** By 2035 wearables will be standard in preventative, chronic and post-acute treatment, with data connected to the NHS App and integrated with SPR. Remote monitoring standard for cardiovascular disease (by 2028) will be introduced.
5. **Robotics to support precision:** to transform care and service delivery and automate operational processes in and out of hospitals. National registries for robotic surgery data and developing telesurgery networks (from 2029) will be introduced.

- **Establish new Global Institutes** to become world leading centres of excellence in research and translation and create **Regional Health Innovation Zones** to give systems new freedoms to experiment, test and generate evidence implementing innovation.
- **Improve the research environment**, speeding up clinical trial set-up times to <150 days (by March 2026), publishing monthly scorecards on site level trial performance.
- **Invest in innovative medicines:** More time will be spent on Medicines over the course of this plan, particularly those that help keep people out of hospital. The way NICE evaluates certain medicines used to treat multiple conditions will be sped up and the way the NHS negotiates prices for such medicines will be simplified.
- **Future proof our regulators:** MHRA and NICE will launch parallel approvals for medicines, supported by joint scientific advice and information sharing to speed up patient access (by April 2026).
- **Move to a Single National Formulary** (by 2028), expanding to HealthTech (by 2030) to improve efficiency.
- **Expand NICE's Technology Appraisal** process via a new Rules Based Pathway for MedTech (2026), create a digital marketplace to procure technologies and create an 'innovator passport' to reduce bureaucracy (by 2026).

#### 4.6: Chapter 8 new financial foundation

##### What does this mean for the NHS?

We will move to a system of value-based healthcare where spending and incentives are aligned to what delivers the best outcomes.

- **Improving productivity and reducing waste:** For the next 3 years the NHS has a target to deliver a 2% year on year productivity gain. Two-thirds of outpatient appointments – which currently cost £14bn a year – will be replaced by automated information, digital advice, direct input from specialists and patient-initiated follow ups as a new digital front door to the NHS via the NHS App will be introduced. More staff time will be freed up to care for patients via adoption of new technologies like ambient voice technology.
- **Financial discipline:** The practice of providing additional funding to cover deficits will be ended and a transparent financial regime introduced.
- **Sharper incentives** – Block contracts will be dismantled, where providers receive the same money irrespective of how many patients they see. Providers will only be paid for effective care which has been commissioned by an ICB – and to withhold payment for poor quality care and/or pay a bonus for high quality care. To support the shift of care away from hospital settings towards neighbourhood care, there will be a higher growth in investment in primary and community services than in hospitals. The development of year of care payments will be tested; this new payment mechanism will be calculated according to the health needs of the population being served and will allow providers to invest in high-quality, proactive, planned care for patients. A new payment mechanism which give patients the power to hold back some of the payment if not satisfied with a service will also be tested. These changes will be reflected in a new financial framework which will be published later this year.
- **New approach to capital** – Long-term strategic planning will be introduced through multi-year allocations that will give people greater certainty, shifting the balance from national control to more local decision-making. Delivery will be sped up through quicker and more streamlined approvals processes. And drawing on the 10 Year Infrastructure Strategy's commitment to consider the use of Public Private Partnerships (PPP), a new programme to support establishing a Neighbourhood Health Centre in every community across the country is proposed.

#### 5. What does it mean for mental health

**The three shifts will enable rapid progress to deliver the right support, to the right person at the right time.**

- Hospital to community will improve access to mental health services, bringing multidisciplinary teams closer to where patients live and work. It will also see the introduction of more mental health support teams in schools.

- Analogue to digital will create, and improve access, to digital technologies providing mental health support.
- Sickness to prevention will mean more people will be able to receive support for mental ill health much earlier by increasing the rollout of mental health services in school and introducing new Young Future Hubs

### **Key policies:**

- **A Neighbourhood Mental Health Model**, providing open access to specialist services and holistic support in community locations 24 hours a day, seven days a week, is already being piloted in six locations with plans to go further.
- **85 new dedicated mental health emergency departments will be built with £120 million, to ensure people experiencing crisis get effective care.** Urgent and emergency care will be redesigned to avoid the need for unnecessary hospital attendance or admission.
- **Patients will get better access to support directly through the NHS App**, including self-referral for talking therapies, without needing a GP appointment. **AI will be used to support people with depression and anxiety.**
- **New digital front doors for mental health support and digitised therapies** will mean patients no longer have to travel to hospitals or clinics outside of their local area.
- **Third-party digital technology will become an asset in personalised care, delivered through the HealthStore.** This marketplace will host approved health apps to support people to manage their conditions, including mental health.
- **The single patient record will empower clinicians and patients**, meaning patients no longer have to relive trauma and to describe their symptoms, and clinicians have a full picture to help determine a diagnosis.
- **People will be supported to remain in or return to work who are experiencing poor mental health**, and the provision of Individual Place and Support schemes will be expanded to help people with severe mental illness find good work, provide employment support through primary care and offer employment advice to those accessing talking therapies.
- **There will be collaborating with businesses, investors, social enterprises, employers and many more** to address the mental health crisis engulfing children and young people, and the roll out of Mental Health Support Teams in schools for full coverage by 2029/30 will continue.
- **The My Children tool will store information about your child in one place, replacing the red book, and the New Young Futures Hubs will ensure there is no “wrong front door” for people seeking help.** Evaluating digital therapies will be prioritised which could support children and adolescents on mental health waiting lists.
- **The proportion of funding of research into prevention and detection of physical and mental long-term conditions will be increased**, by reforming the NIHR and better promote a focus on prevention.

## **6. What does it mean for children’s health**

**The Plan will raise our healthiest generation of children ever through delivery of the three shifts:**

- Hospital to community will mean parents and children will have better access to care and treatment in their local areas, meaning less time taken out of school to make appointments and fewer hospital visits which can be daunting for children.
- Analogue to digital will see delivery of My Children function on the NHS App. This will enable parents to have access to their child/children’s complete medical history, retiring the “red book”. It will also enable parents to book appointments for their children and be signposted through AI to advice for urgent and non-urgent medical questions.
- Sickness to prevention will see a greater emphasis on ensuring children develop and maintain healthy habits throughout their childhood and into adulthood. Children turning 16 this year or younger, will never legally be sold tobacco, and the government intends to strengthen the existing ban on smoking in public places to reduce the harms of passive smoking to children.
- All children will see less junk food advertising and will be given healthy nutritious food in schools.

## Key policies:

- **My Children will replace the “red book”**, providing support and advice.
- **Access to dental care for children will be improved** by making better use of the workforce by upskilling professionals.
- **Increased GP access and opening hours** will enable parents to get rapid advice on urgent issues and prevention when they need it.
- **Children turning 16 this year or younger, will never legally be sold tobacco**, and the ban on smoking in public places will be strengthened.
- **Junk food marketing aimed at children will be restricted**, the sale of high-caffeine energy drinks to under-16s will be banned and school food standards legislation will be updated to ensure all schools provide healthy nutritious food. From September 2026, free school meals will be expanded to all households in receipt of Universal Credit.
- **The Health Start scheme will be restored from 2026/27, to tackle child poverty**. Pregnant women and children aged 1 to 4 years will receive £4.65 per week, and children under 1 £9.30 every week.
- **The roll out of Mental Health Support Teams in schools** will continue for full coverage by 2029/30.
- **New Young Futures Hubs will ensure there is no “wrong front door” for people seeking help**, these will have embedded mental health support for young people.
- **An independent review will be launched to better understand prevalence, demand, referral rates and diagnosis of mental health and neurodevelopmental conditions in both children and adults**.
- **The evaluation of digital therapies will be prioritised** which could support children and adolescents on mental health waiting lists.

## 7. What does it mean for dementia

### Top lines:

**The plan will aim to prevent people developing dementia and support the care of those currently living with the disease:**

- The shift from hospital to community will make it easier for dementia patients and their carers to navigate care services by bringing different professionals together in the Neighbourhood Health Centres.
- The shift from analogue to digital will put the power and data in patient and carer hands. The NHS App will become a “doctor in their pocket” giving them 24/7 access to all elements of their care, from virtual and in-person appointments, advice and guidance on symptoms, and prescription management.
- The shift from sickness to prevention will reduce the number of people at risk of developing dementia by supporting people to live healthier lives for longer and targeting the biggest causes of ill health.

### Key policies:

- **By 2028, a smoke free generation will be created through the Tobacco and Vapes Bill**. This will reduce the number of people developing dementia, as smoking is a major risk factor.
- **The My Carer tool will give family, friends and carers access to the NHS App**. This will ensure decisions are agreed and taken by those who best know the patient, who may not be able to make those decisions independently, whilst making it easier for unpaid carers to manage their care and access professionals whenever they need them.

### Recommendation

The Board is asked to consider and note the contents of the paper, noting that separate Board sessions are planned to discuss the plan in detail as we await the NHSE delivery plan details.



**Agenda Item 12**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| Title & Date of Meeting:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Trust Board Public Meeting – 30 July 2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |  |
| Title of Report:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Six-month Safer Staffing Report (Oct 2024 – March 2025)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |  |
| Author/s:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Sarah Smyth, Executive Director of Nursing, Allied Health and Social Care Professionals                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |  |
| Recommendation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | To approve                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | √                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | To discuss |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | To note                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | To ratify  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | For assurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |  |
| Purpose of Paper:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p>This report presents the outcome of the recent inpatient safer staffing reviews covering the period 1<sup>st</sup> Oct 2024 - 31<sup>st</sup> March 2025. Our reviews are conducted using a triangulated approach in line with the National Quality Board (NQB) guidance and NHS Improvement ‘Developing Workforce Safeguards’ requirements.</p> <p>The report provides assurance that our levels of staffing are safe and supports the Director of Nursing and the Medical Director in providing a confirmation statement to the Trust board to this effect.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |  |
| Key Issues within the report: <ul style="list-style-type: none"><li>All units achieved good assurance with no unit with more than 2 red flags.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |  |
| <b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"><li>All units achieved good assurance – maintaining the position from previous reporting period.</li><li>The majority of units are maintaining good and safe fill rates.</li><li>CHPPD in all areas remains above the previously agreed targets except for Malton and Swale who were below target threshold average over the 6 month period.</li><li>Strong CHPPD performance (upper quartile) when benchmarked regionally and nationally</li><li>Incidents reporting remains consistent with vast majority reported as no harm/low harm.</li><li>Training compliance and supervision remains strong across most units.</li><li>Favourable feedback following the new annual compliance audit conducted by NHSE and ICB Safer Staffing leads on our local self-assessment.</li><li>Overall reduction in nursing vacancies 24/25.</li></ul> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"><li>License obtained for the revised Safer Nursing Care Tool and initial training with NHSE has been completed. The tool to be introduced at Malton and Whitby inpatient wards for the next round of safer staffing reviews.</li><li>Review for The Safer Staffing Escalation Policy</li><li>Enhanced Therapeutic Observation and Care – scoping how we collect data to identify use of ETOC.</li><li>Developing KPI for e-roster efficiencies</li><li>Explore the benefits of introducing SafeCare alongside our existing systems to further strengthen our escalation and oversight leading to safer and more effective care delivery</li><li>Deep dive into our sickness/absence resulting in enhanced support to those teams with rising sickness rates, with a focus on staff health and well-being and the experience of people returning to work.</li></ul> |            |  |

|                                                                                                                                                                                              |                                     |                                                                                                                                     |                                               |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------|
| <b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"> <li>Sickness remains a challenge.</li> <li>Increase in self-harm incidents at Westlands PICU, STaRs, Inspire.</li> </ul> |                                     | <b>Decisions Made:</b> <ul style="list-style-type: none"> <li>No changes to CHPPD or budgeted establishment recommended.</li> </ul> |                                               |          |
| Governance:                                                                                                                                                                                  |                                     | Date                                                                                                                                |                                               | Date     |
|                                                                                                                                                                                              | Audit Committee                     |                                                                                                                                     | Remuneration & Nominations Committee          |          |
|                                                                                                                                                                                              | Quality Committee                   |                                                                                                                                     | People & Organisational Development Committee |          |
|                                                                                                                                                                                              | Finance Committee                   |                                                                                                                                     | Executive Management Team                     | 8th July |
|                                                                                                                                                                                              | Mental Health Legislation Committee |                                                                                                                                     | Operational Delivery Group                    |          |
|                                                                                                                                                                                              | Collaborative Committee             |                                                                                                                                     | Other (please detail) QPaS                    | 03/07/25 |

### Monitoring and assurance framework summary:

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

## **Six Month Review of Safer Staffing 1<sup>st</sup> October 2024 – 31<sup>st</sup> March 2025.**

### **1.0 Introduction and Purpose**

This report aims to provide assurance that the Trust is meeting the reporting requirements as outlined in the 'Developing Workforce Safeguards' (NHSI Oct 2018). By implementing the recommendations outlined in 'Developing Workforce Safeguards' along with effective governance, boards can be assured that their workforce decisions will promote patient safety and comply with the Care Quality Commission (CQC) fundamental standards and the board's statutory duties (NHSI, 2018)

In addition to an effective annual workforce plan, monthly safer staffing dashboards, Trusts are also required to adopt a triangulated approach as part of their safer staffing establishment reviews. An assessment or re-setting of the nursing establishment and skill mix (based on acuity and dependency data and using an evidence-based toolkit where available) must be reported to the board twice a year, in accordance with NQB guidance. This must also be linked to professional judgement and outcomes.

This report acknowledges the 'Nursing Workforce Standards: supporting a safe and effective workforce' (Royal College of Nursing 2021). The 'RCN Nursing Workforce Standards' have recently been updated (May 2025) following this round of reviews. Therefore, we will need to reflect on the new guidance as part of the next reviews. It should be noted that for this review an uplift (headroom) of 25% has been used and the new guidance recommends 27% in the revised standards.

The 'Rapid Review into Data on Mental Health Inpatient Settings' was published by the Department of Health and Social Care in June 2023 (updated March 2024). Following review of the findings and recommendations of the report, our safer staffing reviews not only triangulate dependency/acuity data, professional judgement and outcomes but also include key safety issues as outlined in the 'safety issues framework'.

We open the report with a productivity overview, benchmarking data in relation to Care Hours Per Patient Day at a regional and national level (Model Health System). Section 3.0 provides an assurance overview and outlines the findings of the recent safer staffing and workforce planning self-assessment as part of the new annual compliance audits conducted by NHSE. We also highlight some of the work we are undertaking to strengthen and enhance our approach to safe and effective staffing. This report presents the findings of the safer staffing establishment reviews across our inpatient units for the period 1<sup>st</sup> October 2024 to 31<sup>st</sup> March 2025 bringing together the results of the reviews. Section 7.0 highlights our Staff Survey results from 2024 and workforce retention work over the past year. The report concludes with a summary of assurance, recommendations and next steps.

### **2.0 Productivity Overview**

Following Lord Carter review in 2016, CHPPD has since become a key principal measure of nursing and healthcare support staff deployment on inpatient wards and increasingly forms an integral part of a ward/unit/trust review and oversight of quality and performance indicators to inform quality of care, patient outcomes, people productivity and financial sustainability.

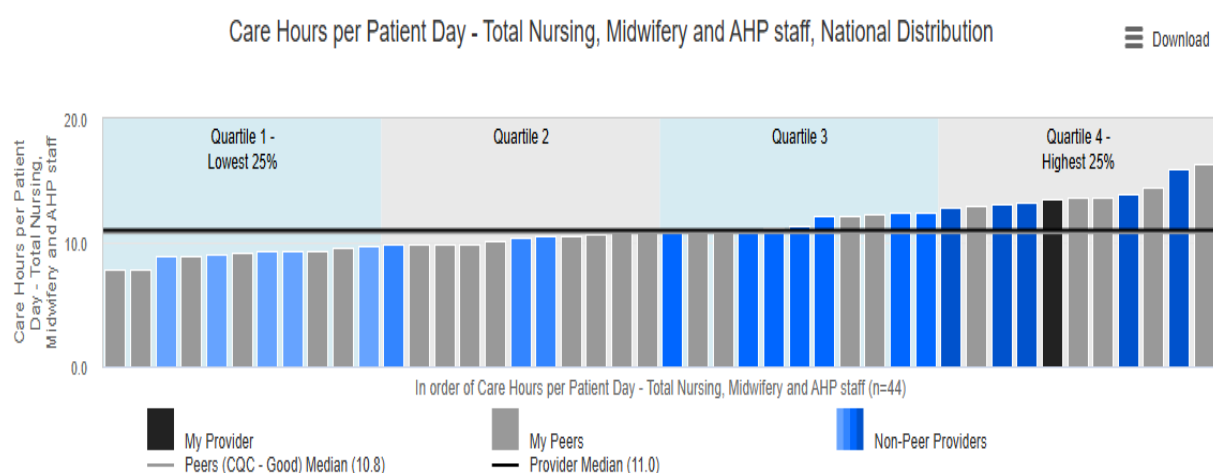
CHPPD includes total staff time spent on direct patient care but also on activities such as preparing medicines, updating patient records, and sharing care information with other staff and departments. It covers both temporary and permanent care staff.

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

## 2.1 CHPPD (Care Hours per Patient Day) - benchmarking data

CHPPD data provides ward managers, nurse leaders and the executive team with a profile of the effective deployment and productivity of staff across service. It allows comparison of a ward's CHPPD figure with that of other wards in the service, or with similar wards in other services external to the Trust. The most recent data was published in March 2025 and shows that the Trust continues to perform well against our regional peers and nationally in relation to CHPPD.

|                | Data period   | CHPPD Overall | CHPPD Registered Nurses | CHPPD – Healthcare Support Workers | CHPPD total AHP staff |
|----------------|---------------|---------------|-------------------------|------------------------------------|-----------------------|
| Trust          | Feb 24        | 14.6          | 4.3                     | 10.2                               | 0                     |
|                | Aug 24        | 14.5          | 4.3                     | 10.2                               | 0                     |
|                | <b>Mar 25</b> | <b>13.5</b>   | <b>4.3</b>              | <b>9.1</b>                         | <b>0.1</b>            |
| Peer average   | Feb 24        | 10.5          | 3.6                     | 6.7                                | 0.1                   |
|                | Aug 24        | 11.1          | 3.7                     | 7.3                                | 0                     |
|                | <b>Mar 25</b> | <b>10.8</b>   | <b>3.9</b>              | <b>6.9</b>                         | <b>0.1</b>            |
| National value | Feb 24        | 10.5          | 3.6                     | 7.0                                | 0.1                   |
|                | Aug 24        | 11.1          | 3.7                     | 7.3                                | 0                     |
|                | <b>Mar 25</b> | <b>11.0</b>   | <b>3.9</b>              | <b>6.9</b>                         | <b>0.1</b>            |



The national value for CHPPD has remained consistent with the previous data from August 2024 and currently stands at 11.0 overall (March 25).

The Trust overall has maintained higher than average levels of CHPPD, reported at 13.5 in March 2025. CHPPD at an organisational level in relation to registered nurses has also been benchmarked against the national and peer data and the Trust have remained above both medians.

These figures provide assurance that at an organisational level we are performing well regionally and nationally in terms of CHPPD. The benchmarking data is available via the Model Health System. The CHPPD data is available at organisational, service and ward level. However, it is difficult to benchmark with confidence at ward level as it does not reflect the specialist nature of some of our services. For examples our Humber Centre wards can be benchmarked against forensic services, but the model health system data does not differentiate between low, medium, and high security and acute, treatment and rehabilitation pathways in mental health. Equally the community services data only pulls from 2 peers within this cohort, so the reliability is limited. Consistent with the regional and national picture our Allied Health Professional CHPPD reporting remains low. While CHPPD is primarily focused on nursing and healthcare support staff, integrating AHPs requires careful consideration of their unique contributions to patient care and how those contributions translate into measurable hours. Capturing the contribution of Allied Health Professionals (AHPs) in Care Hours per Patient Day (CHPPD) calculations can be challenging due to the diverse nature of AHP roles and their varying levels of direct patient contact.

There are 6 Trusts with CHPPD greater than HTFT (March 2025)

| Trust                                                      | CHPPD | CQC overall rating | Well-led rating |
|------------------------------------------------------------|-------|--------------------|-----------------|
| Bradford District Care NHS Foundation Trust                | 13.6  | Good (2021)        | Good            |
| Coventry and Warwick Partnership NHS Trust                 | 13.7  | Good (2018)        | Good            |
| Hertfordshire Partnership University NHS Foundation Trust  | 13.9  | Outstanding (2019) | Outstanding     |
| Surrey and Borders Partnership NHS Foundation Trust        | 14.5  | Good (2020)        | Good            |
| Cumbria Northumberland, Tyne and Wear NHS Foundation Trust | 15.6  | Outstanding (2023) | Outstanding     |
| Black Country Healthcare NHS Foundation Trust              | 16.3  | Good (2002)        | Good            |

Regional Peers (Northeast and Yorkshire Region)

| Trust                                                      | CHPPD | CQC overall rating          | Well-led rating      |
|------------------------------------------------------------|-------|-----------------------------|----------------------|
| Rotherham, Doncaster and South Humber NHS Foundation Trust | 9.3   | Requires improvement (2020) | Requires improvement |
| Leeds and York Partnership NHS Foundation Trust            | 10.5  | Good (2019)                 | Good                 |
| Tees, Esk, and Wear Valley NHS Foundation Trust            | 11.0  | Requires improvement (2023) | Requires improvement |
| South West Yorkshire Partnership NHS Trust                 | 11.0  | Good (2019)                 | Good                 |
| Sheffield Health and Social Care NHS Foundation Trust      | 12.5  | Requires improvement (2021) | Requires improvement |
| Bradford District Care NHS Foundation Trust                | 13.6  | Good (2021)                 | Good                 |
| Cumbria Northumberland, Tyne and Wear NHS Foundation Trust | 15.0  | Outstanding (2023)          | Outstanding          |

### **3.0 Safe and Effective Staffing - Assurance Overview**

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

In April 2025, the Trust completed a safer staffing and workforce planning self-assessment as part of a new schedule of annual compliance audits conducted by NHSE and the workforce lead from the ICB. The audit covers the standards outlined in the National Quality Board safe sustainable and productive staffing guidance (2016) and the Developing Workforce Safeguards (DWS) document (NHSI, 2018).

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

### **4.0 Safer Staffing Establishment Review Methodology**

The Assistant Director of Nursing and Quality and the Patient Safety and Practice Development Lead have undertaken a desk top exercise to review the safer staffing data and performance against key safer staffing indicators including fill rates and Care Hours per Patient Day (CHPPD) data and other quality and productivity outcome measures including sickness, supervision, and training. Vacancies and use of bank and agency are noted. Friends and Family Test (FFT) and reported safer staffing and patient safety incidents are reviewed. This is then considered alongside professional judgement. Face to face and MS teams safer staffing reviews have subsequently taken place with all teams; service managers, matrons, ward managers, e-roster team and their finance leads to review their safer staffing data and their establishments. Where evidence-based tools are available, dependency data was collected for 21-28 days during March 2025. Once the safer staffing reviews have been completed an indicative level of assurance in relation to the unit being safely staffed is given based on the number of safer staffing reportable key performance measures that flag below minimum target as follows. The results of the reviews can be found in Section 8.0 at the end of the report.

### **5.0 Limitations**

There is no validation tool for use at Townend Court learning Disability Unit. For Ullswater the Medium secure MHOST was used but this presents limitations. Malton and Whitby do not have a validated evidence based tool for calculating their CHPPD. Model Health System data has been used as a benchmark however, this also has limitations as there are only 2 other providers which submit data to the model health system on which we can benchmark our community wards.

HTFT applied for and received the license for the revised version of the Safer Nursing Care Tool (SNCT) in November 2024. A cohort of staff and the safer staffing leads completed the required training delivered by NHS England in May which will support the Trust in introducing the SNCT at the next round of reviews in November for our community wards at Malton and Whitby.

The validity of all tools can be compromised by low patient numbers. On units with less than 8-12 patients this can result in inaccurate calculations. The MHOST guidance recommends reverting to the professional judgement method.

## 6.0 Safer Staffing Establishment Review by Ward

The following section outlines the safer staffing establishment reviews by ward and is presented by division. The quality indicators are based on six-month averages.

\*R-CHPPD = Recommended CHPPD based on the acuity/dependence data using the MHOST tool following 21-28 days data collection. \*CHPPD Hours = average CHPPD over the 6-month period. \*Cancelled Section 17 leave due to staff shortage (NB Section 17 leave data not available for period Oct 24- March 25 due to transition to SystemOne)

### 6.1 Mental Health Division

| Avondale          | Staff in post | Fill rates RN | Fill rates overall | R-CHPPD (acuity)* | CHPPD Hours * | OBDs | Bank & Agency | Vacancies (RN) % | Sickness % | FFT % | % Clinical Supervision | % Training | Medication Incidents | Cancelled S17 leave* | V&A | Self-harm |
|-------------------|---------------|---------------|--------------------|-------------------|---------------|------|---------------|------------------|------------|-------|------------------------|------------|----------------------|----------------------|-----|-----------|
| Oct 24<br>Mar 25  | 32.0          | 92%           | 106%               | 7.3               | 12.1          | 73%  | 20%           | 8%               | 5.5%       | 92%   | 88%                    | 93%        | 39                   |                      | 44  | 96        |
|                   |               | 94%           | 105%               |                   |               |      |               |                  |            |       |                        |            |                      |                      |     |           |
| Apr 24<br>Sept 24 | 28.9          | 90%           | 99%                | 9.2               | 11.1          | 75%  | 24%           | 27%              | 10.1%      | 89%   | 89%                    | 92%        | 29                   | 0                    | 37  | 138       |
|                   |               | 95%           | 100%               |                   |               |      |               |                  |            |       |                        |            |                      |                      |     |           |
| Oct 23<br>Mar 24  | 29.1          | 95%           | 104%               | 9.1               | 11.6          | 73%  | 27%           | 25%              | 6.5%       | 94%   | 89%                    | 91%        | 35                   | 0                    | 29  | 136       |
|                   |               | 95%           | 98%                |                   |               |      |               |                  |            |       |                        |            |                      |                      |     |           |
| Apr 23<br>Sep 23  | 29.8          | 88%           | 92%                | 6.7               | 11.5          | 73%  | 28%           | 18%              | 3.0%       | 97%   | 90%                    | 91%        | 4                    | 0                    | 38  | 68        |
|                   |               | 95%           | 99%                |                   |               |      |               |                  |            |       |                        |            |                      |                      |     |           |

#### Safer staffing review 12-05-25

##### Evidence based tools – MHOST (admissions)

The recommended CHPPD based on this round of dependency data is 7.3 compared to 9.2 at the previous round. The current CHPPD target is set at 9.0 and this is consistently met. Based on this round the recommended WTE as per MHOST = 19.8. Current Total Budgeted Establishment (WTE) = 37.2. Nursing Budgeted Establishment = 31.2 (not including band 7)

##### Quality measures

There was 0 staffing level incident reported during this period.

13 responses to FFT with 100% reporting that they felt safe and confident in our service.

Medication incidents – 38 low harm, 1 low harm

Reduction in Self-harm incidents - all reported as no harm or low harm.

V&A incident (verbal/physical and non-physical) remain consistent with previous reporting periods – all reported as no/low harm to patients however 2 moderate harm staff injuries reported.

##### Professional judgement

Currently no vacancies. Band 7 on maternity leave but backfilled. 3 additional staff on maternity leave. 1 band 6 on secondment from Newbridges. Sickness improving with overall sickness down to 0.9% in March and no long term sickness. Activity worker included in CHPPD (on rota 7 days per week) but not included in the safer staffing numbers. Bed occupancy also supporting the delivery of CHPPD. Assurance provided that the ward feels safe when safer staffing numbers are met.

**Outcome and recommendations: Good assurance** with 1 red flag for sickness which has significantly improved. No changes to CHPPD or budgeted establishment recommended at this stage. The current budgeted establishment supports minimum staffing levels of 5 on days (2 RNs) and 5 on nights (2 RNs) and supports the delivery of the target CHPPD.



| Maister Court     | Staff in post | Fill rates RN | Fill rates overall | R-CHPPD (acuity)* | CHPPD Hours * | OBDs | Bank & Agency | Vacancies (RN) % | Sickness % | FFT % | % Clinical Supervision | % Training | Medication | Falls | Cancelled S17 leave* | V&A | Self-harm |
|-------------------|---------------|---------------|--------------------|-------------------|---------------|------|---------------|------------------|------------|-------|------------------------|------------|------------|-------|----------------------|-----|-----------|
| Oct 24<br>Mar 25  | 16.5          | 88%           | 83%                | 5.8               | 15.3          | 95%  | 34%           | 23%              | 8.5%       | 80%   | 94%                    | 83%        | 12         | 1     |                      | 6   | 5         |
|                   |               | 100%          | 99%                |                   |               |      |               |                  |            |       |                        |            |            |       |                      |     |           |
| Apr 24<br>Sept 24 | 16.9          | 87%           | 96%                | 5.0               | 16.9          | 94%  | 32%           | 11%              | 9.1%       | 100%  | 93%                    | 93%        | 18         | 12    | 0                    | 9   | 0         |
|                   |               | 98%           | 107%               |                   |               |      |               |                  |            |       |                        |            |            |       |                      |     |           |
| Oct 23<br>Mar 24  | 15.5          | 88%           | 94%                | 5.5               | 16.6          | 96%  | 35%           | 11%              | 5.6%       | 100%  | 85%                    | 95%        | 16         | 20    | 0                    | 14  | 1         |
|                   |               | 100%          | 110%               |                   |               |      |               |                  |            |       |                        |            |            |       |                      |     |           |
| Apr23<br>Sep 23   | 17.4          | 111%          | 100%               | 6.1               | 17.3          | 95%  | 30%           | 6%               | 2.7%       | 100%  | 94%                    | 95%        | 13         | 17    | 0                    | 10  | 4         |
|                   |               | 100%          | 110%               |                   |               |      |               |                  |            |       |                        |            |            |       |                      |     |           |

#### Safer staffing review 13-05-25

##### Evidenced based tool – MHOST (Older people)

Recommended CHPPD based on this round of dependency data is 5.8 compared to 5.0 at the previous round. The current CHPPD target set at 10.3 and this is consistently met. Recommended WTE = 6.7  
In cases where the ward has less than 8-12 beds and the tool does not recommend enough staff to safely cover the ward the MHOST guidance recommends professional judgement should be used. Maister Court is a 5 bedded unit. Total Budgeted Establishment (WTE) = 22.05. Nursing Budgeted Establishment = 17.45 (not including band 7)

##### Quality measures

1 Staffing level incident reported during this period. Covered by ward manager. No harm. Confirmed that on no occasion during this reporting period was the ward without RMN cover.  
5 responses to FFT with 80% reporting that they felt safe and confident in our service.  
Medication incidents – 11 no harm. 1 low harm.  
Reduction in falls incidents – reported as no harm/near miss.  
V&A incidents – all reported as no harm  
Self-harm incidents – 4 low harm, 1 no harm

##### Professional judgement

Band 6 vacancies out to recruitment, 1 WTE over established on Band 5 covered by vacant Band 6 money, Band 3 vacancy, 1 HCA currently on maternity leave, no apprenticeships, 2 preceptee nurses with one due to go on mat leave. 1 x RMN on LTS. Activity work post (0.6 WTE) currently vacant. Pharmacy technician due to start in June.  
Sickness improving with overall sickness down to 2.4% in March of which 2.1% was LTS.  
Review of E-roster as part of the safer staffing review noted that shifts which have been covered by the Ward Manager are not being pulled down into safer staffing numbers. This has been rectified and should more accurately reflect fill rates moving forward. E-roster is set up for E and L shifts, but staff are doing long days which might also be impact planned versus actual hours and needs additional review.  
Assurance provided that the ward feels safe when safer staffing numbers are met however this can be impacted by short notice sickness. Support from peri-team and Maister Lodge. Not a standalone unit.

**Outcome and recommendations: Good assurance** with 2 red flags. OBDs remains high however Maister Court have a low bed base so high bed occupancy is expected. Sickness averaged 8.5% over the 6 months. This had improved by the end of this reporting period. CHPPD remains strong and above target. Training compliance was above target for 5 of the 6 months. Performance indicators give good assurance that the unit is safely staffed with shortfalls covered by band 7s. No changes to CHPPD or budgeted establishment recommended. The current establishment supports minimum staffing levels of 3 on days (1 RN) and 3 on nights (1 RN) and supports the delivery of the target CHPPD.



| Maister Lodge     | Staff in post | Fill rates RN | Fill rates overall | R-CHPPD (acuity)* | CHPPD Hours * | OBDs | Bank & Agency | Vacancies (RN) % | Sickness % | FFT % | % Clinical Supervision | Training % | Medication incidents | Falls | Cancelled S17 leave* | V&A | Self-harm |
|-------------------|---------------|---------------|--------------------|-------------------|---------------|------|---------------|------------------|------------|-------|------------------------|------------|----------------------|-------|----------------------|-----|-----------|
| Oct 24<br>Mar 25  | 33.3          | 109%          | 98%                | 12.2              | 17.5          | 66%  | 24%           | 8%               | 8.5%       | 100   | 99%                    | 91%        | 9                    | 57    |                      | 97  | 0         |
|                   |               | 103%          | 119%               |                   |               |      |               |                  |            |       |                        |            |                      |       |                      |     |           |
| Apr 24<br>Sept 24 | 34.8          | 92%           | 110%               | 14.6              | 16.2          | 75%  | 21%           | 5%               | 5.4%       | 100   | 97%                    | 93%        | 10                   | 46    | 0                    | 79  | 2         |
|                   |               | 100%          | 121%               |                   |               |      |               |                  |            |       |                        |            |                      |       |                      |     |           |
| Oct 23<br>Mar 24  | 34.9          | 104%          | 100%               | 7.5               | 21.3          | 56%  | 17%           | -9%              | 7.1%       | 100   | 98%                    | 92%        | 17                   | 36    | 0                    | 44  | 1         |
|                   |               | 100%          | 113%               |                   |               |      |               |                  |            |       |                        |            |                      |       |                      |     |           |
| Apr23<br>Sep 23   | 35.9          | 89%           | 98%                | 8.4               | 19.6          | 60%  | 20%           | 1%               | 4.9%       | 100   | 99%                    | 94%        | 7                    | 43    | 0                    | 27  | 0         |

#### Safer staffing review 14-05-25

##### Evidenced based tool - MHOST (Older people)

Recommended CHPPD based on this round of dependency data is 12.2 compared to 14.6 at the previous round. Current CHPPD target set at 10.3 and this is consistently met. Recommended WTE = 29.2  
Total Budgeted Establishment (WTE) = 35.8 Nursing Budgeted Establishment = 32.0 (not including band 7).

##### Quality measures

7 Staffing level incident reported during this period. All reported as no harm.  
5 responses to the FFT with 100% reporting that they felt safe and confident in our service.  
Further decrease in medication incidents – all no harm/low harm incidents.  
Further Increase in falls incidents – All no harm/low harm incidents.  
No self-harm incidents reported.  
Increase in V&A incidents – all no harm low harm to patients. 1 moderate harm to staff member.

##### Professional judgement

Second period with an increased recommended CHPPD. Bed occupancy low at time of data collection (average 10.6 pts) however the team report that this can fluctuate and there are times when the ward is at capacity with patients with high levels of dependency. Patients are notable frailer, high falls risks, multiple staff (up to 3 or 4) sometimes required to support with safe moving and handling, management of patient distress during personal cares, periods of intensive support, variable levels of engagements, requirement for zonal observations to cover the 3 separate areas of the ward to maintain lines of sight and ensure patient safety. Have needed extra staff to support fluctuations in clinical demand. Current safer staffing levels are 6 on days (2 RMNs), 5 on nights (1RMN) and an HCA Twilight shift. However, at times of higher acuity staffing levels increase to 7 on days and 6 on night. The team are using staffing flexibly including the peri team to help with unplanned fluctuations although peri currently has 7 staff and clinical demand in other teams often means peri are allocated elsewhere. Additional staffing requests are requested via the General Manager.  
The budgeted establishment includes 6.3 WTE Band 6s (currently 5.7 in post) as this was previously a hard to recruit to post, long term plan to reduce down to 2x Band 6s and increase Band 5 numbers. Currently 1x WTE over established Band 2 (all are currently being converted to Band 3s). 1x maternity leave, 2x long term sickness with phased return due in May. Band 2 apprentice and 1x Band 5 preceptee.

**Outcome and recommendations: Good assurance** with 1 red flag for sickness which remains above the Trust target. The overall fill rates and CHPPD give good assurance that the unit is safely staffed however there are significant challenges due to the variable and at times intensive support required and additional environmental factors. Average lower bed occupancy is supporting a strong CHPPPD however there are times when acuity peaks and staffing needs to flex accordingly. There has been an increase in both falls and V&A incidents during this reporting period. Staffing challenges impacted the wards overspend as number are often increased to 7 on days and 6 on night. No changes to CHPPD or budgeted establishment recommended at this stage. Further exploration through the proposed Think tank to consider options around flexible staffing.

| Mill View Court  | Staff in post | Fill rates RN | Fill rates overall | R-CHPPD (acuity)* | CHPPD Hours * | OBDs | Bank & Agency | Vacancies (RN) % | Sickness % | FFT % | % Clinical Supervision | Training % | Medication incidents | Falls | Cancelled S17 leave* | V&A | Self-harm |
|------------------|---------------|---------------|--------------------|-------------------|---------------|------|---------------|------------------|------------|-------|------------------------|------------|----------------------|-------|----------------------|-----|-----------|
| Oct 24<br>Mar 25 | 32.7          | 96%           | 106%               | 6.7               | 8.4           | 91%  | 30%           | 12%              | 6.8%       | 93    | 94%                    | 91%        | 23                   | 5     |                      | 15  | 57        |
|                  |               | 93%           | 111%               |                   |               |      |               |                  |            |       |                        |            |                      |       |                      |     |           |
| Apr 24<br>Sep 24 | 29.5          | 86%           | 99%                | 10.2              | 8.6           | 86%  | 28%           | 21%              | 14.6%      | 100   | 94%                    | 92%        | 16                   | 7     | 0                    | 29  | 73        |
|                  |               | 86%           | 109%               |                   |               |      |               |                  |            |       |                        |            |                      |       |                      |     |           |
| Oct 23<br>Mar 24 | 28.8          | 102%          | 104%               | 8.3               | 9.2           | 83%  | 28%           | 11%              | 6.4%       | 100   | 92%                    | 94%        | 30                   | 15    | 1                    | 20  | 98        |
|                  |               | 96%           | 115%               |                   |               |      |               |                  |            |       |                        |            |                      |       |                      |     |           |
| Apr23<br>Sep 23  | 27.3          | 92%           | 91%                | 6.8               | 8.4           | 88%  | 25%           | 17%              | 5.5%       | 83%   | 82%                    | 94%        | 19                   | 9     | 0                    | 46  | 48        |
|                  |               | 96%           | 109%               |                   |               |      |               |                  |            |       |                        |            |                      |       |                      |     |           |

#### Safer staffing review 16-05-25

##### Evidence based tool - MHOST (Older people)

Recommended CHPPD based on this round of dependency data 6.7 compared to 10.2 at the previous review. At the last review there was 1 patient on 1:1 at HRI for the entire period of data collection and staffing numbers were running above minimum staffing levels. During this period of data collection, the average patient numbers was only 8.8 and the validity of the tool can be compromised by low patient numbers. There was an average of 0 patients in level 4 and 0.17 in level 5 which is atypical and has impacted the R-CHPPD. Current CHPPD target set at 8.0 and this is consistently met. Recommended WTE = 13.9. In cases where the ward has less than 8-12 beds and the tool does not recommend enough staff to safely cover the ward the MHOST guidance recommends professional judgement should be used. Ward level Model Health System peer median is 11.91 (Jan 2025). Total Budgeted Establishment (WTE) = 34.2. Nursing Budgeted Establishment = 28.0 (not including 2x Band 7s).

##### Quality measures

2 staffing level incident reported. No harm reported.  
14 responses to FFT with 100% reporting that they felt safe and confident in our service.  
Further reduction in falls incidents – all reported as no harm.  
Reduction in self-harm incidents –all reported as no harm/low harm.  
Reduction in V&A incidents – all reported as no harm/low harm.  
Slight increase in medication incident – all reported as no harm.

##### Professional judgement

Fully established and preceptees just out of preceptorship (bank use was higher during preceptorship). 1x HCA on maternity leave until Nov 2025. 2x TNAs. Performance is strong and sickness had improved to 3.8% overall by March 2025 (2.8% long term sickness). Assurance that the ward is safely staffed when safer staffing numbers are met. Not a standalone unit.

**Outcome and recommendations: Good assurance** with 1 red flags for sickness. No changes to CHPPD or budgeted establishment recommended. The current establishment supports minimum staffing levels of 5 on days (2 RMNs) and 4 on nights (2 RMNs) and supports the delivery of the target CHPPD.

| Mill View Lodge  | Staff in post | Fill rates RN | Fill rates overall | R-CHPPD (acuity)* | CHPPD Hours * | OBDs | Bank & Agency | Vacancies (RN) % | Sickness % | FFT % | % Clinical Supervision | Training % | Medication incidents | Falls | Cancelled S17 leave* | V&A | Self-harm |
|------------------|---------------|---------------|--------------------|-------------------|---------------|------|---------------|------------------|------------|-------|------------------------|------------|----------------------|-------|----------------------|-----|-----------|
| Oct 24<br>Mar 25 | 31.8          | 74%           | 76%                | 6.4               | 14.0          | 88%  | 21%           | 27%              | 10.7%      | 87    | 82%                    | 95%        | 15                   | 26    |                      | 19  | 1         |
|                  |               | 102%          | 103%               |                   |               |      |               |                  |            |       |                        |            |                      |       |                      |     |           |
| Apr 24<br>Sep 24 | 30.2          | 79%           | 76%                | 7.2               | 15.8          | 81%  | 19%           | 39%              | 4.6%       | 100   | 81%                    | 97%        | 4                    | 14    | 0                    | 23  | 1         |
|                  |               | 100%          | 103%               |                   |               |      |               |                  |            |       |                        |            |                      |       |                      |     |           |
| Oct 23<br>Mar 24 | 29.5          | 82%           | 81%                | 4.7               | 17.1          | 79%  | 21%           | 36%              | 5.0%       | 100   | 87%                    | 96%        | 14                   | 22    | 0                    | 31  | 16        |
|                  |               | 114%          | 131%               |                   |               |      |               |                  |            |       |                        |            |                      |       |                      |     |           |
| Apr23<br>Sep 23  | 21.7          | 66%           | 77%                | 6.1               | 13.6          | 92%  | 39%           | 40%              | 4.7%       | 100   | 74%                    | 94%        | 9                    | 8     | 0                    | 6   | 3         |
|                  |               | 102%          | 133%               |                   |               |      |               |                  |            |       |                        |            |                      |       |                      |     |           |

#### Safer staffing review 16-05-25

##### Evidence based tool - MHOST (Older people)

Recommended CHPPD based on this round of dependency data is 6.4 compared to 7.2 at the previous round. Recommended WTE 14.9. Lower bed base impacts the reliability of the tool. Ward level Model Health System peer median is 11.91 (Jan 2025). Current CHPPD target set at 11.5 and this is consistently met. Total Budgeted Establishment (WTE) = 32.7. Nursing Budgeted Establishment = 28.3 (not including band 7)

##### Quality measures

4 staffing level incidents reported, all reported as no harm.  
15 responses to FFT with 100% reporting that they felt safe and confident in our service.  
Increase in falls – all reported as no harm/low harm.  
1x Self-harm incidents – no harm  
Increase in medication incidents – 14 no harm, 1 low harm.  
Further reduction in V&A incident since last reporting period - all no harm/low harm

##### Professional judgement

Fill rates remain consistently below target. The demand template does not capture staff on long days but rather early and late shifts. Whilst staffing levels are being achieved there is discrepancies in the planned versus actual hours which requires review and amending in order to capture fill rates more accurately.  
Clinical supervision structure has been revised and increased focus on improving supervision compliance. There was 1 nil return noted in November 2024.  
Bank and agency spend has increased slightly due to sickness. By March 2025 sickness had peaked to 14.9% with 11.4% LTS. Whilst this has fallen at the beginning of Q1 25/26 it remains above the Trust target.  
Band 7 on maternity leave. Assurance that the ward is safely staffed when safer staffing numbers are met.

**Outcome and recommendations: Good assurance** with 2 red flags. Sickness has been a challenge throughout this reporting period. A review of demand template on Health Roster is required by the matron and the E-roster team to correct any anomalies associated with shift patterns. There is sufficient budget to cover the shift pattern of 5 (2xRN), 4 (2xRN), 4 (1x RN) plus a twilight. No changes to CHPPD or budgeted establishment recommended at this stage. Clinical supervision compliance to be monitored and reviewed by the division.

| New bridges      | Staff in post | Fill rates RN | Fill rates overall | R-CHPPD (acuity)* | CHPPD Hours * | OBDs | Bank & Agency | Vacancies (RN) % | Sickness % | FFT % | % Clinical Supervision | Training % | Medication incidents | Cancelled S17 leave* | V&A | Self-harm |
|------------------|---------------|---------------|--------------------|-------------------|---------------|------|---------------|------------------|------------|-------|------------------------|------------|----------------------|----------------------|-----|-----------|
| Oct 24<br>Mar 25 | 36.9          | 95%           | 102%               | 8.5               | 8.3           | 96%  | 28%           | -3%              | 8.5%       | 100   | 90%                    | 95%        | 9                    |                      | 44  | 36        |
|                  |               | 92%           | 109%               |                   |               |      |               |                  |            |       |                        |            |                      |                      |     |           |
| Apr 24<br>Sep 24 | 39.1          | 83%           | 97%                | 6.4               | 7.8           | 94%  | 20%           | 1%               | 7.5%       | 100   | 89%                    | 95%        | 14                   | 0                    | 47  | 12        |
|                  |               | 82%           | 104%               |                   |               |      |               |                  |            |       |                        |            |                      |                      |     |           |
| Oct 23<br>Mar 24 | 40.4          | 82%           | 85%                | 5.4               | 8.0           | 91%  | 15%           | -11%             | 11.1%      | 100   | 87%                    | 99%        | 8                    | 1                    | 26  | 15        |
|                  |               | 88%           | 102%               |                   |               |      |               |                  |            |       |                        |            |                      |                      |     |           |
| Apr23<br>Sep 23  | 41.1          | 77%           | 84%                | 5.6               | 7.8           | 94%  | 14%           | -9%              | 4.6%       | 100   | 89%                    | 99%        | 12                   | 0                    | 93  | 5         |
|                  |               | 96%           | 103%               |                   |               |      |               |                  |            |       |                        |            |                      |                      |     |           |

#### Safer staffing review 13-05-25

##### Evidence based tool - MHOST (generic)

Recommended CHPPD is 8.5 compared to 6.4 at the previous reporting period. Current CHPPD target set at 8.0 has been met as an average over the 6 months however there have been 3 months when this was under target. Bed occupancy has remained high which also contributes to a lower CHPPD. The recommended CHPPD using MHOST at previous reviews suggested a recommended CHPPD below 8.0. This should remain under review acuity has been higher during this data collection period with additional staffing pressures due to support enhanced engagements. Ward level Model Health System peer median is 11.91 (Jan 2025). Current establishment supports CHPPD of 7.6. Recommended WTE = 37.6. Total Budgeted Establishment (WTE) = 41.2. Nursing Budgeted Establishment = 34.2 (not including 2x band 7).

##### Quality measures

11 staffing level incidents reported during this period. 9 occasions 1 RN Band 5 on duty impacted seclusion reviews (Band 4 Nurse Associate was the second registered). All reported as no harm and support for remote reviews provided from another ward.

2 responses to FFT with 100% reporting that they felt safe and confident in our service.

Medication incidents – all no harm.

Self-harm incidents – all reported as no harm/low harm.

V&A incidents – all reported as no harm/low harm .2x staff low harm incidents.

##### Professional judgement

2x RMNs on maternity leave with, 1x has resigned and 1x returning in July. 1x RMN seconded to Avondale returning July. Sickness improving with overall sickness down to 5.5% in March of which 1.4% was long term sickness. Stand-alone unit. Assurance that the ward is safely staffed when safer staffing numbers are met.

##### Outcome and recommendations

Good assurance with 2 red flag for sickness and OBDs. Previous data collection periods had suggested lower dependency however this round of data collection suggests an increase in dependency/acuity which needs to be kept under review. The high OBD continues to impact on the ward's ability to meet their target CHPPD. The current budgeted establishment supports the minimum staffing levels. No changes recommended to BE or CHPPD following this review.

| PICU              | Staff in post | Fill rates RN | Fill rates overall | R-CHPPD (acuity)* | CHPPD Hours * | OBDs | Bank & Agency | Vacancies (RN) % | Sickness % | FFT % | % Clinical Supervision | Training % | Medication incidents | Cancelled S17 leave* | V&A | Self-harm |
|-------------------|---------------|---------------|--------------------|-------------------|---------------|------|---------------|------------------|------------|-------|------------------------|------------|----------------------|----------------------|-----|-----------|
| Oct 24<br>Mar 25  | 32.6          | 84%           | 99%                | 17.0              | 23.9          | 74%  | 38%           | 15%              | 7.6%       | 78    | 86%                    | 93%        | 18                   |                      | 80  | 146       |
|                   |               | 92%           | 114%               |                   |               |      |               |                  |            |       |                        |            |                      |                      |     |           |
| Apr 24<br>Sept 24 | 29.1          | 85%           | 105%               | 13.4              | 20.4          | 87%  | 45%           | 43%              | 5.0%       | 100   | 90%                    | 94%        | 23                   | 1                    | 98  | 112       |
|                   |               | 93%           | 114%               |                   |               |      |               |                  |            |       |                        |            |                      |                      |     |           |
| Oct 23<br>Mar 24  | 31.4          | 98%           | 98%                | 12.0              | 20.8          | 76%  | 42%           | 29%              | 3.7%       | 100   | 90%                    | 95%        | 18                   | 0                    | 136 | 43        |
|                   |               | 97%           | 118%               |                   |               |      |               |                  |            |       |                        |            |                      |                      |     |           |
| Apr23<br>Sep 23   | 29.8          | 86%           | 117%               | 14.6              | 22.6          | 72%  | 50%           | 33%              | 9.5%       | 86    | 91%                    | 91%        | 5                    | 0                    | 118 | 27        |
|                   |               | 95%           | 129%               |                   |               |      |               |                  |            |       |                        |            |                      |                      |     |           |
| Oct 22<br>Mar 23  | 32.1          | 84%           | 106%               | 15.0              | 24.1          | 70%  | 54%           | 26%              | 11.1%      | 83    | 100%                   | 86%        | 5                    | 0                    | 151 | 37        |
|                   |               | 95%           | 130%               |                   |               |      |               |                  |            |       |                        |            |                      |                      |     |           |

#### Safer staffing review 16-05-25

##### Evidence based tool – MHOST (PICU)

Recommended CHPPD is 17.0 compared to 13.4 in November and 12.0 in May 2024. Recommended WTE = 23. Total Budgeted Establishment (WTE) = 45.2. Nursing Budgeted Establishment = 39.2 (not including 2x band 7). In cases where the ward has less than 8-12 beds and the tool does not recommend enough staff to safely cover the ward the MHOST guidance recommends professional judgement should be used. During this data collection period there was an average of 5.9 patients. Ward level Model Health System peer median is 11.91 (January 2025)

##### Quality measures

5 staffing level incident reported during this period. All reported as no harm. Impacted leave (x1) and seclusion reviews (x3)

18 responses to FFT with 94% reporting that they felt safe and confident in our service.

Medication incidents – 17 no harm, 1 low harm.

Reduction in V&A – all no harm/low harm.

A further increase in self-harm incidents – 1 reported as moderate harm as required additional care and treatment at the acute hospital. 145 reported as no harm or low harm.

##### Professional judgement

There are a number of staffing challenges - 3 x ongoing HR processes, 1 x HCA on LTS, 1 x Specialist nurse – seconded to STARS (no backfill), 1 x B5 – seconded to STARS (no backfill), 1 x band 6 vacancy, 1x band 5 vacancy, 1 x psychologist vacancy, 1x pharmacy tech vacancy, 1 APOT vacancy, 11 HCA vacancies (on the risk register, recruitment drive planned). 15.3 WTE in post by end of April. Bank spend high to support staffing vacancies and sickness. Sickness remains consistently high peaking in February at 12.2%. Long term sickness at 1.9% at the end of this period. Despite staffing challenges clinical supervision and training compliance above target. Fill rates at target towards the end of this reporting period. Band 7/6 states the ward is safely staffed but recognised the HCAs might feel less safe due to bank usage.

This reporting period has seen a slight rise in acuity which needs to be kept under review however current BE and shift pattern is sufficient to provide above what is recommended.

**Outcome and recommendations: Good assurance** with 2 red flags for sickness and FFT. Sickness has been a challenge in recent months however this is mostly short term sickness. Overall FFT result 78% however of the 18 responses 94% reported they felt safe in our service. The ward is safely staffed and the CHPPD target, previously set at 16.6, is consistently being met over time. Lower bed occupancy is supporting a strong CHPPD. The current budgeted establishment covers the current shift pattern of 7 on long days (2 RMNs) and 6 on nights (2 RMNs). No changes to safe staffing levels or CHPPD recommended following this review.

| STaRS             | Staff in post | Fill rates RN | Fill rates overall | R-CHPPD (acuity)* | CHPPD Hours * | OBDs | Bank & Agency | Vacancies (RN) % | Sickness % | FFT % | % Clinical Supervision | Training % | Medication incidents | Cancelled S17 leave* | V&A | Self-harm |
|-------------------|---------------|---------------|--------------------|-------------------|---------------|------|---------------|------------------|------------|-------|------------------------|------------|----------------------|----------------------|-----|-----------|
| Oct 24<br>Mar 25  | 16.4          | 109%          | 90%                | 3.7               | 16.5          | 98%  | 31%           | 15%              | 13.5%      | NR    | 77%                    | 95%        | 13                   |                      | 5   | 49        |
|                   |               | 100%          | 104%               |                   |               |      |               |                  |            |       |                        |            |                      |                      |     |           |
| Apr 24<br>Sept 24 | 18.7          | 68%           | 80%                | No data           | 20.0          | 84%  | 32%           | 16%              | 11.6%      | 100   | 86%                    | 94%        | 9                    | 0                    | 6   | 7         |
|                   |               | 100%          | 101%               |                   |               |      |               |                  |            |       |                        |            |                      |                      |     |           |
| Oct 23<br>Mar 24  | 39.3          | 70%           | 117%               | No data           | 29.9          | 81%  | 32%           | 15%              | 10.2%      | NR    | 84%                    | 95%        | 11                   | 0                    | 7   | 2         |
|                   |               | 102%          | 101%               |                   |               |      |               |                  |            |       |                        |            |                      |                      |     |           |
| Apr23<br>Sep 23   | 37.1          | 78%           | 129%               | 3.9               | 27.7          | 90%  | 36%           | 11%              | 13.1%      | NR    | 86%                    | 93%        | 12                   | 0                    | 3   | 1         |
|                   |               | 100%          | 100%               |                   |               |      |               |                  |            |       |                        |            |                      |                      |     |           |

#### Safer staffing review 13-05-25

##### Evidence based tool – MHOST (rehab)

Whilst dependency data was collected during this reporting period MHOST is less reliable for wards where there is a small bed base. There was an average of only 4.7 patients during the data collection period all in dependency level 1. Recommended WTE = 4.1. In cases where the ward has less than 8-12 beds and the tool does not recommend enough staff to safely cover the ward the MHOST guidance recommends professional judgement should be used. Quality indicators were reviewed, and a professional judgement discussion was held.

Total Budgeted Establishment (WTE) = 20.9 (ward) The community and ward budgets were split on 1<sup>st</sup> April 2024. Nursing Budgeted Establishment = 20.9 (Band 7 sits on the community budget)

##### Quality measures

7 staffing level incidents reported during this period. All reported as no harm.

No responses to FFT

Medication, and V&A incidents – all low/no harm.

Increase in actual self-harm incidents – 48 related to 1 patient. 1 moderate at patient attended UTC for additional care and treatment.

##### Professional judgement

Overall sickness peaked at 18.9% in February but has fallen to 4.6% by the end of March with no long term sickness. Sickness has continued to impact Bank/agency spend during this reporting period.

Below target for clinical supervision in Oct, Nov and January and a nil return was noted in February however this position recovered to 100% by March 25.

Fill rates have improved and assurance that the ward is safely staffed when safer staffing numbers are met. Support for staffing shortages provided from community. STaRS provides support to Townend Court if required.

##### Outcome and recommendations

**Good assurance** with 2 red flag sickness and OBDs. The ward is safely staffed and the CHPPD target, previously set at 5.3, is consistently being met over time. The current budgeted establishment supports minimum staffing levels of 4 on days (1 RN) and 3 on nights (1 RN) and the delivery of the target CHPPD. No changes to budgeted establishment or CHPPD recommended following this latest review.

| Westlands         | Staff in post | Fill rates RN | Fill rates overall | R-CHPPD (acuity)* | CHPPD Hours * | OBDs | Bank & Agency | Vacancies (RN) % | Sickness % | FFT % | % Clinical Supervision | Training % | Medication incidents | Cancelled S17 leave* | V&A | Self-harm |
|-------------------|---------------|---------------|--------------------|-------------------|---------------|------|---------------|------------------|------------|-------|------------------------|------------|----------------------|----------------------|-----|-----------|
| Oct 24<br>Mar 25  | 35.9          | 86%           | 83%                | 6.3               | 8.1           | 91%  | 30%           | -2%              | 7.5%       | 77%   | 87%                    | 90%        | 16                   |                      | 39  | 1023      |
|                   |               | 97%           | 107%               |                   |               |      |               |                  |            |       |                        |            |                      |                      |     |           |
| Apr 24<br>Sept 24 | 36.4          | 90%           | 83%                | 7.9               | 9.7           | 78%  | 35%           | 2%               | 7.8%       | 100   | 89%                    | 95%        | 27                   | 0                    | 57  | 520       |
|                   |               | 94%           | 108%               |                   |               |      |               |                  |            |       |                        |            |                      |                      |     |           |
| Oct 23<br>Mar 24  | 37.1          | 79%           | 78%                | 8.9               | 9.8           | 79%  | 38%           | 13%              | 9.2%       | NR    | 85%                    | 88%        | 22                   | 12                   | 53  | 734       |
|                   |               | 93%           | 107%               |                   |               |      |               |                  |            |       |                        |            |                      |                      |     |           |
| Apr23<br>Sep 23   | 35.9          | 81%           | 83%                | 7.0               | 9.1           | 87%  | 35%           | 16%              | 8.3%       | 100   | 85%                    | 91%        | 18                   | 2                    | 56  | 191       |
|                   |               | 96%           | 106%               |                   |               |      |               |                  |            |       |                        |            |                      |                      |     |           |

#### Safer staffing review 12-05-25

##### Evidence based tool – MHOST (generic)

Recommended CHPPD is 6.3 compared to 7.9 in the previous reporting period. There was an average of only 17.1 patients during the data collection period. Recommended WTE = 25.2. Total Budgeted establishment (WTE) = 41.6. Nursing Budgeted Establishment = 32 (excluding band 7s)

##### Quality measures

4 staffing level incidents reported. 2 reported as not affecting patient care, 2 impacted activities on the ward. All no harm.

13 responses to FFT with 100% reporting that they felt safe and confident in our service.

Reduction in Medication incidents – 14 no harm, 2 low harm.

Reduction in violence and aggression incidents – 1 reported as low harm to patient and 1 low harm to staff. Remaining incidents all reported as no harm.

Significant increase in self-harm incidents – 481 no harm, 541 low harm, 1 moderate harm incident (Initial Incident Review completed) – 908 incidents relate to 2 patients.

There is a mixture of early and late shifts as well as long days on the demand on Health Roster which may be impacted the planned versus actual hours and fill rates as majority of staff are doing long days.

Sickness has continued to improve however remains above the Trust target. Long term sickness was at 0% at the end of this reporting period (March 25).

##### Professional judgement

The previous shift pattern of 6 on days and 5 on nights has changed to 5, 5 and twilight as part of a pilot which is under review. The twilight shift covers 11am-midnight.

This change is being trialled to support having additional staff around when higher number of incidents are occurring. This has resulted in a loss of hours on the early shift however, additional AHP present in the morning, so ward is fully covered and safe. If this is to be a permanent change this will require a QIA. The staff are being consulted are part of the review.

2x Band 3 apprenticeships, During this period 2x Band 5 and 2x Band 3 long term sickness, 1x Band 3 maternity leave. High bank usage to cover sickness.

**Outcome and recommendations: Good assurance** with 2 red flag (sickness and FFT). The ward is safely staffed and the CHPPD target, previously set at 8.0, is consistently being met over time. The budgeted establishment supports the delivery of the target CHPPD of 8.0 and the shift pattern of 5 (2x RNs) on long days and 5 (2x RNs) on nights and Twilight. No changes to budgeted establishment or CHPPD recommended following this latest review. Review the twilight pilot and complete QIA if this is to be a permanent change.

## 6.2 Children and Learning Disability Division

| Townend Court     | Staff in post | Fill rates RN | Fill rates overall | R-CHPPD | CHPPD Hours * | OBDs | Bank & Agency | Vacancies (RN) % | Sickness % | FFT % | % Clinical Supervision | Training % | Medication incidents | Cancelled S17 leave * | V&A | Self-harm |
|-------------------|---------------|---------------|--------------------|---------|---------------|------|---------------|------------------|------------|-------|------------------------|------------|----------------------|-----------------------|-----|-----------|
| Oct 24<br>Mar 25  | 47.5          | 57%           | 84%                | NA      | 37.7          | 37%  | 23%           | 13%              | 11.5%      | NR    | 92%                    | 95%        | 45                   |                       | 458 | 356       |
|                   |               | 94%           | 100%               |         |               |      |               |                  |            |       |                        |            |                      |                       |     |           |
| Apr 24<br>Sept 24 | 43.5          | 75%           | 92%                | NA      | 44.8          | 33%  | 47%           | 17%              | 22.5%      | 100   | 86%                    | 83%        | 19                   | 0                     | 422 | 459       |
|                   |               | 139%          | 120%               |         |               |      |               |                  |            |       |                        |            |                      |                       |     |           |
| Oct 23<br>Mar 24  | 36.7          | 78%           | 85%                | NA      | 34.2          | 38%  | 36%           | 23%              | 14.1%      | NR    | 76%                    | 93%        | 18                   | 1                     | 400 | 373       |
|                   |               | 102%          | 100%               |         |               |      |               |                  |            |       |                        |            |                      |                       |     |           |
| Apr23<br>Sep 23   | 36.6          | 75%           | 87%                | NA      | 31.0          | 82%  | 38%           | 26%              | 17.7%      | NR    | 76%                    | 92%        | 25                   | 0                     | 107 | 30        |
|                   |               | 81%           | 106%               |         |               |      |               |                  |            |       |                        |            |                      |                       |     |           |

### Safer staffing review 12-05-25

#### Evidence based tool

There is no approved evidence based tool for use in this clinical setting. Unit level Model Health System peer median is 29.62 CHPPD (March 2025). Current target set at 10.3. Total Budgeted establishment (WTE) = 43.97. Nursing budgeted establishment = 38.77 (excluding Band 7s).

#### Quality measures

14 staffing level shortages reported. 12 reported as not affecting patient care, 2 impacted activities on the ward. All no harm.

Fill rates under target - it was noted at the review that there are times when only 1 RN on duty however IST base themselves in the building to support and provide cover at weekend, during the week band 7s and matron will provide support if staffing numbers are low. There is now a peri-team in place to support staffing shortages at TEC and Inspire.

No responses to FFT

Sickness has improved significantly since the last review with sickness down to 4.6% overall in March with no LTS.

Medication incident – increase in incidents (T=45) with 31 relating to patient concordance with medication. 3 reported as low harm, 42 reported as no harm

Self-harm incidents – all reported as no harm/low harm.

Incidents of violence and aggression have remained high – 457 reported as no harm/low harm. 1 moderate harm reported patient on staff.

#### Professional judgement

The bed occupancy remains low. High use of agency staff with a significant overspend. Peri-team created from TEC with TEC funding 4 x HCAs. 2 x maternity leave. 3x Band 2 health and social care apprentices, 1x RNLD apprentice. ILS and BLS has improved since the last reporting period and are both above the Trust target of 85%. New ward manager and clinical lead now in post. Over-established by 0.3 WTE Band 5. Shift pattern of 8 on LDs (2 RNs) and 7 on night (2 RNs).

**Outcome and recommendations:** Good assurance with 2 red flags for RN fill rates on days and sickness which has continued to be a challenge, but further improvements in sickness rates noted by the end of this reporting period. Sickness and vacancies have continued to impact bank and agency spend. CHPPD remains high, supported by low bed occupancy. CHPPD is currently above the peer median. No changes recommended at this review.



| Granville Court   | Staff in post | Fill rates RN | Fill rates overall | R-CHPPD (acuity)* | CHPPD Hours * | OBDs | Bank & Agency | Vacancies (RN) % | Sickness % | FFT % | % Clinical Supervision | Training % | Medication incidents | Falls | Pressure Ulcers in our care |
|-------------------|---------------|---------------|--------------------|-------------------|---------------|------|---------------|------------------|------------|-------|------------------------|------------|----------------------|-------|-----------------------------|
| Oct 24<br>Mar 25  | 52.7          | 119%          | 101%               | NA                | 19.5          | 71%  | 25%           | -13%             | 12.7%      | NR    | 91%                    | 97%        | 13                   | 5     | 0                           |
|                   |               | 104%          | 106%               |                   |               |      |               |                  |            |       |                        |            |                      |       |                             |
| Apr 24<br>Sept 24 | 56.0          | 108%          | 106%               | NA                | 18.5          | 80%  | 29%           | -1%              | 6.9%       | NR    | 92%                    | 94%        | 9                    | 8     | 0                           |
|                   |               | 108%          | 109%               |                   |               |      |               |                  |            |       |                        |            |                      |       |                             |
| Oct 23<br>Mar 24  | 52.4          | 103%          | 100%               | NA                | 17.5          | 84%  | 38%           | 2%               | 9.3%       | NR    | 93%                    | 95%        | 13                   | 11    | 0                           |
|                   |               | 108%          | 107%               |                   |               |      |               |                  |            |       |                        |            |                      |       |                             |
| Apr23<br>Sep 23   | 46.8          | 104%          | 96%                | NA                | 16.8          | 90%  | 46%           | 2%               | 6.9%       | NR    | 91%                    | 93%        | 31                   | 23    | 0                           |
|                   |               | 107%          | 107%               |                   |               |      |               |                  |            |       |                        |            |                      |       |                             |

#### Establishment review 12-05-25

##### Evidence based tool

There is currently no evidenced based tool for residential care homes on which to recommend the number of WTEs or CHPPD. Total Budgeted Establishment (WTE) = 61.41 with 10.44 WTE registered Band5/6, 7.86 WTE HCAs and 42.29 WTE care assistants.

##### Quality measures

1 staffing level incident reported via Datix – no harm, unplanned absence, no delays in care.

The team do not use the friends and family test as it does not meet the needs of the service however the team do seek regular feedback from families.

All falls/medication incidents reported as no harm/low harm. No pressure ulcers acquired in our care.

Sickness was down to 7.2% overall at the end of the reporting period with long term sickness at 1.8% (March 25).

##### Professional judgement

Registered manager has resumed. Additional Band 5 to cover EPOC. 2 x long term sickness, 2x apprentice Band 3. Due to move to Hawthorne Court.

**Outcome and recommendations: Good assurance** with 1 red flag for sickness. Granville Court is safely staffed and the CHPPD target, previously set at 10.3, is consistently being met over time. The budgeted establishment supports the delivery of the target CHPPD and the shift pattern. No changes to budgeted establishment or CHPPD are recommended following this review. Staffing levels will need to be considered during relocation to Hawthorne Court.

| Inspire           | Staff in post | Fill rates RN | Fill rates overall | R-CHPPD (acuity)* | CHPPD Hours * | OBDs | Bank & Agency | Vacancies (RN) % | Sickness % | FFT % | % Clinical Supervision | Training % | Medication incidents | Cancelled S17 leave* | V&A | Self-harm |
|-------------------|---------------|---------------|--------------------|-------------------|---------------|------|---------------|------------------|------------|-------|------------------------|------------|----------------------|----------------------|-----|-----------|
| Oct 24<br>Mar 25  | 49.0          | 99%           | 112%               | 27.7              | 34.0          | 50%  | 19%           | -4%              | 5.8%       | 78%   | 91%                    | 82%        | 27                   |                      | 15  | 167       |
|                   |               | 100%          | 116%               |                   |               |      |               |                  |            |       |                        |            |                      |                      |     |           |
| Apr 24<br>Sept 24 | 46.0          | 93%           | 102%               | 30.4              | 20.6          | 74%  | 31%           | -8%              | 14.1%      | NR    | 85%                    | 89%        | 27                   | 0                    | 9   | 69        |
|                   |               | 92%           | 105%               |                   |               |      |               |                  |            |       |                        |            |                      |                      |     |           |
| Oct 23<br>Mar 24  | 45.3          | 93%           | 104%               | 21.6              | 26.6          | 61%  | 30%           | -5%              | 12.0%      | NR    | 89%                    | 86%        | 38                   | 0                    | 26  | 94        |
|                   |               | 96%           | 113%               |                   |               |      |               |                  |            |       |                        |            |                      |                      |     |           |
| Apr23<br>Sep 23   | 44.1          | 98%           | 105%               | 29.0              | 30.4          | 55%  | 16%           | -6%              | 12.1%      | NR    | 90%                    | 98%        | 33                   | 0                    | 37  | 208       |
|                   |               | 91%           | 110%               |                   |               |      |               |                  |            |       |                        |            |                      |                      |     |           |

#### Safer staffing review 06-05-25

##### Evidence based tool – MHOST CAMHS

The recommended CHPPD is 27.7 compared to 30.4 in in the previous period. The R-CHPPD and R-WTE is less reliable due to low numbers of patients – there was as average of 5.7 patients during this data collection period. Current target CHPPD is set at 10.3. MHOST CAMHS Recommended WTE = 37.4. Model Health System Peer Median CHPPD (Child and Adolescent Psychiatry) = 25.26 January 2025 (latest data). The team are over established since closure of Nova. Total budgeted establishment across the wider MDT = 45 WTE. Nursing budgeted establishment = 29.0 (excluding 4x BE Band 7s – NB 2.5 x Band 7's WTE in post). 20x HCAs BE with 26 in post. 3 x Band 6 BE with 4 in post.

##### Quality measures

1 staffing level incidents reported - No harm plus a security incident which reported low staffing number, unable to complete security checks due to staffing levels, no harm.  
 9 FFT returns between Oct and March with 83% reporting that they felt safe and confident in our service.  
 Overall training compliance at 91% by March 25  
 Overall sickness down to 4.9% by March 2025 with 0% long term sickness at the end of this period.  
 Medication incidents – all no harm. Self-harm and V&A incidents – two moderate harm incidents (patient on staff). Increase in self-harm incidents – all no harm/low harm

##### Professional judgement

Consistently working above safer staffing levels of 6 on long days and 5 on night shift to 7 on long days and 6 on nights which is reflected in the fill rates. Supported by EPOC when this rises above 1 additional staff member. Inspire have a consistent bank. HCA peri-team now in place with TEC. Also use support from the crisis team. The wider MDT for support with engagements and meal support.  
 2x TNA due to qualify in Sept and 1 next year. Assurance provided that the ward is safely staffed.

**Outcome and recommendations: Good assurance** with 2 red flags; 1 for sickness which had improved by the end of the reporting period, and 1 for FFT overall score. The R-CHPPD based on this round of dependence data remains above the target CHPPD, however it is acknowledged that the tool is less reliable due to the low bed occupancy with an average of only 5.7 patients during this data collection period. The ward is safely staffed and the CHPPD target is consistently being met over time, supported by 50% average bed occupancy. The current staffing establishment supports the delivery of the target CHPPD and the shift pattern of 6 on days (2 RNs) and 5 on nights (2 RNs). There is flexibility with ability to increase staffing if required. No changes to budgeted establishment or CHPPD are recommended following this review.

## 6.3 Primary Care and Community Services Division

| Malton            | Staff in post | Fill rates RN | Fill rates overall | R-CHPPD (acuity)* | CHPPD Hours * | OBDs | Bank & Agency | Vacancies (RN) % | Sickness % | FFT % | % Clinical Supervision | Training % | Medication incidents | Falls | Pressure Ulcers in our care |
|-------------------|---------------|---------------|--------------------|-------------------|---------------|------|---------------|------------------|------------|-------|------------------------|------------|----------------------|-------|-----------------------------|
| Oct 24<br>Mar 25  | 31.7          | 84%           | 86%                | NA                | 7.2           | 87%  | 19%           | 2%               | 4.8%       | 100   | 100%                   | 88%        | 17                   | 17    | 4                           |
|                   |               | 111%          | 101%               |                   |               |      |               |                  |            |       |                        |            |                      |       |                             |
| Apr 24<br>Sept 24 | 30.4          | 95%           | 87%                | NA                | 7.4           | 88%  | 17%           | 5%               | 6.1%       | 100   | 100%                   | 86%        | 15                   | 21    | 5                           |
|                   |               | 109%          | 100%               |                   |               |      |               |                  |            |       |                        |            |                      |       |                             |
| Oct 23<br>Mar 24  | 31.3          | 95%           | 86%                | NA                | 6.8           | 93%  | 18%           | -6%              | 5.2%       | 95    | 100%                   | 89%        | 10                   | 23    | 5                           |
|                   |               | 118%          | 98%                |                   |               |      |               |                  |            |       |                        |            |                      |       |                             |
| Apr 23<br>Sep 23  | 32.4          | 90%           | 89%                | NA                | 7.5           | 87%  | 12%           | -16%             | 4.8%       | NR    | 100%                   | 93%        | 9                    | 15    | 5                           |
|                   |               | 122%          | 102%               |                   |               |      |               |                  |            |       |                        |            |                      |       |                             |

\* R-CHPPD= Malton do not have an evidence-based tool on which to base the CHPPD therefore the national organisational CHPPD median model hospital data is used as a benchmark.

### Safer staffing review 16-05-25

**Evidence based tool** - To date there has not been a validated tool on which to make recommendations for the CHPPD therefore we have been unable to recommend a reliable CHPPD target or recommend the number of WTE using a triangulated approach. The trust has obtained the license for the updated Safer Nursing Care Tool (SNCT) and training has been provided by NHSE however this took place outside of this reporting period (May 25). The SNCT will be used at the next round of safer staffing reviews once sufficient staff have completed the interrater reliability training. The model health system peer median continues to provide limited data on which to establish an accurate CHPPD with only 2 other community trusts submitting CHPPD data in the latest data set. The model health system data peer median CHPPD is currently 7.39 (Jan 2025). The CHPPD is currently set at 8.0 however this has not been consistently met over time. Patient acuity/dependence is comparable to Whitby, but Malton have a larger bed base and fewer WTEs. Total budgeted establishment = 32.15. Nursing budgeted establishment = 28.31 (excluding 1.6 x band 7) The ward currently has a budget for 15.88 WTE RNs (Band 5 x 11.6, Band 6 x 4.28). There are 9.43 Band 2s and 3.0 Band 3 WTE HCAs within the budgeted establishment.

### Quality measures

4 staffing level shortages reported – all no harm.  
16 responses to FFT with 100% reporting that they felt safe in our care.  
4 pressure ulcers acquired in our care – all low harm/Category 2s.  
Medication incidents – all harm.  
Decrease in falls – 7 no harm, 10 low harm.

### Professional judgement

The ward is currently running a shift pattern of 7 early (3 RNs), 5 late (2 RNs), 4 nights (2 RNs). There have been occasions when, due to HCA vacancies and sickness absence, the nights have been covered by 3 RNs and 1 HCA which has resulted in high RN fill rates on nights. The ward are reporting high patient acuity/dependency and considered to be sub-acute admissions rather than for rehabilitation. There continues to be challenges with safe transfers of care from the acute. Improvement in sickness absence was noted with overall sickness down to 2.9% in February with no long term sickness, however this had risen to 6.9% overall with 3.1% long term sickness by March 25. Vacancies include 0.6x Band 7, 1x Band 5 (now appointed). 1 Band 6 on maternity leave. Currently no apprentices or preceptees.

**Outcome and recommendations:** Following review of the quality measures and a professional judgment discussion there is **good assurance** that the ward is safely staffed and that key performance targets are being met however, the CHPPD target set by the trust is consistently not achieved. Benchmarking against the peer median from the model health system, although this data has limitations. HTFT have the license for the revised SNCT to enable more accurate recommendations for CHPPD and WTEs and training has now taken place with NHSE. Dependency data collection will take place prior to the next review although at least two data collection periods will be required before recommendations can be made. HCAs skill mix to be reviewed as there is a high proportion of Band 2 compared to Band 3.

| Whitby            | Staff in post | Fill rates RN | Fill rates overall | R-CHPPD (acuity)* | CHPPD Hours * | OBDs | Bank & Agency | Vacancies (RN) % | Sickness % | FFT % | % Clinical Supervision | Training % | Medication incidents | Falls | Pressure Ulcers in our care |
|-------------------|---------------|---------------|--------------------|-------------------|---------------|------|---------------|------------------|------------|-------|------------------------|------------|----------------------|-------|-----------------------------|
| Oct 24<br>Mar 25  | 30.9          | 82%           | 82%                | NA                | 8.4           | 87%  | 5%            | 7%               | 6.0%       | 100   | 86%                    | 91%        | 14                   | 24    | 1                           |
|                   |               | 100%          | 99%                |                   |               |      |               |                  |            |       |                        |            |                      |       |                             |
| Apr 24<br>Sept 24 | 38.1          | 85%           | 82%                | NA                | 9.8           | 88%  | 2%            | -8%              | 6.9%       | 100   | 82%                    | 94%        | 9                    | 11    | 2                           |
|                   |               | 103%          | 100%               |                   |               |      |               |                  |            |       |                        |            |                      |       |                             |
| Oct 23<br>Mar 24  | 44.1          | 91%           | 83%                | NA                | 8.4           | 90%  | 2%            | -6%              | 8.5%       | 95    | 100%                   | 89%        | 16                   | 12    | 7                           |
|                   |               | 101%          | 100%               |                   |               |      |               |                  |            |       |                        |            |                      |       |                             |
| Apr23<br>Sep 23   | 47.9          | 106%          | 91%                | NA                | 9.1           | 86%  | 1%            | -18%             | 8.1%       | 96    | 93%                    | 92%        | 27                   | 10    | 2                           |
|                   |               | 104%          | 101%               |                   |               |      |               |                  |            |       |                        |            |                      |       |                             |

\* R-CHPPD= Whitby do not have an evidence-based tool on which to base the CHPPD therefore the national organisational CHPPD median model hospital data is used as a benchmark.

#### Safer staffing review 16-05-25

**Evidence based tool:** To date there has not been a validated tool on which to make recommendations for the CHPPD therefore we have been unable to recommend a reliable CHPPD target or recommend the number of WTE using a triangulated approach. The trust has obtained the license for the updated Safer Nursing Care Tool (SNCT) and training has been provided by NHSE however this took place outside of this reporting period (May 25). The SNCT will be used at the next round of safer staffing reviews once sufficient staff have completed the interrater reliability training.

The model health system peer median continues to provide limited data on which to establish an accurate CHPPD with only 2 other community trusts submitting CHPPD data in the latest data set. The model health system data peer median CHPPD is currently 7.39 (Jan 2025). The CHPPD is currently set at 8.0 and this has consistently been achieved over time.

Total Budgeted Establishment = 38.35 WTE. Nursing Budgeted Establishment = 29.45 WTE (excluding 1.4 Bands 7s). In addition, 2x Band 8a WTE Advanced Nurse Practitioners (BE). There are 14.84 Band 2 and 1.8 Band 3 WTE HCAs within the BE. Over established on Band 5's (0.59).

#### Quality measures

6 staffing level incidents – all no harm to patient, 1 reported as moderate harm to staff.

9 responses to FFT with 100% reporting that they felt safe in our care.

1 pressure ulcer acquired in our care – moderate harm/Category 3 – initial incident review completed.

14 medication incidents – all no harm.

12 falls related incidents – 2 moderate and 1 severe. Thematic review of falls commissioned and QIP in place, reporting to EMT.

#### Professional judgement

The ward is currently running a shift pattern of 6 early (3x RNs), 5 late (2x RNs), 4 nights (2x RNs). Previously this was 7 on early (3x RNs and 4x HCAs) but due to recent vacancies this has been difficult to sustain. The team report that staff to patient ratio has remained safe due to bed occupancy. The demand template on Health Roster is planned for 7 on early and lower fill rates reflect shifts where 7 has not been achieved. Vacancies 0.59x Band 5, 5.32x Band 2, 1.8 over established on Band 3s. There are a number of staffing challenges pending with 2x RNs leavers, 1x RN due for retirement, 1x Band 5 maternity leave with 25 hours backfilled. 1x TNA and 1 preceptee. Sickness rates were below 4.5% target Oct-Dec, risen to 8.5% in March of which 5.8% was long term sickness.

**Outcome and recommendations:** Following review of the quality measures and a professional judgment discussion there is **good assurance** that the ward is safely staffed and that key performance targets are being met, there is one red flag for sickness which has increased during this reporting period. The ward consistently meet the target CHPPD of 8.0. HTFT have the license for the revised SNCT to enable more accurate recommendations for CHPPD and WTEs and training has now taken place with NHSE. Dependency data collection will take place prior to the next review although at least two data collection periods will be required before recommendations can be made. HCAs skill mix to be reviewed as there is a high proportion of Band 2 compared to Band 3.

## 6.4 Forensic Services Division

| Derwent           | Staff in post | Fill rates RN | Fill rates overall | R-CHPPD (acuity)* | CHPPD Hours * | OBDs | Bank & Agency | Vacancies (RN) % | Sickness % | FFT % | % Clinical Supervision | Training % | Medication incidents | Cancelled S17 leave* | V&A | Self-harm |
|-------------------|---------------|---------------|--------------------|-------------------|---------------|------|---------------|------------------|------------|-------|------------------------|------------|----------------------|----------------------|-----|-----------|
| Oct 24<br>Mar 25  | 29.5          | 100%          | 95%                | 9.0               | 19.6          | 73%  | 34%           | -6%              | 9.5%       | NR    | 90%                    | 96%        | 13                   |                      | 77  | 5         |
|                   |               | 101%          | 140%               |                   |               |      |               |                  |            |       |                        |            |                      |                      |     |           |
| Apr 24<br>Sept 24 | 26.5          | 82%           | 83%                | 7.2               | 16.7          | 73%  | 32%           | 0%               | 4.9%       | NR    | 96%                    | 95%        | 4                    | 0                    | 26  | 1         |
|                   |               | 103%          | 110%               |                   |               |      |               |                  |            |       |                        |            |                      |                      |     |           |
| Oct 23<br>Mar 24  | 23.0          | 95%           | 86%                | 10.1              | 17.1          | 80%  | 42%           | 8%               | 4.2%       | 100   | 94%                    | 95%        | 1                    | 0                    | 38  | 5         |
|                   |               | 97%           | 119%               |                   |               |      |               |                  |            |       |                        |            |                      |                      |     |           |
| Apr23<br>Sep 23   | 22.8          | 90%           | 70%                | 9.9               | 13.1          | 84%  | 28%           | 22%              | 7.2%       | NR    | 89%                    | 95%        | 2                    | 0                    | 24  | 6         |
|                   |               | 91%           | 101%               |                   |               |      |               |                  |            |       |                        |            |                      |                      |     |           |

### Safer staffing review 22-05-25

#### Evidence based tool – MHOST MSU

Recommended CHPPD is 9.0 compared to 7.2 in the previous reporting period. The target CHPPD is set at 10.3 which is consistently met over time. Model Health System Peer median 12.89 (Jan 25). There was an average of only 7.5 patients during the data collection. Recommended WTE = 15.5. In cases where the ward has less than 8-12 beds and the tool does not recommend enough staff to safely cover the ward the MHOST guidance recommends professional judgement should be used. Total Budgeted establishment (WTE) = 27.13. Nursing budgeted establishment = 24.13 (excluding 2x Band 7s)

#### Quality measures

3 staffing level incidents – all no harm. 1 occasion reported with no RN cover for Derwent. Covered by duty manager who covered two wards. No impact on patient care. 1 occasion staff member moved to Swale. 1 incident due to increased 1:1s and seclusion staff did not have breaks.

Increase in V&A incidents – 76 incident reported as no harm or low harm, 1 moderate harm patient on staff.

Self-harm and medication incidents – all reported as no harm/low harm

#### Professional judgement

There have been a number of recent admissions. Increased levels of engagements with temporary increase in staffing to support this. Staffing on nights increased to 5 (1x RN) to support seclusion which has led to high overall fill rates on nights. Patient awaiting transfer to high secure. Bank use had increased due to acuity leading up to January however this has now reduced. 1x over established on Band 5 which is a cost pressure. There are two funded enhanced packages of care (EPOC). Budgeted establishment for Band 3 HCAs = 15.13 with 13.86 in post. 1x newly qualified now completed preceptorship. 1x TNA, 1x degree apprentice, activity worker on maternity leave. Sickness peaked at 14.6% in December 2024 but had fallen to 7% in March with 2.2% long term sickness.

**Outcome and recommendations: Good assurance** with 1 red flags for sickness which has improved. The CHPPD target, previously set at 10.3, is consistently being met over time supported by lower bed occupancy. The current budgeted establishment supports the shift patterns of 6 on long days (2x RNs) and on 4 nights (1x RN) and staffing is being managed flexibly to meet the requirements of the ward noting also 2 x EPOC. No changes to budgeted establishment or CHPPD recommended following this review.

| Ouse              | Staff in post | Fill rates RN | Fill rates overall | R-CHPPD (acuity)* | CHPPD Hours * | OBDs | Bank & Agency | Vacancies (RN) % | Sickness % | FFT % | % Clinical Supervision | Training % | Medication incidents | Cancelled S17 leave* | V&A | Self-harm |
|-------------------|---------------|---------------|--------------------|-------------------|---------------|------|---------------|------------------|------------|-------|------------------------|------------|----------------------|----------------------|-----|-----------|
| Oct 24<br>Mar 25  | 25.8          | 83%           | 99%                | 5.6               | 8.6           | 85%  | 27%           | -5%              | 11.8%      | NR    | 93%                    | 94%        | 8                    |                      | 9   | 0         |
|                   |               | 109%          | 116%               |                   |               |      |               |                  |            |       |                        |            |                      |                      |     |           |
| Apr 24<br>Sept 24 | 23.2          | 84%           | 102%               | 4.5               | 11.7          | 68%  | 31%           | 9%               | 9.5%       | NR    | 93%                    | 94%        | 6                    | 0                    | 6   | 2         |
|                   |               | 106%          | 134%               |                   |               |      |               |                  |            |       |                        |            |                      |                      |     |           |
| Oct 23<br>Mar 24  | 23.8          | 86%           | 89%                | 5.3               | 9.4           | 69%  | 15%           | 8%               | 12.4%      | 100   | 88%                    | 94%        | 3                    | 0                    | 4   | 0         |
|                   |               | 92%           | 108%               |                   |               |      |               |                  |            |       |                        |            |                      |                      |     |           |
| Apr 23<br>Sep 23  | 23.9          | 78%           | 94%                | 9.5               | 10.0          | 75%  | 21%           | 23%              | 7.5%       | NR    | 91%                    | 95%        | 2                    | 2                    | 14  | 0         |
|                   |               | 100%          | 126%               |                   |               |      |               |                  |            |       |                        |            |                      |                      |     |           |

#### Safer staffing review 22-05-24

##### Evidence based tool – MHOST Medium secure

Recommended CHPPD is 5.6 compared to 4.5 in in the previous reporting period. There was an average of 11.1 patients during the data collection. The target CHPPD is set at 6.3 which is consistently met over time. Model Health System Peer median (forensic) = 12.89 (Jan 2025). Whilst Ouse can be benchmarked against forensic services, the model health system data does not differentiate between low, medium, and high security so has limitations. MHOST Recommended WTE = 14.6. Total Budgeted establishment (WTE) = 25.44. Nursing budgeted establishment = 22.44 (excluding 2x Band 7s).

##### Quality measures

3 staffing level incidents – all no harm. 2 occasions with 1 RN on duty. 1 reported incident of cancelled leave.

Medication, violence and aggression incidents – all low harm/no harm

No self-harm incidents reported in this 6 month period.

##### Professional judgement

Increase in staffing to support EPOC for a short period for patient in long term segregation. 1x Band 5 on maternity leave. 1x TNA. No vacancies. 1x over established on Band 5s. 1x HCA at Pine View until September. Sickness peaked at 13.5% in February but had fallen to 10.4% in March with 7.5% long term sickness. The planned shifts are 5 days (2 RNs) and 3 on nights (1xRN) however due to flexible working arrangements and staff working part time some staff do shorter days. Whilst the ward remains safely staffed this impacts fill rates.

**Outcome and recommendations: Good assurance** with 1 red flag for sickness. Sickness both short term and long term absence remain consistently high.

When minimum safer staffing number are met the ward is safely staffed and the CHPPD target, previously set at 6.3, is consistently being met over time. The current budgeted establishment supports the shift patterns of 5 on long days (2x RNs) and on 3 nights (1x RN). No changes to budgeted establishment or CHPPD are recommended following this review.

| Pine view         | Staff in post | Fill rates RN | Fill rates overall | R-CHPPD (acuity)* | CHPPD Hours * | OBDs | Bank & Agency | Vacancies (RN) % | Sickness % | FFT % | % Clinical Supervision | Training % | Medication incidents | Cancelled S17 leave* | V&A | Self-harm |
|-------------------|---------------|---------------|--------------------|-------------------|---------------|------|---------------|------------------|------------|-------|------------------------|------------|----------------------|----------------------|-----|-----------|
| Oct 24<br>Mar 25  | 28.3          | 93%           | 78%                | 5.3               | 10.1          | 68%  | 34%           | 6%               | 12.7%      | 100   | 99%                    | 93%        | 5                    |                      | 6   | 0         |
|                   |               | 88%           | 94%                |                   |               |      |               |                  |            |       |                        |            |                      |                      |     |           |
| Apr 24<br>Sept 24 | 30.6          | 95%           | 94%                | 5.2               | 10.4          | 73%  | 28%           | -2%              | 11.4%      | 100   | 96%                    | 95%        | 8                    | 7                    | 6   | 0         |
|                   |               | 85%           | 95%                |                   |               |      |               |                  |            |       |                        |            |                      |                      |     |           |
| Oct 23<br>Mar 24  | 29.7          | 95%           | 91%                | 6.1               | 9.1           | 82%  | 27%           | 12%              | 8.4%       | NR    | 99%                    | 97%        | 14                   | 6                    | 2   | 1         |
|                   |               | 59%           | 93%                |                   |               |      |               |                  |            |       |                        |            |                      |                      |     |           |
| Apr23<br>Sep 23   | 30.0          | 87%           | 88%                | 5.3               | 8.1           | 88%  | 20%           | 15%              | 5.1%       | 100   | 99%                    | 98%        | 11                   | 8                    | 4   | 0         |
|                   |               | 62%           | 89%                |                   |               |      |               |                  |            |       |                        |            |                      |                      |     |           |

#### Safer staffing review 22/05/25

##### Evidence based tool – MHOST Medium secure

Recommended CHPPD using the MHOST medium secure tool is 5.3 compared to 5.2 the previous reporting period. There was an average of 12 patients during the data collection. Current target CHPPD 6.3 which is consistently met over time. Model Health System Peer median 12.39 (Jan 2025). MHOST Recommended WTE = 15.1. Total Budgeted establishment (WTE) = 32.82. Nursing budgeted establishment = 30.82 (excluding 2x Band 7s)

##### Quality measures

4 staffing level incidents – all no harm. 1 x staff member relocated to support Ullswater. 1x bank nurse issue. 1 occasion with 1 RN on duty overnight, staff unable to take adequate breaks.

Fill rates - Pine view has 2 RNs on a night shift as it is a standalone unit, with 1 RN on each ward at the Humber Centre plus duty nurse = 7 on nights in total. The 2<sup>nd</sup> RN does on occasion get moved to cover short falls at the Humber Centre.

1 responses to FFT reporting that they felt safe in our care.

V&A incidents – all reported as no harm or low harm.

Medication incidents – all reported as no harm

##### Professional judgement

Standalone unit requiring DMI team. There was a discrepancy noted on the E-roster with the activity worker shift being assigned incorrectly. This has now been corrected which should positively impact the overall day time fill rates. 2x Band 7s in the budgeted establishment however currently 0.91 in post with Band 6 seconded to acting ward manager. The team report challenges with inconsistent Band 7 cover. 8.0 x WTE Band 5s in the budgeted establishment with 6.95 in post. 18.82 Band 3 HCAs with 17.82 in post. Bank use increased during this period to support 4 staff on maternity leave. Supporting 2x patients from Humber Centre within Pine View's seclusion suite. Acuity was high over the Christmas period. Sickness peaked at 17.7% in November but had fallen to 8.7% in March with 5.2% long term sickness.

**Outcome and recommendations: Good assurance** with 1 red flags for sickness. When minimum safer staffing number are met the ward is safely staffed and the CHPPD target, previously set at 6.3, is consistently being met over time. The current budgeted establishment supports the shift patterns of 6 on long days (2x RNs) and on 5 nights (2 RNs). No changes to budgeted establishment or CHPPD are recommended following this review.

| Swale             | Staff in post | Fill rates RN | Fill rates overall | R-CHPPD (acuity)* | CHPPD Hours * | OBDs | Bank & Agency | Vacancies (RN) % | Sickness % | FFT % | % Clinical Supervision | Training % | Medication incidents | Cancelled S17 leave* | V&A | Self-harm |
|-------------------|---------------|---------------|--------------------|-------------------|---------------|------|---------------|------------------|------------|-------|------------------------|------------|----------------------|----------------------|-----|-----------|
| Oct 24<br>Mar 25  | 27.9          | 92%           | 92%                | 5.3               | 9.2           | 88%  | 26%           | 6%               | 5.7%       | 90    | 99%                    | 99%        | 11                   |                      | 32  | 5         |
|                   |               | 105%          | 96%                |                   |               |      |               |                  |            |       |                        |            |                      |                      |     |           |
| Apr 24<br>Sept 24 | 29.4          | 84%           | 95%                | 5.5               | 10.1          | 80%  | 24%           | 2%               | 5.4%       | 94    | 95%                    | 94%        | 9                    | 0                    | 4   | 2         |
|                   |               | 110%          | 93%                |                   |               |      |               |                  |            |       |                        |            |                      |                      |     |           |
| Oct 23<br>Mar 24  | 25.2          | 71%           | 90%                | 5.1               | 10.8          | 72%  | 34%           | 31%              | 8.0%       | 96    | 90%                    | 92%        | 12                   | 6                    | 8   | 1         |
|                   |               | 83%           | 92%                |                   |               |      |               |                  |            |       |                        |            |                      |                      |     |           |
| Apr23<br>Sep 23   | 26.2          | 71%           | 92%                | No data           | 11.4          | 69%  | 28%           | 17%              | 8.4%       | 100   | 89%                    | 97%        | 8                    | 7                    | 21  | 8         |
|                   |               | 96%           | 92%                |                   |               |      |               |                  |            |       |                        |            |                      |                      |     |           |

#### Safer staffing review 22-05-25

##### Evidence based tool – MHOST Medium secure

Recommended CHPPD using the MHOST medium secure tool is 5.3 compared to 5.5 in Nov 2024. Model Health System peer median 12.36 (Jan 2025). Current local target of 10.3 has not been consistently achieved over the previous 12 months. Bed occupancy has increased which has negatively impacted CHPPD over time. Whilst the MHOST tool provides some degree of assurance that acuity/dependence over time remains consistent it does have its limitations in this setting as Swale is a dedicated Personality Disorder Unit for which there is not a specific MHOST tool. There is significant investment in managing relational risk through staff presence, however this is not reflected as formal 1:1 engagement and therefore not accounted for in the dependency data potentially resulting in a lower R-CHPPD.

MHOST Recommended WTE = 17.5 Total Budgeted establishment (WTE) = 31.82. Nursing budgeted establishment = 28.82 (excluding 2x Band 7s)

##### Quality measures

5 staffing level incidents – all no harm. Staff deployed to cover areas of increased acuity across Humber Centre, impacting staff breaks, patient's off ward access and at times planned leave.

33 responses to FFT with 100% reporting that they felt safe and confident in our service.

Sickness has improved the majority of which is short terms absences.

Medication and self-harm incidents – all reported as no harm or low harm

V&A incidents – 31 no harm or low harm, 1 reported as moderate harm to staff.

##### Professional judgement

Violence and aggression incidents have increased due change in patient dynamics on the ward, impact of new admissions and preparing patient for transfer/discharge which can led to unsettled behaviour.

There has been a significant amount of work undertaken to ensure staff have the specialist skills and knowledge in relation to caring for patients with a personality disorder. Due to the challenging work, there is a high turnover of staff (particularly registered) and a focus on supporting staff well-being including daily protected time for support and debriefs. Focus on providing good levels of support to patients to help minimise risk of escalation which is evident in low number of seclusions and other more restrictive practices. Recruitment can be challenging however the team have taken steps to proactively promote the ward as a great place to work. 1x Band 7 Forensic Nurse Specialist vacancy - reviewing role. 3x Band 5 vacancies with newly qualified staff due to start in September. 1x TNA, 1x degree apprentice,

##### Outcome and recommendations

**Good assurance** with 2 red flags for sickness and CHPPD. When minimum safer staffing number are met the ward is safely staffed. The current budgeted establishment supports the shift patterns of 6 on long days (2x RNs) and on 5 nights (1x RN). No changes to budgeted establishment or CHPPD are recommended following this review.



| Ullswater           | Staff in post | Fill rates RN | Fill rates overall | R-CHPPD (acuity)* | CHPPD Hours * | OBDs | Bank & Agency | Vacancies (RN) % | Sickness % | FFT % | % Clinical Supervision | Training % | Medication incidents | Cancelled S17 leave* | V&A | Self-harm |
|---------------------|---------------|---------------|--------------------|-------------------|---------------|------|---------------|------------------|------------|-------|------------------------|------------|----------------------|----------------------|-----|-----------|
| Oct 24<br>Mar 25    | 28.9          | 94%           | 127%               | 14.7              | 15.1          | 90%  | 36%           | -9%              | 13.6%      | NR    | 93%                    | 94%        | 13                   |                      | 95  | 8         |
|                     |               | 114%          | 131%               |                   |               |      |               |                  |            |       |                        |            |                      |                      |     |           |
| April 24<br>Sept 24 | 29.3          | 91%           | 132%               | 13.5              | 17.2          | 69%  | 41%           | -1%              | 13.5%      | NR    | 95%                    | 89%        | 7                    | 2                    | 84  | 22        |
|                     |               | 111%          | 138%               |                   |               |      |               |                  |            |       |                        |            |                      |                      |     |           |
| Oct 23<br>Mar 24    | 29.1          | 99%           | 119%               | 12.9              | 17.1          | 67%  | 33%           | -1%              | 7.1%       | 0%    | 88%                    | 96%        | 2                    | 2                    | 82  | 6         |
|                     |               | 97%           | 143%               |                   |               |      |               |                  |            |       |                        |            |                      |                      |     |           |
| Apr23<br>Sep 23     | 26.1          | 66%           | 104%               | 15.3              | 15.8          | 61%  | 28%           | 27%              | 12.4%      | NR    | 97%                    | 94%        | 3                    | 8                    | 68  | 25        |
|                     |               | 97%           | 108%               |                   |               |      |               |                  |            |       |                        |            |                      |                      |     |           |

#### Safer staffing review 22-05-25

##### Evidence based tool – MHOST Medium secure

Ullswater is a specialist forensic LD unit for which there is not a specific MHOST tool. The MHOST medium secure tool has been used consistently to support identifying trends in R-CHPPD over time but has its limitations in this setting. Following this round of data collection the R-CHPPD is 14.7 with a recommended whole time equivalent of 35.0. This is an increase on the two previous reporting periods and whilst staff are trained in the use of the tool it is recommended that weekly reviews by matrons/service managers is required to validate the data. There was an average of 10.3 patients during the data collection. Current target 10.3 which is consistently met. Model Health System peer median is 12.89 (Jan 2025). Total Budgeted Establishment (WTE) = 28.13. Nursing budgeted establishment = 25.13 (excluding 2x Band 7s)

##### Quality measures

7 staffing level incidents – all no harm. 2x Section 17 leave rearranged due to staffing shortage, 1 occasion with no RN cover supported by duty manager, 1 occasion staff responding to alarm left a the ward temporarily under staffing levels, staff breaks impacted, shifts impacted by short notice sickness.

Self-harm and medication– all no harm/low harm.

V&A incidents – 94 no harm or low harm, 1 reported as moderate harm to staff.

##### Professional judgement

Total of 30.18 staff currently in post. 0.93 x over established on Band 5s and 1.32 over on Band 3s. No vacancies. 1x preceptee. Sickness peaked at 17.6% in December and has remained high. In March long term sickness had reduced to 2.6% but overall sickness was 14.6%. Sickness leading to increase in bank use.

The planned shifts are 5 days (2 RNs) and 4 on nights (1xRN) however the team have responded to fluctuations in acuity. In January staffing levels were increased to 7 on days and 5 on nights. This has reduced to 6 on days and 5 on nights and this temporary change has been covered by EPOC (1 extra on days and 1 extra on night). There was a patient requiring 2:1 during the 28 day data collection period. Bed occupancy has been higher in this reported in period.

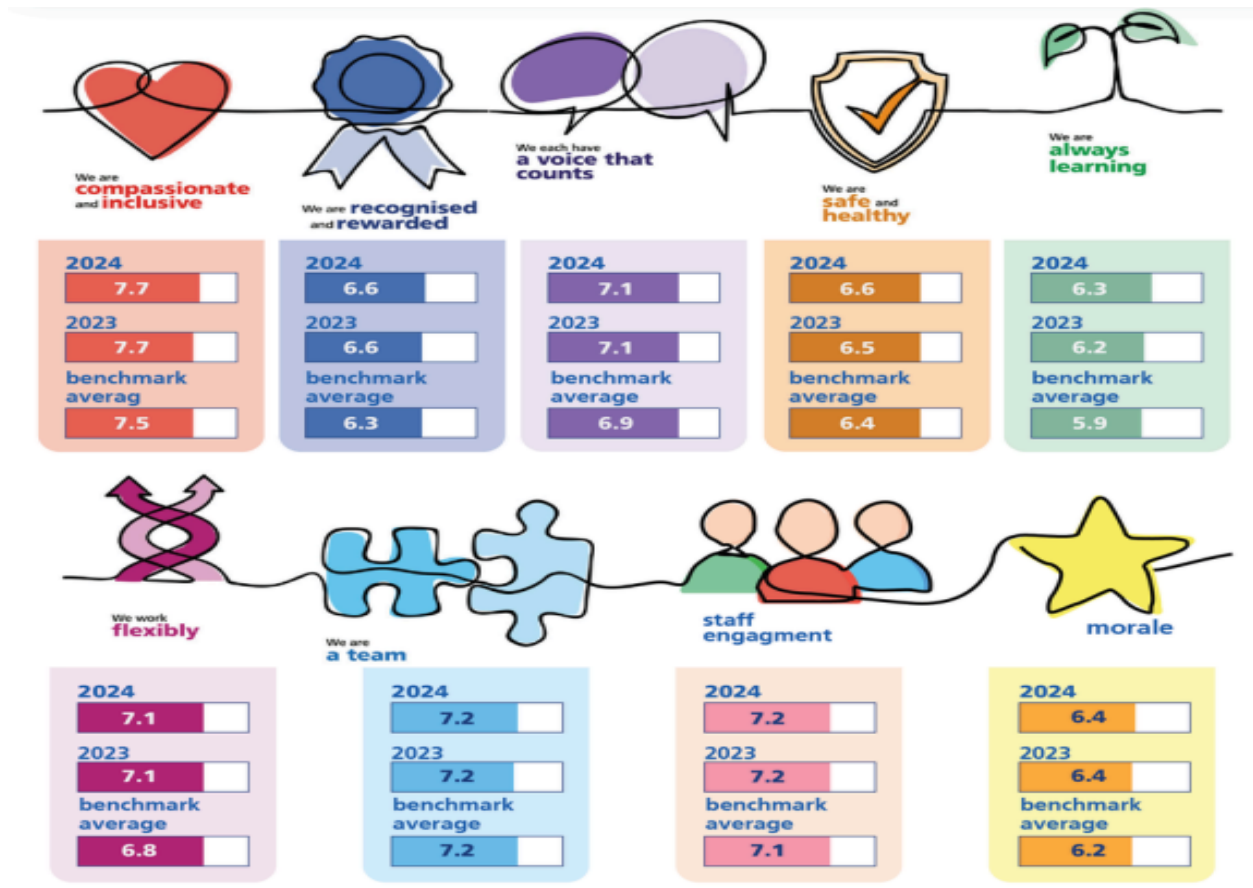
##### Outcome and recommendations

**Good assurance** with 1 red flags for sickness. The CHPPD target, previously set at 10.3, is consistently being met over time. The current budgeted establishment supports the shift patterns of 5 on long days and on 4 nights (1 RN) however additional staff required supported in part by EPOC. No changes to CHPPD or BE recommended however this needs to be kept under review.

## 7.0 Staff survey results and workforce retention:

In March 2025 we celebrated our 2024 staff survey results noting:

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



We continue to respond positively and proactively to national workforce challenges and the Trust has further strengthened its approaches to attracting new staff and retaining our existing workforce.

These include.

- An annual workforce planning cycle with all divisions
- Recruitment and Retention Task & Finish group monthly monitoring and annual forecasting
- We continue to promote apprenticeships, nurse associate to degree top-up, and return to practice.
- As part of the Trust's work to support nurse recruitment and retention, the professional development team, Human Resources, and the Divisions developed a joint initiative to support student nurse recruitment.
- To ensure that the Trust is seen as an employer of choice, we focused on supporting students who study with us before qualification and then providing award winning preceptorship support in their first 6 months post qualification.

- We developed an annual recruitment drive, to attract, interview and recruit students to positions when they have successfully completed their 3<sup>rd</sup> year in the September of the same year. Last year, via this route we recruited 42 out of 50 students.
- We continue our marketing and communication plan including a Join Humber page and New Year New job campaign.
- During 2024 the Trust continued to embed our Trust People Strategy, which is guided by our values of caring, learning and growing. It aims to attract and keep our Humbelievable people by harnessing their talents, supporting meaningful development and ensuring positive workplace experiences throughout their employment journey.
- We undertook a deep dive into our sickness/absence resulting in enhanced support to those teams with rising sickness rates, with a focus on staff health and well-being and the experience of people returning to work.
- The rollout of HR Divisional Sickness Clinics across the Trust as part of our ongoing commitment to supporting staff wellbeing and absence management.
- In February we celebrated National Apprenticeship Week, bringing together managers, apprentices, and staff exploring their career progression.
- Overall nursing vacancies have reduced through the year and were 6.41% at 24/25 year end and have improved consistently. There are 878.05 full-time equivalent (FTE) Nurses in the Trust compared to 860.57 FTE 12 months ago.

## 8.0 Summary:

Having conducted using the triangulated approach outlined in Developing Workforce Safeguards and the National Quality Board's guidance on safer staffing and having conducted safer staffing reviews with all 19 units across the four divisions there is good assurance that our wards are safely staffed. Following this round of reviews no changes are recommended to budgeted establishment or CHPPD.

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

- When safer staffing numbers are met, all units are safely staffed.
- Wards are using staffing flexibly to respond to changes in short term acuity, some areas are currently supported by EPOC.
- Following review of key performance measures, all wards demonstrate good assurance with no ward with more than 2 red flags over the 6 month average.
- We continue to benchmark positively against our peers when comparing data from the Model Health System.
- High sickness rates have continued to be a challenge across the majority of inpatient units with anxiety/stress/depression/other psychiatric illness being the highest reasons. Targeted work to support staff post incident has been included in the patient safety priorities and teams with high sickness rates continue to be supported by HR business partners.
- Incident reporting continues to demonstrate a positive reporting culture with a high proportion of no harm and low harm incidents however reporting of staffing level incidents is low.
- Supervision and training compliance is high.

## 9.0 Next Steps – Safe and Effective Staffing

The Executive Director of Nursing, Allied Health and Social Care Professionals has commissioned further work to strengthen and enhance the existing safer staffing process, to support safe and effective staffing. Areas of focus include:

### Review of the Safer Staffing and Escalation Policy

- Review of the policy - including a review of both the Safer Staffing Policy and the Roster Policy to ensure approval of rosters is consistent within both policies which can then be monitored.
- Development of local Standard Operating Procedure with emphasis on descriptors for red flags/red shifts; description of escalation and reporting procedures.
- Ensure the policy reflects the training required to undertake dependency data collection in line with the MHOST and SNCT guidance and that the policy describes the data verification process within the divisions.

### Enhanced Therapeutic Observation and Care (ETOC)

ETOC is often referred to as enhanced care, enhanced therapeutic observations, 1:1s or specialising, is an intervention which contributes to safe and effective care of patients. Nationally it is acknowledged that the NHS is caring for more patients with complex needs who require ETOC.

Whilst we currently do not have the ability to capture and report how much substantive and temporary staffing hours are utilised to provide Enhanced Therapeutic Observations of Care (ETOC), we plan to scope how we can collate data to identify the use of ETOC and how other MH trusts are doing this in line with the national programme: specifically, the challenge around disaggregating the amount of substantive staff time being used for ETOC.

### Improving E-Roster efficiencies

Now that staff are on HealthRoster we have the opportunity to look at roster efficiencies and develop key performance indicator which we can report and monitor. This will support the divisions and nursing and workforce leads in identifying areas for improvement which could lead to greater efficiencies and potential cost savings. Areas under consideration include staff unavailability, headroom distribution for example effective distribution of annual leave, accumulative hours pay back before using temporary staffing, consistent e-roster approval processes, working time directives and rule break oversight.

### Review systems to improve live reporting of staffing levels

The SafeCare module that can be implemented in HealthRoster provides a live view of nurse and support worker staffing alongside patient numbers and patient needs (CHPPD). It enables the clinical and operational teams to see where there are shortfalls in staffing levels which are impacting on patient care and safety and confirm the need for additional staffing based on clear indicators rather than subjective staff judgement. There is opportunity for us to explore the benefits of introducing SafeCare alongside our existing systems to further strengthen our escalation and oversight leading to safer and more effective care delivery.

- Pilot at Westlands is currently under review. If this is to be a permanent change QIA is required.
- Safer Nursing Care Tool (SNCT) to be introduced to Malton and Whitby now that the initial training has been completed.
- Review of the Band 2 and Band 3 skill mix at Malton and Whitby.

**Agenda Item 13**

|                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                      |                                               |          |            |  |            |  |         |  |           |   |               |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------|------------|--|------------|--|---------|--|-----------|---|---------------|--|--|--|
| Title & Date of Meeting:                                                                                                                                                                                                                                                                                                                                                            | Trust Board Public Meeting – 30 July 2025                                                                                                                                                                                  |                                                                                                                                                                                                                                                                      |                                               |          |            |  |            |  |         |  |           |   |               |  |  |  |
| Title of Report:                                                                                                                                                                                                                                                                                                                                                                    | Gender Pay Gap Report                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                      |                                               |          |            |  |            |  |         |  |           |   |               |  |  |  |
| Author/s:                                                                                                                                                                                                                                                                                                                                                                           | John Duncan – Equality, Diversity and Inclusion Partner                                                                                                                                                                    |                                                                                                                                                                                                                                                                      |                                               |          |            |  |            |  |         |  |           |   |               |  |  |  |
| 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                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                      |                                               |          |            |  |            |  |         |  |           |   |               |  |  |  |
| <b>Purpose of Paper:</b><br><i>Please make any decisions required of Board clear in this section:</i>                                                                                                                                                                                                                                                                               | To ratify the Trust's annual Gender Pay Gap Report and associated actions to address gaps.                                                                                                                                 |                                                                                                                                                                                                                                                                      |                                               |          |            |  |            |  |         |  |           |   |               |  |  |  |
| <b>Key Issues within the report:</b> <ul style="list-style-type: none"> <li>Executive Summary inc. Areas for Assurance</li> <li>Introduction</li> <li>What is our Gender Pay Gap?</li> <li>What is our Bonus Gender Pay Gap?</li> <li>What is the proportion of men and women in each pay quartile?</li> <li>Addressing the Gender Pay Gap</li> <li>Table 1: Definitions</li> </ul> |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                      |                                               |          |            |  |            |  |         |  |           |   |               |  |  |  |
| <b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>The Trust's Gender Pay Gap is significantly better than the national average and the lowest since it was first reported in 2018.</li> </ul>                                                                                                                                                           |                                                                                                                                                                                                                            | <b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>Encouraging, promoting and supporting flexible working arrangements in senior roles</li> <li>Make senior jobs more accessible to women</li> <li>Succession planning</li> </ul> |                                               |          |            |  |            |  |         |  |           |   |               |  |  |  |
| <b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"> <li>Men taking flexible working to support partners to take on senior roles</li> <li>Recruiting more men in junior banded roles, and roles seen as traditionally female</li> </ul>                                                                                                                              |                                                                                                                                                                                                                            | <b>Decisions Made:</b> <ul style="list-style-type: none"> <li>GPG action plan agreed</li> <li>Approved and endorsed at EMT and People &amp; Organisational Development Committee.</li> </ul>                                                                         |                                               |          |            |  |            |  |         |  |           |   |               |  |  |  |
| <b>Governance:</b><br><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 | 18/06/25 |            |  |            |  |         |  |           |   |               |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                     | Finance Committee                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                      | Executive Management Team                     | 27/05/25 |            |  |            |  |         |  |           |   |               |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                     | Mental Health Legislation Committee                                                                                                                                                                                        |                                                                                                                                                                                                                                                                      | Operational Delivery Group                    | 28/04/25 |            |  |            |  |         |  |           |   |               |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                     | 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  |                                                                             |



# Gender Pay Gap Report 2024



Caring, Learning  
& Growing Together



# Contents

|                                                                  |    |
|------------------------------------------------------------------|----|
| 1. Executive Summary                                             | 3  |
| 2. Introduction                                                  | 4  |
| 3. What is our gender pay gap?                                   | 5  |
| 4. What is the bonus gender pay gap?                             | 6  |
| 5. What is the proportion of men and women in each pay quartile? | 7  |
| 6. Addressing the gender pay gap                                 | 8  |
| 7. Definitions, assumptions, and scope                           | 10 |



# 1.0

## Executive Summary

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

The Trust compares well to the national mean pay gap figure for 2024, which is 18.1%, which is a 7.5% increase from the previous year.

The median gender pay gap is 0.56%, a significant improvement on the previous year's figure of 6%. The Trust compares well to the national median pay gap figure of 17.3%, a 3.2% increase from the prior year.

The difference between mean hourly pay between men and women is as follows:

- Female Staff: **£18.42**
- Male Staff: **£20.29**

**Areas for Assurance:**

- The gender pay gap of 9.84% is the lowest the Trust has ever reported
- The median gender pay gap of 0.56% is also the lowest the Trust has ever reported
- The number of men in quartile 2 – the upper-lower quartile – has increased
- The number of men in quartile 4 – the upper-higher quartile – has decreased
- The Trust's mean and median gender pay gaps are amongst the lowest in the system





2.0

Introduction

The government mandates that organisations with 250 or more employees report annually on their gender pay gap. The mandate in the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 requires them to publish information related to pay for six specific measures, as detailed in this report.

The intention behind pay gap reporting is to direct organisational attention toward taking action to reduce inequalities. This approach brings to life our commitments from the People Promise. It focuses efforts on enhancing staff experiences within our workplace, improving retention, and making the NHS the best place to work. Evidence shows that disparities in pay have a lasting socioeconomic impact on staff.

This gender pay gap report is a snapshot as of **31 March 2024**. It provides an overview of the gender pay gap in both organisational performances.

As of 31 March 2024, Humber Teaching NHS Foundation Trust had a workforce of **3667 substantive staff**, of whom **79.08% were female** (up from last year's figure of 78.79%), and 20.92% were male (down from last year's figure of 21.21%).

This aligns closely with national NHS figures, which indicate that 76.7% of employees are female. For this report, we will use electronic staff record (ESR) data to conduct our analysis, relying on staff to report their protected characteristics through ESR (via ESR self-service).



3.0

What is our gender pay gap?

The gender pay gap reporting is based on the government's methodology for calculating the difference in pay between female and male employees, focusing on the full-pay relevant employees of Humber Teaching NHS Foundation Trust.

'Equal pay' refers to receiving the same compensation for the same or similar work. The term 'pay gap' describes the difference in average earnings between two groups.

As of 31 March 2024, Humber Teaching NHS Foundation Trust had a workforce of **3667 substantive staff**, of whom 79.08% were female (up from last year's figure of 78.79%), and 20.92% were male (down from last year's figure of 21.21%).

This was an increase of **0.29% in female staff** in the organisation as a whole - a slight decline from the previous year's growth of 0.5%

The gender pay gap trend for Humber Teaching NHS Foundation Trust is improving. The mean gender pay gap was 12.9% in 2018, rising to 13.2% in 2022 and dropping to 9.84% in 2024.

Overall, at Humber Teaching NHS Foundation Trust, women occupied 75.68% of the highest-paid jobs, an increase of 0.65% on the previous year, and 80.24 % of the lowest-paid jobs, a decline of 0.2%. Men occupied 24.32% of the highest-paid jobs, a decline of 0.65%, and 19.76% of the lowest-paid jobs, an increase of 0.2%.

A significant driver of the pay gap is the smaller proportion of men in lower pay bands relative to their share of the overall population. However, we can see that there has been an improvement in the number of men working in lower bandings and of women working in higher bandings.

Our reduced gender pay gap indicates success in our operational work, specifically in increasing the proportion of men in the organisation. We will continue the focus on creating pay equity across pay bands.





4.0

## What is the bonus gender pay gap?

These two calculations illustrate the proportion of male and female employees who received bonus pay, all of whom received this 'bonus' pay in light of their Clinical Excellence Awards.

This calculation is performed for males by dividing the number of males who received bonus pay during the qualifying period by the total number of male employees and multiplying by 100. For females, this calculation is performed by dividing the number of females who received bonus pay during the qualifying period by the total number of female employees and multiplying by 100.

- The proportion of males receiving a bonus (18) payment is 2.5%, an increase on last year's 1.26%
- The proportion of females receiving a bonus (15) payment is 0.5%, an increase on last year's 0.26%

The difference in the figures can be explained by the high proportion of females in the organisation. However, the number of staff receiving bonuses is still very low.

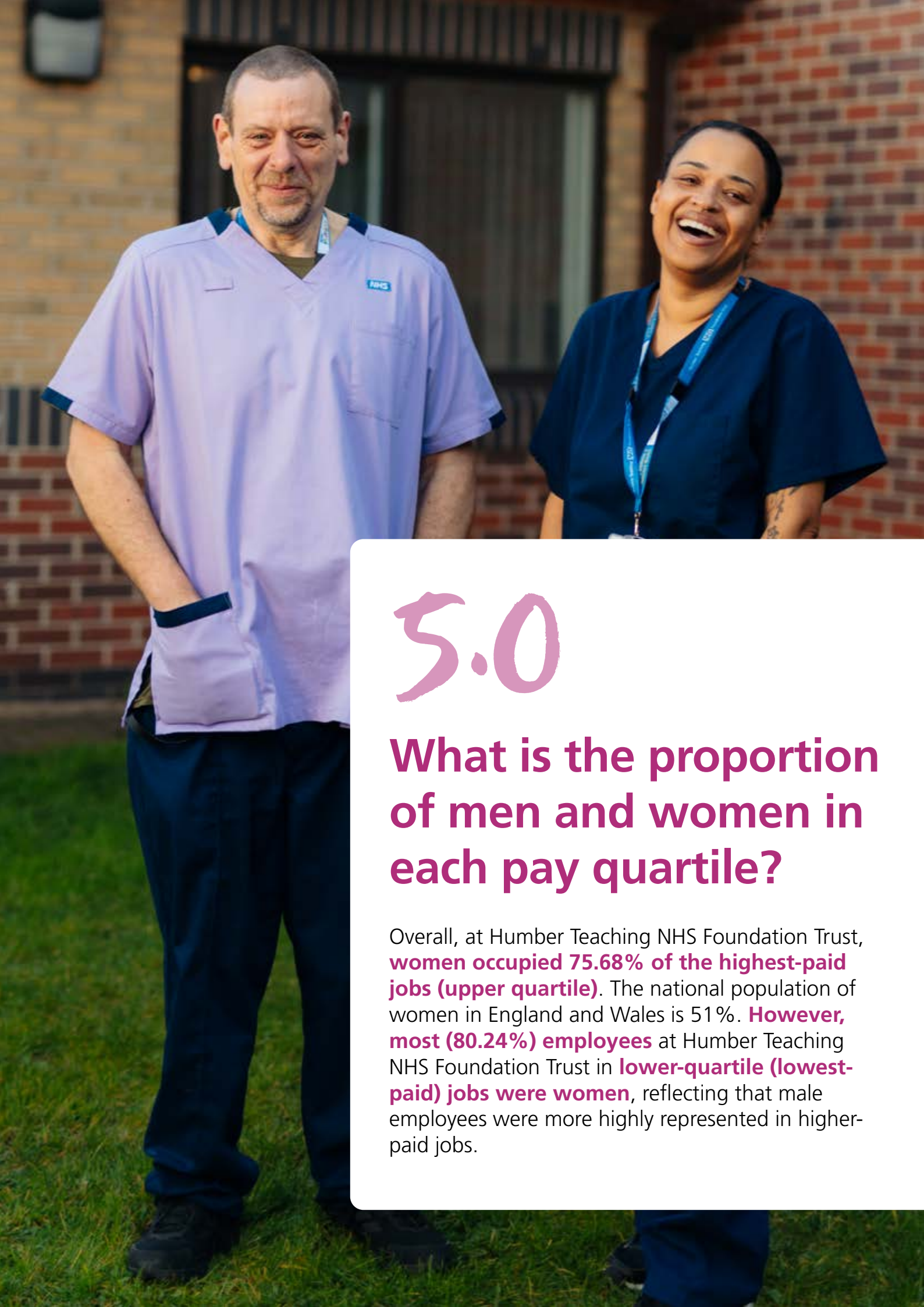
### Employees paid bonus



### 4.1 Clinical Excellence Awards

The Clinical Excellence Awards (CEAs) were nationally recognised discretionary payments awarded to clinical colleagues who have contributed exceptional clinical skills and expertise to improving the quality of care in the NHS. The scheme has now ceased, and therefore, no further awards will be granted. The final CEA payment, which was equally distributed to all the qualifying medical staff, was paid before 31 March 2024. Still, existing awards remain, which affect 11 medical staff, and will continue to be reported in the following year.

The only people reported to have received bonus pay are medical staff who have received Clinical Excellence Awards. The bonus pay was distributed equally among 33 medical staff members, comprising 18 men and 15 women.



5.0

## What is the proportion of men and women in each pay quartile?

Overall, at Humber Teaching NHS Foundation Trust, **women occupied 75.68% of the highest-paid jobs (upper quartile)**. The national population of women in England and Wales is 51%. **However, most (80.24%) employees** at Humber Teaching NHS Foundation Trust in **lower-quartile (lowest-paid) jobs were women**, reflecting that male employees were more highly represented in higher-paid jobs.



6.0

## Addressing the gender pay gap

We aim to continue reducing our gender pay gap year on year with the intention of creating greater equality in our pay framework.

Reducing our gender pay gap implies increasing the proportion of men in the organisation and continuing the focus on creating pay equity across pay bands.

Effective policies for closing the gender pay gap seek to address factors and barriers common to all women (such as the number in lower-grade jobs with lower pay) and target inequalities faced by women belonging to specific groups based on characteristics such as ethnicity, age, and profession.

We have implemented a number of actions over the last year that have contributed to reducing our gender pay gap:

| No | Action                                                                                                                                                                                                            | Progress                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1  | Progress the Trusts Equality in Action plan - Breaking barriers for women's advancement - a gender equality initiative                                                                                            | A working group was established to progress this initiative, with all actions met and reported to the Board via the EDI assurance report                                                                                                                                                                                                                                                                                                                                     |
| 2  | Develop a Big Conversation for International Women's Day on March 8th, 2025, that provides staff experience of the Trusts coaching, mentoring and Leadership development programmes                               | The OD team has developed this work into a Big OD Conversation event and a series of workshops across the year. Paper approved at Board - Due to start in Spring 2025                                                                                                                                                                                                                                                                                                        |
| 3  | Roll out the planned structured programme that builds on the existing PROUD developments and provides people leaders across the Trust with a platform for continuing professional development (CPD)               | The PROUD Leadership Programmes were introduced in 2020. Since then, they have been brought in-house and redeveloped. We have seen 265 staff complete our programme for band 3 – 7 staff, 54 are currently undertaking the programme, and 100 staff are awaiting a place in the next cohort. Similarly, our PROUD Senior Leadership Programme for those above band 8a has seen 93 of our senior leaders complete the programme, with 30 awaiting a place in the next cohort. |
| 4  | Development of a PROUD Alumni where leaders are recognised for their achievements, receive a graduation pack after completing the PROUD leadership programme and have access to further learning and development. | The Trust has introduced a PROUD Alumni Programme to support continuous professional development. With 265 alumni staff members, a series of workshops are planned for the year, culminating in a Leadership Conference in November 2025.                                                                                                                                                                                                                                    |
| 5. | Embed and build upon the succession planning model to balance the promotion, succession planning and development opportunities for female leaders.                                                                | This gender pay gap report demonstrates that we are reducing the gender pay gap despite national rises. We have also seen an improvement in the number of women progressing in the highest pay bands, providing opportunities for female leaders.                                                                                                                                                                                                                            |



Moving forward into 2025/26 we propose to take further action in the forthcoming year to reduce our pay gap by:

| No | Driver                                                                              | Action                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1  | Encouraging, promoting and supporting flexible working arrangements in senior roles | <ul style="list-style-type: none"><li>Use the Carers Working group or peer Support Group to create an atmosphere where all staff feel valued and welcome, especially regarding caring responsibilities.</li></ul>                                                                                                                                                                                                                                                                                                                           |
| 2  | Make senior jobs more accessible to women                                           | <ul style="list-style-type: none"><li>Promote flexible working to appeal more to men to increase the percentage of men that work less than full-time, encouraging equal sharing of caring responsibilities, reducing the stigma for men and reducing the number of women obliged to choose less than full-time working to accommodate caring responsibilities.</li><li>Continue to leverage PROUD leadership and Alumni development programmes to develop staff and increase the appointment of a more balanced senior workforce.</li></ul> |
| 3  | Succession planning                                                                 | <ul style="list-style-type: none"><li>Further embed and build upon the succession planning model to provide balance in the promotion, succession planning and development opportunities for females into more senior roles and making lower banded NHS roles appealing to men</li></ul>                                                                                                                                                                                                                                                     |



# 7.0

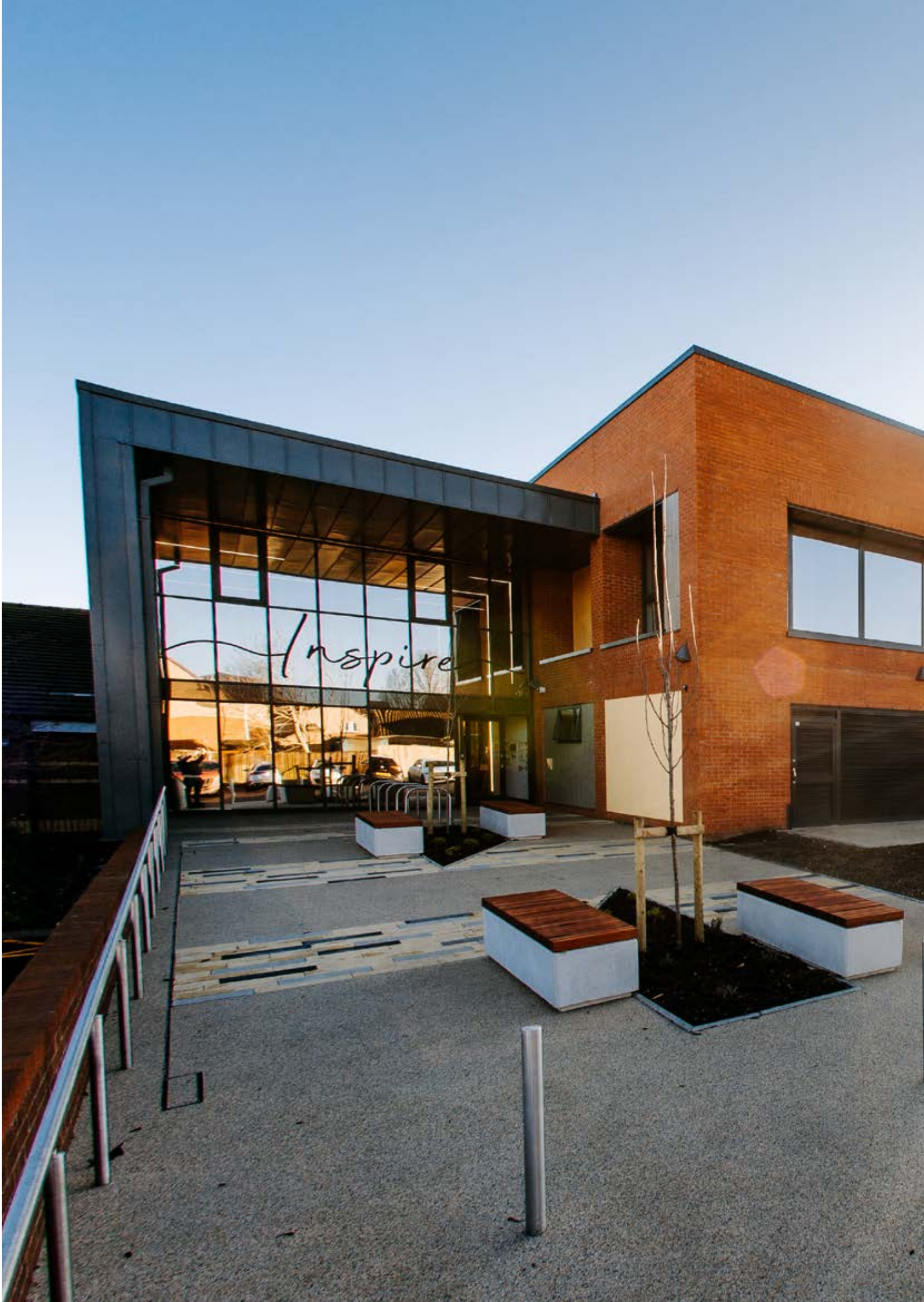
## Definitions, assumptions, and scope

This report contains all employee data extracted from Humber Teaching NHS Foundation Trust’s ESR system, presenting a snapshot as of 31 March 2024.

The reporting period extends from 1 April 2023 to 31 March 2024. The hourly rate is calculated using base pay, allowances, and bonus pay (where applicable).

Table 1: Definitions

| Keyword            | Definition                                                                                                                                                                                                                                                                          |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Pay gap            | The difference in the average pay between the two groups.                                                                                                                                                                                                                           |
| Mean gap           | Difference between the mean hourly rate for female and male employees. Mean is the sum of the values divided by the number of values.                                                                                                                                               |
| Median gap         | Difference between the median hourly rate of pay for female and male employees. The median is the middle value in a sorted list of values. It is the middle value of the pay distribution, such that 50% of employees earn more than the median and 50% earn less than the median.  |
| Mean bonus gap     | Difference between the mean bonus paid to female and male employees. Mean is the sum of the values divided by the number of values.                                                                                                                                                 |
| Median bonus gap   | Difference between the median bonus pay paid to female and male employees. The median is the middle value in a sorted list of values. It is the middle value of the bonus pay distribution, such that 50% of employees earn more than the median and 50% earn less than the median. |
| Bonus proportions  | Proportions of female employees who were paid a bonus, and the proportions of male employees who were paid a bonus.                                                                                                                                                                 |
| Quartile pay bands | Proportions of female and male employees in the lower, lower middle, upper middle and upper quartile pay bands. A quartile is the value that divides a list of numbers into quartiles.                                                                                              |
| Equal pay          | Being paid equally for the same/similar work.                                                                                                                                                                                                                                       |



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Date last updated: 31 March 2025

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**Agenda Item 14**

|                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               |          |            |  |            |  |         |  |           |   |               |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------|------------|--|------------|--|---------|--|-----------|---|---------------|--|--|--|
| Title & Date of Meeting:                                                                                                                                                                                                                                                                                                                                                 | Trust Board Public Meeting – 30 July 2025                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               |          |            |  |            |  |         |  |           |   |               |  |  |  |
| Title of Report:                                                                                                                                                                                                                                                                                                                                                         | Workforce Disability Equality Standard (WDES) Report 2025                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               |          |            |  |            |  |         |  |           |   |               |  |  |  |
| Author/s:                                                                                                                                                                                                                                                                                                                                                                | John Duncan – Equality, Diversity and Inclusion Partner                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               |          |            |  |            |  |         |  |           |   |               |  |  |  |
| 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                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               |          |            |  |            |  |         |  |           |   |               |  |  |  |
| <b>Purpose of Paper:</b><br><i>Please make any decisions required of Board clear in this section:</i>                                                                                                                                                                                                                                                                    | To ratify the Trust's annual Workforce Disability Equality Standard (WDES) Report 2025 and associated actions to address areas of focus.                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               |          |            |  |            |  |         |  |           |   |               |  |  |  |
| <b>Key Issues within the report:</b> <ul style="list-style-type: none"> <li>Executive Summary – Areas for Assurance and Focus</li> <li>Introduction</li> <li>Analysis of our WDES Outcomes for 2024/25</li> <li>Our Disability Equity Work Over the Past 12 Months</li> <li>2025 WDES Action Plan to Address Areas of Focus</li> <li>Appendix 1: Data Sources</li> </ul> |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               |          |            |  |            |  |         |  |           |   |               |  |  |  |
| <b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>The Trust has improved in seven out of ten Workforce Disability Equality Standard (WDES) indicators compared to the previous year's figures. Seven of these indicators have surpassed national comparison figures, highlighting areas of focus moving forward.</li> </ul>                  |                                                                                                                                                                                                                            | <b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>Support the implementation of the NHSE EDI Improvement plan.</li> <li>Support the development of a systemwide HNY Reciprocal Mentoring Pilot programme.</li> <li>Operationalise and further embed Respect and No Excuse for Abuse</li> <li>Work with the Care, Culture and Equity Steering Group to embed Respect and NEfA</li> <li>Work towards becoming a Disability Confident Leader</li> </ul> |                                               |          |            |  |            |  |         |  |           |   |               |  |  |  |
| <b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"> <li>Addressing bullying and harassment towards disabled staff by patients and colleagues.</li> </ul>                                                                                                                                                                                                 |                                                                                                                                                                                                                            | <b>Decisions Made:</b> <ul style="list-style-type: none"> <li>WDES action plan agreed</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                         |                                               |          |            |  |            |  |         |  |           |   |               |  |  |  |
| <b>Governance:</b><br><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 | 18/06/25 |            |  |            |  |         |  |           |   |               |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                          | Finance Committee                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Executive Management Team                     | 27/05/25 |            |  |            |  |         |  |           |   |               |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                          | Mental Health Legislation Committee                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Operational Delivery Group                    | 28/04/25 |            |  |            |  |         |  |           |   |               |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                          | 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  |                                                                             |

# **NHS Workforce Disability Equality Standard (WDES)**

Annual Report 2025

Humber Teaching NHS Foundation Trust



|                                                       | Page Number |
|-------------------------------------------------------|-------------|
| 1. Executive Summary – Areas for Assurance and Focus  | 3           |
| 2. Introduction                                       | 4           |
| 3. Analysis of our WDES Outcomes for 2024/25          | 4           |
| 4. Our Disability Equity Work Over the Past 12 Months | 6           |
| 5. 2025 WDES Action Plan to Address Areas of Focus    | 8           |
| 6. Appendix 1: Data Sources                           | 9           |

## 1. Executive Summary

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

### Areas for Assurance

- For WDES Indicator 1, which analyses the representation of disabled staff across the pay bands, we have seen a 20% improvement in disabled staff working in clinical and non-clinical roles of band 8c and above. Similarly, we have seen an improvement in disability representation across the workforce, with year-on-year improvements since 2019, when the figure was 3.9%, rising to 10.05% in March 2025.
- For WDES Indicator 2: The relative likelihood of staff being appointed from shortlisting, the Trust has a ratio of 1.09, indicating that disabled staff are not disadvantaged in our recruitment processes.
- For WDES indicators 4 through 10, representing 9 NSS responses, the Trust has improved on the previous year's figures in six.
  - We have seen a significant reduction in disabled staff experiencing bullying and harassment from patients.
  - A significant improvement in the percentage of disabled and non-disabled staff reporting incidents of bullying and harassment.
  - A continual improvement since 2020 for disabled staff who believe that their organisation provides equal opportunities for career progression or promotion.
  - A continual improvement since 2020 for disabled staff feeling pressure from their manager to come to work, despite not feeling well enough to perform their duties.
  - A continual improvement since 2020 for disabled staff reporting that their employer has made reasonable adjustment(s) to enable them to carry out their work.
  - An improvement in the number of disabled staff completing the NSS, increasing from 286 in 2020 to 566 in 2024.

- For WDES indicator 10: the percentage difference between the organisation's Board voting membership and its overall workforce. A figure of 9.09% closely matches our workforce and local demographic representation of 10%.

### **Areas for Focus**

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

## **2. Introduction**

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The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) used by NHS organisations to compare disabled and non-disabled staff experiences. Like the Workforce Race Equality Standard (WRES), it allows NHS Trusts to hold up the mirror to organisational performance on the equality agenda and develop action plans to address areas of challenge.

In the ICB's recent evaluation of the six Trusts in our system, the Trust's WDES results position well when compared to our system partners, where we position higher in most areas.

## **3. Analysis of our WDES Outcomes for 2024/25**

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This analysis of our WDES data is based on ESR and the National Staff survey, with a snapshot date of 31 March 2025.

1. For WDES Indicator 1, which analyses the representation of disabled staff across the pay bands, we have seen a 20% improvement in the clinical and non-clinical roles of band 8c and above.
2. For WDES indicator 2, this year's data shows that 32% of disabled staff were appointed after shortlisting, compared to 35% of non-disabled staff. We can be assured that disabled staff are not disadvantaged in our recruitment processes.
3. For WDES indicator 3, this year, the data shows that 0.18% of non-disabled staff entered a formal capability process, compared to 1% of disabled staff. However, it is essential to note that we are seeing statistically small numbers of staff entering a

formal capability process, the number being 5 for non-disabled staff and 4 for disabled staff. The higher percentages arise because 4 disabled staff from a total of 373 is a larger percentage than 5 non-disabled staff from a total of 2747. It is worth noting that there are challenges in getting a clear picture due to 592 records not being declared, unspecified or prefer not to answer.

4. For WDES indicator 4a, the Trust figures indicate that 22.97% of disabled staff have experienced harassment, bullying, or abuse from patients, relatives, or the public in the last 12 months. This is 3.67% better than the national figure of 26.64%, and 22.97% represents a 4.55% improvement over the previous year's figure of 27.52%. The figure for non-disabled staff in the Trust stands at 19.11%, which is 2.49% better than the national figure of 21.60%. We have observed an improvement in the number of disabled staff completing the NSS, increasing from 286 in 2020 to 566 in 2024.
5. For WDES indicator 4b, the Trust figures indicate that 12.79% of disabled staff experienced harassment, bullying, or abuse from managers in the past 12 months. This is 1.3% above the national figure of 11.49%. However, 12.79% reflects a 0.36% increase over the previous year's figure of 12.43%, but reflects progress since 2020, when the figure was 16.14%. For non-disabled staff in the Trust, the figure stands at 5.34%, 0.73% lower than the national figure of 6.07%.
6. For WDES indicator 4c, the Trust figures indicate that 18.34% of disabled staff reported experiencing harassment, bullying or abuse from other colleagues in the last 12 months. This is 0.38% higher than the national figure of 17.96%. Also, 18.34% reflects a 0.44% increase over the previous year's figure of 17.90%. For non-disabled staff in the Trust, the figure is 10.31%, 1.5% lower than the national figure of 11.81%.
7. For WDES indicator 4d, the Trust figures indicate that 63.49% of disabled staff say the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it. This figure is 0.51% better than the national average of 62.98%. Notably, this represents a significant improvement of 6.6% on the previous year's figure of 56.38%. However, the figure for non-disabled staff is 68.4%, a 7.13% improvement on the previous year's figure of 61.27%.
8. For WDES indicator 5, the Trust figures indicate that 59.22% of disabled staff believe that their organisation provides equal opportunities for career progression or promotion. This is 4.09% better than the national figure of 55.13%. However, 59.22% reflects a 2.48% decrease over the previous year's figure of 61.7%. However, this demonstrates a continual improvement since 2020, when the figure was 52.5%. For non-disabled staff in the Trust, the figure is 68.05%, 7.3% better than the national figure of 60.75%.

9. For WDES indicator 6, the Trust figures indicate that 12.47% of disabled staff have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties. This is better than the national figure of 17.91%. Also, this year's figure is an improvement from last year's figure of 20.63%, and it shows a continual improvement since 2020, when the figure was 24.58%.
10. For WDES indicator 7, the Trust figures indicate that 45.76% of disabled staff are satisfied with the extent to which their organisation values their work. This is better than the national figure of 44.33%, but below the figure for non-disabled staff at 58.56%. This is a declining trend since 2020, when the figure was 49.31%.
11. For WDES indicator 8, the Trust figures indicate that 85.79% staff with a long-term health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work. This is a year-on-year improvement since 2022, when the figure was 79.65%, and is significantly better than the national comparison figure of 79.60%.
12. For WDES indicator 9, the staff engagement score for disabled staff is 6.88, which is above the national comparison figure of 6.74 and has improved steadily since 2020, when the figure was 6.83. However, the figure for non-disabled staff is 7.36, which is higher than that of disabled staff.
13. For WDES indicator 10, the percentage difference between the organisation's board voting membership and its overall workforce is 0.96%, with 9.09% of the board voting membership declaring a disability, compared to 10.05% of the overall workforce.

#### 4. Our Disability Equity Work Over the Past 12 Months

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**Respect** - The objective for the original respect campaign, launched in November 2023, was in response to anecdotal feedback from our staff networks, with the key aim of driving up the reporting of bullying and harassment between staff. This has subsequently become business as usual in reporting. Our 2024 survey results show that the most statistically significant improvement (6.89%) is for the question 'the last time I or a colleague received bullying, harassment or discrimination, I or a colleague reported it'. As such, we can see the impact of our work on Respect in the staff survey, where we have addressed under-reporting and driven up the reporting of these incidents.

**No Excuse for Abuse** - In December 2024, the Trust launched the No Excuse for Abuse Framework toolkit. This was widely consulted with stakeholders and designed to support managers and staff when subjected to abuse by service users in their care. Since its launch, the toolkit has been recognised as QI Charter of the Month in December 2024 and

subsequently reviewed and endorsed by UNISON, who found it comprehensive and proactive. We are adding their logo to associated posters and documentation.

**NHS England EDI Improvement Plan** - The Trust Board implemented the requirements of the six high-level NHSE EDI Improvement Plan actions. Actions to address the high impact were agreed upon through a Board development day and associated EMT papers. This is demonstrated by all board members having EDI objectives in their annual appraisals.

Following on from an EDI Roundtable led by NHS Providers that examined experiences of implementing the improvement plan, the EDI Policy Development Principal Lead from NHS England has undertaken a best practice interview with the Trust's EDI Lead to develop an EDI Best Practice Case Study regarding our approach to implementing the NHSE EDI Improvement Plan.

**Changes in staff composition** - Through EDI workstreams, including a deep dive analysis of recruitment by area through an EDI lens and initiatives aimed at reducing 'unspecified' entries in equality data within ESR, the Trust has seen a year-on-year improvement in workforce representation. Disability representation increased from 3.9% in 2019 to 10.05% in March 2025. Furthermore, our previous analysis of WDES data identified barriers to the representation of disabled staff in clinical and non-clinical roles at Band 8c and above. Over the past 12 months, we have seen a 20% improvement in this representation.

**Recruitment Deep Dive** - A detailed recruitment report was created that applies an EDI perspective to our recruitment activities between April and October 2024, considering protected characteristics. Insights from this report are shared with HR Business Partners, who incorporate this information into their workforce planning meetings to address underrepresentation and to implement actions that support diverse recruitment strategies. The improving demographics of the Trust workforce testify to this collaborative approach.

**Disability Staff Network Support** – The Trust's disability staff network has been instrumental in raising awareness through developing resources, supporting the Trust to implement the Access to Work scheme, and ensuring accessible equipment was made available in the Trust HQ.

## 5. 2025 WDES Action Plan to Address Areas of Focus

Trust performance in 7 of the 10 indicators is better than the NHS average. The Trust WDES action plan for 2025/26 below represents our priorities based on the data.

| Nº | 2025/26 Objective                                                                                                                                                                                                                                               |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1  | Fulfil the requirements of the NHSE EDI Improvement plan and support the board to realise high-impact action 1.                                                                                                                                                 |
| 2  | EDI Lead to work with the Culture & Workforce Project Lead, Mental Health, Learning Disabilities and Autism Sector Collaborative on the development of a systemwide Humber and North Yorkshire Reciprocal Mentoring Pilot programme                             |
| 3  | Following the success of the Respect campaign, relaunch the Respect framework with new resources, including training video and posters, raising the profile for the ambitions of the work and further driving up a safe reporting culture.                      |
| 4  | Build on the No Excuse for Abuse toolkit's success by better understanding the Datix data to provide benchmarking data, determine which areas have a higher prevalence of related incidents and drive work that provides bespoke support for those areas.       |
| 5  | Recognise that the No Excuse for Abuse toolkit is focused on post-incident support for staff and, in collaboration with stakeholders, develop methods to equip ward managers to be more proactive where they know there is a prevalence of abuse towards staff. |
| 6  | EDI Lead to represent workforce EDI at the newly formed Care, Culture and Equity Steering Group, a collaborative group bringing together the work of Culture of Care, Trauma Informed Care, Patient and Carer Race Equality Framework and Health Inequalities   |
| 7  | EDI Lead to work with local partners to realise the aims of the Disability Confident Leader Programme.                                                                                                                                                          |

## Appendix 1: Data Sources

| Metric                                                                                                                                                                                                       | Data Source                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| Metric 1 - Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including executive board members) compared with the percentage of staff in the overall workforce. | ESR                                        |
| Metric 2 – Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts                                                                           | Trust’s recruitment data                   |
| Metric 3 – Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.                           | Trust’s HR data                            |
| Metric 4 – Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse.                                                                                           | Question 13, NHS Staff Survey              |
| Metrics 5 – 8                                                                                                                                                                                                | Questions 14, 11, 5, 28b, NHS Staff Survey |
| Metric 9 – Disabled staff engagement                                                                                                                                                                         | NHS Staff Survey                           |
| Metric 10 – Percentage difference between the organisation’s board voting membership and its organisation’s overall workforce                                                                                | ESR and/or trust’s local data              |



**Agenda Item 15**

|                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |            |  |            |  |         |  |           |   |               |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------------|--|------------|--|---------|--|-----------|---|---------------|--|--|--|
| Title & Date of Meeting:                                                                                                                                                                                                                                                                                                                                           | Trust Board Public Meeting – 30 July 2025                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |            |  |            |  |         |  |           |   |               |  |  |  |
| Title of Report:                                                                                                                                                                                                                                                                                                                                                   | Workforce Race Equality Standard (WRES) Report 2025                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |            |  |            |  |         |  |           |   |               |  |  |  |
| Author/s:                                                                                                                                                                                                                                                                                                                                                          | John Duncan – Equality, Diversity and Inclusion Partner                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |            |  |            |  |         |  |           |   |               |  |  |  |
| 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                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |            |  |            |  |         |  |           |   |               |  |  |  |
| <b>Purpose of Paper:</b><br><i>Please make any decisions required of Board clear in this section:</i>                                                                                                                                                                                                                                                              | To ratify the Trust's annual Workforce Race Equality Standard (WRES) Report 2025 and associated actions to address areas of focus.                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |            |  |            |  |         |  |           |   |               |  |  |  |
| <b>Key Issues within the report:</b> <ul style="list-style-type: none"> <li>Executive Summary – Areas for Assurance and Focus</li> <li>Introduction</li> <li>Analysis of our WRES Outcomes for 2024/25</li> <li>Our Race Equity Work Over the Past 12 Months</li> <li>2025 WRES Action Plan to Address Areas of Focus</li> <li>Appendix 1: Data Sources</li> </ul> |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |            |  |            |  |         |  |           |   |               |  |  |  |
| <b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>The Trust has improved in all nine Workforce Race Equality Standard (WRES) indicators compared to the previous year's figures. Seven of these indicators have surpassed national comparison figures, highlighting two focus areas moving forward.</li> </ul>                         |                                                                                                                                                                                                                            | <b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>Support the implementation of the NHSE EDI Improvement plan.</li> <li>Support the development of a systemwide HNY Reciprocal Mentoring Pilot programme.</li> <li>Operationalise and further embed Respect and No Excuse for Abuse</li> <li>Support the Culture of Care to roll out Race Equity training for ward managers</li> <li>Work with the Care, Culture and Equity Steering Group to embed Respect and NEfA</li> <li>Continue to address the aims of the Act Against Racism Charter</li> </ul> |   |            |  |            |  |         |  |           |   |               |  |  |  |
| <b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"> <li>Addressing bullying and harassment towards ethnically diverse staff by patients</li> </ul>                                                                                                                                                                                                 |                                                                                                                                                                                                                            | <b>Decisions Made:</b> <ul style="list-style-type: none"> <li>WRES action plan agreed</li> <li>Approved and endorsed at EMT and People &amp; Organisational Development Committee.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                               |   |            |  |            |  |         |  |           |   |               |  |  |  |

| <b>Governance:</b><br><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 | 18/06/25 |
|                                                                                                                    | Finance Committee                   |      | Executive Management Team                     | 27/05/25 |
|                                                                                                                    | Mental Health Legislation Committee |      | Operational Delivery Group                    | 28/04/25 |
|                                                                                                                    | Collaborative Committee             |      | Other (please detail)                         |          |

### Monitoring and assurance framework summary:

| <b>Links to Strategic Goals</b> <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  |                                                                             |



**Humber Teaching**  
NHS Foundation Trust

# **NHS Workforce Race Equality Standard (WRES)**

Annual Report 2025



**Caring, Learning  
& Growing Together**





# 1.0

## Executive Summary

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

### Areas for Assurance

- **For WRES Indicator 1**, which analyses the representation of ethnically diverse staff across the pay bands, we have seen a 14.47% improvement in ethnically diverse staff working in clinical and non-clinical roles of band seven and above. Similarly, we have seen an improvement in ethnically diverse representation across the workforce, with year-on-year improvements since 2019, when the figure was 3.5%, rising to 8.99% in March 2025.
- **For WRES Indicator 2**: The relative likelihood of staff being appointed from shortlisting, the Trust has a ratio of 0.78, indicating that ethnically diverse staff are likelier to be appointed following shortlisting. We can be assured that ethnically diverse staff are not disadvantaged in our recruitment processes.
- **For WRES Indicator 3**: Relative likelihood of staff entering a formal disciplinary investigation, we have seen the gap narrow significantly between ethnically diverse and White staff.
- **For WRES indicator 4**: Relative likelihood of staff accessing non-mandatory training and CPD, the Trust is demonstrating equality between ethnically diverse and White staff accessing non-mandatory training and CPD
- **For WRES indicators 5 through 8**, representing NSS responses, the Trust has improved on the previous year's figures in all four.
  - We have seen year-on-year improvement for three indicators since 2020.
  - In two of the four indicators, we have seen a significant narrowing of the gap between ethnically diverse and White staff and is the closest the figure has been to that of White colleagues since 2020.
  - We have observed an improvement in the number of ethnically diverse staff completing the NSS, increasing from 50 in 2020 to 152 in 2024.
- **For WRES indicator 9**: the percentage difference between the organisation's Board voting membership and its overall workforce. With a figure of 11.1%, surpassing our workforce and local demographic representation, the Trust performs well against the national comparison figure of minus 10.9%.

### Areas for Focus

- Despite seeing an improvement in WRES indicator 5, the percentage of ethnically diverse staff who have experienced harassment, bullying, or abuse from patients, relatives, or the public in the last 12 months is 33.55%, which is higher than the national figure of 31.64%.
- Despite seeing an improvement in WRES indicator 8, the percentage of ethnically diverse staff who have experienced discrimination from their manager, team leader, or colleagues in the last 12 months is 11.49%, significantly higher than it is for White staff at 5.21%

## Contents

|                                                         |    |
|---------------------------------------------------------|----|
| 1. Executive Summary<br>– Areas for Assurance and Focus | 3  |
| 2. Introduction                                         | 4  |
| 3. Analysis of our WRES Outcomes for 2024/25            | 6  |
| 4. Our Race Equity Work Over the Past 12 Months         | 8  |
| 5. 2025 WRES Action Plan to Address Areas of Focus      | 10 |
| 6. Appendix 1: Data Sources                             | 11 |

# 2.0

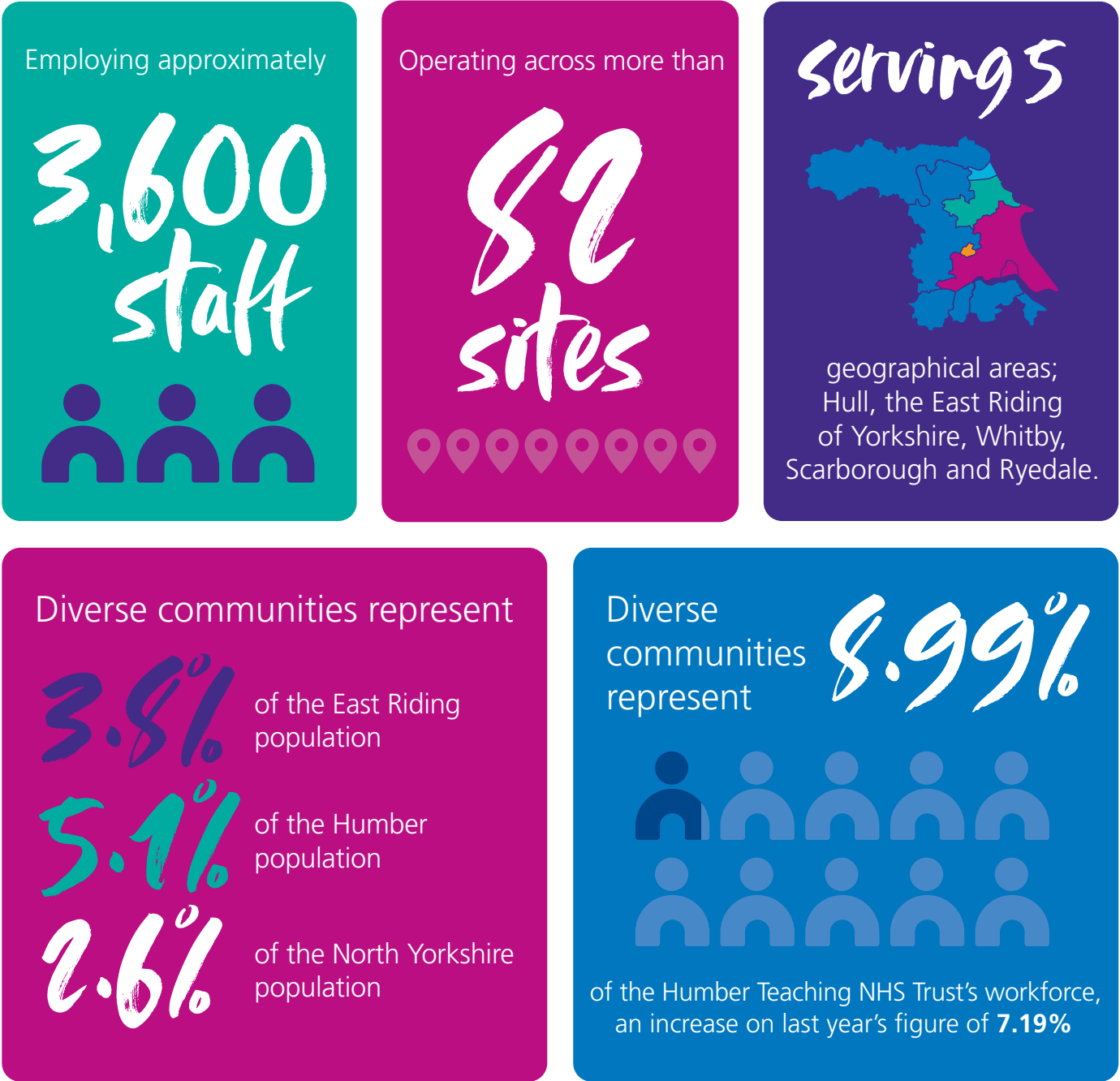
## Introduction

The Workforce Race Equality Standard (WRES) was mandated through the NHS standard contract in 2015, with the first report released in June 2016. Since then, the Trust has published its progress annually against various indicators, emphasising efforts to address workplace inequality and demonstrating advancement in relation to the nine WRES indicators.



This approach enables the Trust to fully comprehend local challenges, implement necessary changes, and also track our progress on a broader scale by comparing regional and national issues.

In the ICBs recent evaluation of the six Trusts in our system, the Trust's WRES results position well when compared to our system partners, where we position higher in almost all areas.





3.0

# Analysis of our WRES Outcomes for 2024/25

This analysis of our WRES data is based on ESR and the National Staff survey, with a snapshot date of 31 March 2025.



**For WRES Indicator 1**, which analyses the representation of ethnically diverse staff across the pay bands, we have seen a 14.47% improvement in the clinical and non-clinical roles of band seven and above.

**For WRES indicator 2**, this year’s data shows that 34.26% of White staff were appointed after shortlisting, compared to 43.96% of ethnically diverse staff. This results in a ratio of 0.78, indicating that ethnically diverse staff are likelier to be appointed following shortlisting. We can be assured that ethnically diverse staff are

not disadvantaged in our recruitment processes. Last year, the relative likelihood of staff being appointed from shortlisting was a ratio of 1.3, suggesting White staff were slightly more likely to be appointed. This compares positively to the national data, which is 1.59.

**For WRES indicator 3**, this year, the data shows that 0.51% of White staff entered a formal disciplinary investigation, compared to 0.9% of ethnically diverse staff. This results in a ratio of 1.76, indicating that ethnically diverse staff are likelier to enter a formal disciplinary investigation. However, it is important to note that we are seeing statistically small numbers of staff entering a formal disciplinary investigation, the number being 16 for White staff and 3 for ethnically diverse staff. The higher ratio is because 3 staff from a total of 332 is a larger percentage than 16 staff from a total of 3146. However, last year, the relative likelihood of staff entering a formal disciplinary investigation was a ratio of 3, suggesting ethnically diverse staff were significantly more likely to enter a formal disciplinary investigation. Again, last year’s figures were statistically low, with 8 ethnically diverse staff compared to 20 White staff. This year’s figure demonstrates an improvement but is still worse than the national figure, which compares to 1.03.

**For WRES indicator 4**, as it was last year, this year’s ratio is 1, reflecting equality between ethnically diverse and White staff accessing non-mandatory training and CPD. Nationally, the comparison figure is 1.12.

**For WRES indicator 5**, the Trust figures indicate that 33.55% of ethnically diverse staff have experienced harassment, bullying, or abuse from patients, relatives, or the public in the last 12 months. This is just 1.91% higher than the national figure of 31.64%. However, 33.55% represents a 3.83% improvement over the previous year’s figure of 37.37%. The figure for White staff in the Trust stands at 18.59%, which is 2.7% better than the national figure of 21.29%. We have observed an improvement in the number of ethnically diverse staff completing the NSS, increasing from 50 in 2020 to 152 in 2024.

**For WRES indicator 6**, the Trust figures indicate that 17.22% of ethnically diverse staff experienced harassment, bullying, or abuse from colleagues in the past 12 months. This represents a 4% improvement compared to the national figure of 21.23%. However, 17.22% reflects a 3.4% improvement over the previous year’s figure of 20.62%, continuing year-on-year progress since 2020, when the figure was 24.00%. For White staff in the Trust, the figure stands at 16.23%, 0.25% lower than the national figure of 16.48%.

**For WRES indicator 7**, the Trust figures indicate that 56.29% of ethnically diverse staff feel that the organisation offers equal opportunities for career advancement or promotion. This is 5.24% higher than the national figure of 51.05%. Notably, 56.29% marks a 6.29% increase from the previous year’s figure of 50% and reflects a year-on-year improvement since 2020, when the figure was 41.67%. This represents a meaningful narrowing of the gap between ethnically diverse and White staff and is the closest the figure has been to that of White colleagues (66.33%) since 2020.

**For WRES indicator 8**, the Trust figures indicate that 11.49% of ethnically diverse staff have experienced discrimination from their manager, team leader, or colleagues in the last 12 months. This figure is 1.74% lower than the national average of 13.23%. Notably, 11.49% represents a 4.67% improvement compared to the previous year’s figure of 16.16% and shows year-on-year progress since 2020, when the figure was 18.37%. This marks a significant narrowing of the gap between ethnically diverse and White staff and is the closest the figure has been to that of White colleagues (5.21%) since 2020.

**For WRES indicator 9**, diverse representation on the Trust Board (voting membership) is at 11.1%, surpassing our workforce and local demographic representation. Nationally, 15.6% of board members recorded their ethnicity as BME, compared to 26.4% of staff in NHS trusts.





4.0

# Our Race Equity Work Over the Past 12 Months

## Respect

The objective for the original respect campaign – launched in November 2023 - was in response to anecdotal feedback from our staff networks, with the key aim of driving up the reporting of bullying and harassment between staff. This has subsequently become business as usual in reporting. Our 2024 survey results show that the most statistically significant improvement (6.89%) is for the question ‘the last time I or a colleague received bullying, harassment or discrimination, I or a colleague reported it’. As such, we can see the impact of our work on Respect in the staff survey, where we have addressed under-reporting and driven up the reporting of these incidents.

## NHS England EDI Improvement Plan

The Trust Board implemented the requirements of the six high-level NHSE EDI Improvement Plan actions. Actions to address the high impact were agreed upon through a Board development day and associated EMT papers. This is demonstrated by all board members having EDI objectives in their annual appraisals. Implementing an Ethnicity Pay Gap analysis. Further embedding and operationalising the Respect and No Excuse for Abuse frameworks to address bullying, harassment, and discrimination. Regular assurance is provided to EMT and the Board

through a biannual EDI Assurance report, which identifies progress made on the improvement plan.

Following on from an EDI Roundtable led by NHS Providers that examined experiences of implementing the improvement plan, the EDI Policy Development Principal Lead from NHS England has undertaken a Best Practice Interview with the Trust’s EDI Lead to develop an EDI Best Practice Case Study regarding our approach to implementing the NHSE EDI Improvement Plan.

## Changes in staff composition

Through EDI workstreams, including a deep dive analysis of recruitment by area through an EDI lens and initiatives aimed at reducing ‘unspecified’ entries in equality data within ESR, the Trust has seen a year-on-year improvement in workforce representation. Ethnically diverse representation increased from 3.5% in 2019 to 8.99% in March 2025. Furthermore, our previous analysis of WRES data identified barriers to the representation of ethnically diverse staff in clinical and non-clinical roles at Band 7 and above. Over the past 12 months, we have seen a 14% improvement in this representation.



## Race Equity Training

Starting in March, the team at Black Thrive Global facilitated two virtual sessions on race equity for ward staff and executives. This training is designed to support our staff in understanding, actioning, and embedding the Culture of Care’s (CofC) Antiracism Guiding Principle in our wards. It demonstrates how the Patient and Carer Race Equality Framework (PCREF) connects with the Culture of Care programme and transforms service access, experience and outcomes for culturally and ethnically diverse service users and staff.

Several of our ward managers, EDI Lead, and PCREF lead attended the training in March. Further training is taking place in May, and several of our Executives are attending training tailored to senior leaders later in the year. This will support executive leaders in showcasing inpatient service improvements that meet PCREF requirements while implementing the CoC’s race equity principle.

## Act Against Racism Charter

The Trust works towards the Royal Society of Psychiatrists Act Against Racism Charter. The campaign provides a framework of 15 actions for Trusts to address racism, developed with Medical Directors, the NHS Race and Health Observatory, and experts. The Executive Medical Director leads the initiative, supported by our EDI Lead, while the Board receives regular updates through a biannual EDI assurance report.

## Recruitment Deep Dive

A detailed recruitment report was created that applies an EDI perspective to our recruitment activities between April and October 2024, considering protected characteristics. Insights from this report were shared with HR Business Partners, who incorporate this information into their workforce planning meetings to address underrepresentation and to implement actions that support diverse recruitment strategies. The improving demographics of the Trust workforce are a testament to this collaborative approach.

## Ethnicity Pay Gap Analysis

The Trust undertook an ethnicity pay gap analysis for the first time last year. The resulting report found no negative pay gaps between staff from ethnic minority backgrounds and their white colleagues. All pay gaps identified favoured our staff from ethnic minority backgrounds.

## No Excuse for Abuse

In December 2024, the Trust launched the No Excuse for Abuse Framework toolkit. This was widely consulted with stakeholders and designed to support managers and staff when subjected to abuse by service users in their care. Since its launch, the toolkit has been recognised as QI Charter of the Month in December 2024 and subsequently reviewed and endorsed by UNISON, who found it comprehensive and proactive. We are adding their logo to associated posters and documentation.



5.0

## 2025 WRES Action Plan to Address Areas of Focus

Trust performance in 7 of the 9 indicators is better than the NHS average. The Trust WRES action plan for 2025/26 below represents our priorities based on the data.

| No | 25/26 Objective                                                                                                                                                                                                                                                 |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1  | Fulfil the requirements of the NHSE EDI Improvement plan and support the board to realise high impact action 1.                                                                                                                                                 |
| 2  | EDI Lead to work with the Culture & Workforce Project Lead, Mental Health, Learning Disabilities and Autism Sector Collaborative on the development of a systemwide Humber and North Yorkshire Reciprocal Mentoring Pilot programme                             |
| 3  | Following the success of the Respect campaign, relaunch the Respect framework with new resources, including training video and posters, raising the profile for the ambitions of the work and further driving up a safe reporting culture.                      |
| 4  | Build on the No Excuse for Abuse toolkit's success by better understanding the Datix data to provide benchmarking data, determine which areas have a higher prevalence of related incidents and drive work that provides bespoke support for those areas.       |
| 5  | Recognise that the No Excuse for Abuse toolkit is focused on post-incident support for staff and, in collaboration with stakeholders, develop methods to equip ward managers to be more proactive where they know there is a prevalence of abuse towards staff. |
| 6  | Registered staff to attend Race Equity training provided by the Culture of Care national team in May and September to support transforming service access, experience and outcomes for culturally and ethnically diverse service users and staff.               |
| 7  | EDI Lead to represent workforce EDI at the newly formed Care, Culture and Equity Steering Group, a collaborative group bringing together the work of Culture of Care, Trauma Informed Care, Patient and Carer Race Equality Framework and Health Inequalities.  |
| 8  | Continue to support the Executive Medical Director to realise the ambitions of the Act Against Racism Charter and embed inclusive practice across the organisation, providing regular assurance to EMT and the Board.                                           |

6.0

## Appendix 1: Data Sources

| Metric                                                                                                                                                                                                       | Data Source                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| Metric 1 - Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including executive board members) compared with the percentage of staff in the overall workforce. | ESR                                        |
| Metric 2 – Relative likelihood of ethnically diverse staff being appointed from shortlisting                                                                                                                 | Trust’s recruitment data                   |
| Metric 3 – Relative likelihood of staff entering a formal disciplinary process                                                                                                                               | Trust’s HR data                            |
| Metric 4 – Relative likelihood of staff accessing non-mandatory training and CPD                                                                                                                             | Question 13, NHS Staff Survey              |
| Metrics 5 – 8                                                                                                                                                                                                | Questions 14, 11, 5, 28b, NHS Staff Survey |
| Metric 9 – The percentage difference between the organisation’s board voting membership and its organisation’s overall workforce                                                                             | ESR and/or trust’s local data              |



## **Humber Teaching NHS Foundation Trust**

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|                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |            |  |            |  |         |   |           |  |               |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------|--|------------|--|---------|---|-----------|--|---------------|--|--|--|
| Title & Date of Meeting:                                                                                                                                                                                                                                                                                                                                                                    | Trust Board Public Meeting – 30 July 2025                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |            |  |            |  |         |   |           |  |               |  |  |  |
| Title of Report:                                                                                                                                                                                                                                                                                                                                                                            | Humber and North Yorkshire Health and Care Partnership<br>Mental Health, Learning Disabilities and Autism Collaborative –<br>Programme Update March 2025                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |            |  |            |  |         |   |           |  |               |  |  |  |
| Author/s:                                                                                                                                                                                                                                                                                                                                                                                   | Michele Moran, Chief Executive<br>Alison Flack, Programme Director                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |            |  |            |  |         |   |           |  |               |  |  |  |
| Recommendation:                                                                                                                                                                                                                                                                                                                                                                             | <table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>√</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | To approve |  | To discuss |  | To note | √ | To ratify |  | For assurance |  |  |  |
| To approve                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                        | To discuss                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |            |  |            |  |         |   |           |  |               |  |  |  |
| To note                                                                                                                                                                                                                                                                                                                                                                                     | √                                                                                                                                                                                                                                      | To ratify                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |            |  |            |  |         |   |           |  |               |  |  |  |
| For assurance                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |            |  |            |  |         |   |           |  |               |  |  |  |
| <b>Purpose of Paper:</b><br><i>Please make any decisions required of Board clear in this section:</i>                                                                                                                                                                                                                                                                                       | To update members of the Trust Board on the progress of the Mental Health, Learning Disabilities and Autism Collaborative Programme.                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |            |  |            |  |         |   |           |  |               |  |  |  |
| <b>Key Issues within the report:</b>                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |            |  |            |  |         |   |           |  |               |  |  |  |
| <b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li><b>Performance</b> - metrics largely positive against plan.</li> <li><b>Inpatient quality transformation</b> – Work continues to develop with reconfigurations/new services coming online in 2025/26. Changes to current arrangements, such as the rehab referral panel, having a positive impact.</li> </ul> |                                                                                                                                                                                                                                        | <b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li><b>Humber and North Yorkshire Integrated Care Board (ICB) Mental Health, Learning Disabilities and Autism Strategy and Core Offer Proposals</b><br/>The draft strategy and core offer proposals have been circulated widely across partners for consultation. Work is progressing to develop this further with our Local Authority partners.</li> <li><b>Autism and ADHD scoping work</b><br/>At the latest Mental Health, Learning Disabilities and Autism Collaborative Executive meeting a proposal was shared regarding a potential approach to address the issue of Autism/ADHD waiting times.<br/><u>Proposal</u> <ul style="list-style-type: none"> <li>To introduce a risk-based framework and an interim referral criteria.</li> <li>Reduce the Early Years (0-5) waiting list to zero.</li> <li>Increase capacity to meet the demand for children and young people assessments and support.</li> </ul> </li> </ul> <p>The collaborative executive board would not support the promotion of right to choose options ahead of local service provision and favour</p> |  |            |  |            |  |         |   |           |  |               |  |  |  |

|                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                              | <p>development of a more co-ordinated HNY response.</p> <ul style="list-style-type: none"> <li> <b>Mental health crisis text lines</b><br/> NHS England have written to HNY ICB to state that the provision of a crisis text option is now a mandatory requirement and must be operational in 2025/26. Partners in the collaborative had previously agreed that this was not a priority and had taken the decision not to implement. However, given the recent confirmation of the mandatory nature of this request, options for delivery and funding are now being discussed with partners. A paper will go to the collaborative strategic executive leadership group in August to outline the options available and associated risks. </li> <li> <b>Mental health Support teams in schools (MHST)</b><br/> Until recently we had expected funding for MHST's to continue to be provided in waves from NHSE and ringfenced within the SDF budget as in previous years. However, NHSE announced towards the end of the financial year 24/25 that this would no longer be the case. Following subsequent conversations with NHS England, HNY submitted an indicative plan to achieve full coverage by 2029/30, which included the addition of 3 MHSTs in 2025/26, 2 in North Yorkshire and 1 in East Riding, funding options are being explored as the full plan to 2029/30 would represent a significant cost to the system. </li> <li> <b>NHS Talking Therapies</b><br/> In M3 2025/26, Humber and North Yorkshire ICB received an NHS Talking Therapies allocation of £770k to fund "reasonable growth and expansion". Circa £208k of this funding is "pre-committed" to cover run through costs for High Intensity Trainees (HIT), leaving circa £560k for expansion. NHSE are keen to meet with system leads to confirm plans regarding expansion in July/August 2025/26. The ICBs' eligibility for this additional funding is conditional on delivering reasonable growth in services for NHS Talking Therapies, for anxiety and depression. ICBs will be required to report against this fair share SDF allocation during 2025/26. </li> <li> <b>Mental Health, Learning Disabilities and Autism Performance</b><br/> Detailed in the paper. </li> </ul> |
| <b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"> <li>Mental Health, Learning Disabilities and Autism Strategy development and core offer in development.</li> <li>Crisis text lines – options being considered.</li> <li>MHST – funding options being explored</li> </ul> | <b>Decisions Made:</b><br>N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

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

### Monitoring and assurance framework summary:

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

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

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

**Humber Teaching NHS Foundation Trust Board Update – July 2025**

This report provides a summary of the current work programmes and priorities being undertaken as part of the Mental Health, Learning Disabilities and Autism Collaborative and provides an update on performance across the Humber and North Yorkshire Integrated Care System.

- **Humber and North Yorkshire Integrated Care Board (ICB) Mental Health, Learning Disabilities and Autism Strategy and Core Offer Proposals**  
The draft strategy and core offer proposals have been circulated widely across partners for consultation. Work is progressing to develop this further with our Local Authority partners.
- **Autism and ADHD Provision**  
At the latest Mental Health, Learning Disabilities and Autism Collaborative Executive meeting a proposal was shared regarding a potential approach to address the issue of Autism/ADHD waiting times.

Context

- Demand for Autism and ADHD assessments remains high, outweighing the level of capacity within services.
- The level of risk within providers increases as waiting lists grow.
- Providers have considered, and are actively considering, closing to new referrals in a way to manage risk.
- Without increased funding or utilisation of the right to choose pathway (patient's choice), the number of those waiting will continue to grow.

Proposal

- To introduce a risk-based framework and an interim referral criteria.
- Reduce the Early Years (0-5) waiting list to zero.
- Increase capacity to meet the demand for children and young people assessments and support.

The Executive Strategic Leadership Group recognised the ambition to put extra resource into this area as it is a key risk, but given the wider challenges across the system and mental health community, all agreed that the level of funding required is not available to support the additional capacity needed to fully address the waiting list position. It was also noted that the board would not support the promotion of right to choose options ahead of local service provision and favour development of a more co-ordinated HNY response, therefore the proposed framework was not approved



- **Mental health crisis text lines**

NHS England have written to HNY ICB to state that the provision of a crisis text option is now a mandatory requirement and must be operational in 2025/26. Partners in the collaborative had previously agreed that this was not a priority and had taken the decision not to implement. However, given the recent confirmation of the mandatory nature of this request, options for delivery and funding are now being discussed with partners. A paper will go to the collaborative strategic executive leadership group in August to outline the options available and associated risks.

- **Mental health Support teams in schools (MHST)**

Until recently we had expected funding for MHST's to continue to be provided in waves from NHSE and ringfenced within the SDF budget as in previous years. However, NHSE announced towards the end of the financial year 24/25 that this would no longer be the case. Following subsequent conversations with NHS England, HNY submitted an indicative plan to achieve full coverage by 2029/30, which included the addition of 3 MHSTs in 2025/26, 2 in North Yorkshire and 1 in East Riding, funding options are being explored as the full plan to 2029/30 would represent a significant cost to the system.

- **NHS Talking Therapies**

In M3 2025/26, Humber and North Yorkshire ICB received an NHS Talking Therapies allocation of £770k to fund "reasonable growth and expansion". Circa £208k of this funding is "pre-committed" to cover run through costs for High Intensity Trainees (HIT), leaving circa £560k for expansion. NHSE are keen to meet with system leads to confirm plans regarding expansion in July/August 2025/26.

The ICBs' eligibility for this additional funding is conditional on delivering reasonable growth in services for NHS Talking Therapies, for anxiety and depression. ICBs will be required to report against this fair share SDF allocation during 2025/26.

- **Inpatient quality and safety transformation**

The programme continues to develop and increase understanding of drivers for Out of Area placements. 12 patients have been identified to be repatriated under North Lincolnshire's new rehabilitation service. Work is developing on the expansion of older adults community & crisis teams in Hull/ER to 7-day working – this will operationalise September 2025, there are currently 17 older adults in acute settings. HNY were successful in a capital bid to reconfigure the Psychiatric Intensive Care Unit (PICU). This will result in 12 male beds and 6 female beds to be operational by 31<sup>st</sup> March 2026. This provision will support the full HNY patch. There are 11 current PICU out of area placements.

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

In April 2025, ICB achieved the targets for 6 out of 11 metrics:

- Inappropriate Adult Acute MH OOA Patients
- Perinatal MH Access

- IPS Access
- Learning Disability Annual Health Checks
- Learning Disability and/or Autism Children Inpatients
- Adult Autism Inpatients

Of the remaining 6 metrics, 4 achieved within 95% of target:

- CYP MH Access (99.3%)
- Talking Therapies Reliable Recovery (98.6%)
- Talking Therapies Reliable Improvement (99.7%)
- Learning Disability Adult Inpatients (95%)

Metric achieved within 90% of target:

- Average Length of Stay for MH Adult Acute Beds (91%)

### **Recommendation/Action**

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                  |   |                                                                                                                                                                                      |  |            |  |            |  |         |   |           |  |               |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------|--|------------|--|---------|---|-----------|--|---------------|--|--|--|
| <b>Title &amp; Date of Meeting:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Trust Board Public Meeting – 30 July 2025                                                                                                                                                                                                        |   |                                                                                                                                                                                      |  |            |  |            |  |         |   |           |  |               |  |  |  |
| <b>Title of Report:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Finance Report Month 3 (June 2025)                                                                                                                                                                                                               |   |                                                                                                                                                                                      |  |            |  |            |  |         |   |           |  |               |  |  |  |
| <b>Author/s:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Name: Peter Beckwith<br>Title: Director of Finance                                                                                                                                                                                               |   |                                                                                                                                                                                      |  |            |  |            |  |         |   |           |  |               |  |  |  |
| <b>Recommendation:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <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                                                                                                                                                                                                                                    |   |                                                                                                                                                                                      |  |            |  |            |  |         |   |           |  |               |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | The Board are asked to note the report for June 2025 and comment accordingly.                                                                                                                                                                    |   |                                                                                                                                                                                      |  |            |  |            |  |         |   |           |  |               |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                  |   |                                                                                                                                                                                      |  |            |  |            |  |         |   |           |  |               |  |  |  |
| <b>Purpose of Paper:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p>This report is being presented to The Board to provide the financial position for the Trust as at the 30 June 2025 (Month 3).</p> <p>The report provides assurance regarding financial performance, key financial targets, and objectives</p> |   |                                                                                                                                                                                      |  |            |  |            |  |         |   |           |  |               |  |  |  |
| <b>Key Issues within the report:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                  |   |                                                                                                                                                                                      |  |            |  |            |  |         |   |           |  |               |  |  |  |
| <b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"><li>• The Trust recorded a surplus of £2.496m which is £3.193m above the agreed ICS planning target deficit of £0.697m</li><li>• The Year-to-Date Agency expenditure totalled £0.798m. This is £0.703m below the same period for the previous year.</li><li>• The cash balance at the end of Month 3 was £18.909m.</li><li>• The Better Payment Practice Code figures show achievement of 96.6%.</li></ul> |                                                                                                                                                                                                                                                  |   | <b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"><li>• The Mental Health Division is currently working to an agreed finance recovery plan.</li></ul> |  |            |  |            |  |         |   |           |  |               |  |  |  |
| <b>Matters of Concern or Key Risks:</b> <ul style="list-style-type: none"><li>• The Mental Health Division is showing a deficit forecast of £1.133m.</li></ul>                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                  |   | <b>Decisions Made:</b> <ul style="list-style-type: none"><li>• The Board are asked to note the Finance report for June 2025.</li></ul>                                               |  |            |  |            |  |         |   |           |  |               |  |  |  |



|             |                                     |  |          |                                               |      |
|-------------|-------------------------------------|--|----------|-----------------------------------------------|------|
| Governance: |                                     |  | Date     |                                               | Date |
|             | Audit Committee                     |  |          | Remuneration & Nominations Committee          |      |
|             | Quality Committee                   |  |          | People & Organisational Development Committee |      |
|             | Finance Committee                   |  | 15.07.25 | Executive Management Team                     |      |
|             | Mental Health Legislation Committee |  |          | Operational Delivery Group                    |      |
|             | Collaborative Committee             |  |          | Other (please detail)                         |      |

### Monitoring and assurance framework summary:

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

√ Tick those that apply

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

## FINANCE REPORT – June 2025

### 1. Introduction

This report is being circulated to the Board to present the financial position for the Trust as at the 30th June 2025 (Month 3). The report provides assurance regarding financial performance, key financial targets, and objectives.

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

### 2. System Position

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

The Month 2 position for the ICS NHS Providers (table below) is a variance of £0.2m against a year-to-date plan deficit of £7.4m. all providers are forecasting to achieve planned breakeven position.

The month 2 position reflects efficiency delivery, pay & ward pressures at York and Harrogate hospitals offset by non-recurrent flexibilities utilised in the Trusts financial position.

#### 2025/26 Income and Expenditure and Forecast

| Month 2 Position     | Month 2        |                |              |
|----------------------|----------------|----------------|--------------|
|                      | YTD Plan       | YTD Actual     | Variance     |
| Organisation         | £'000          | £'000          | £'000        |
| York and Scarborough | (820)          | (2,086)        | (1,266)      |
| Harrogate            | (963)          | (3,060)        | (2,097)      |
| NLAG                 | (2,866)        | (2,869)        | (3)          |
| Humber Teaching      | (505)          | 2,695          | 3,200        |
| HUTH                 | (2,310)        | (2,310)        | 0            |
| <b>TOTAL</b>         | <b>(7,464)</b> | <b>(7,630)</b> | <b>(166)</b> |

Initial feedback from month 3 heads up discussions suggest the financial position has worsened across the ICS at Month 3.

### 3. Trust Position as at June 2025

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

Table 1 shows for the period ended to 30th June 2025 the Trust recorded a surplus of £2.496m which is £3.193m higher than the planned deficit of £0.697m.

The donated assets depreciation does not count against the Trust's financial control target, the year-to-date value for this is £0.010m resulting in a ledger position of £2.486m surplus.

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

### **3.1 Forecast Position (June 2025)**

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

There remains risk to delivery of the current forecast being:

The Mental Health Division is currently reporting a forecast deficit of £1.133m, due to the level of forecast outturn pressure highlighted the Division has produced an Executive approved recovery plan which would reduce the deficit by £1m by the end of the financial year. The forecast deficit is currently being offset by non recurrent flexibilities whilst the recovery is achieved.

The Trust has also estimated a pay award funding risk of £0.5m. The ICB has recently sent further information on the block income uplift, and this is currently being analysed to determine the impact. The Trust also delivers services commissioned by both Hull and East Riding Local Authorities, whilst some additional funding has been received for historical pay awards there are ongoing discussions regarding current year funding to cover the pay awards.

**2025/26**  
**Income and Expenditure and Forecast**

|                                    | 25/26 Net Annual Budget £000s | Year to Date   |               |                | Full Year      |                 |                |
|------------------------------------|-------------------------------|----------------|---------------|----------------|----------------|-----------------|----------------|
|                                    |                               | Budget £000s   | Actual £000s  | Variance £000s | Budget (£000)  | Forecast (£000) | Variance £000s |
| <b>Income</b>                      |                               |                |               |                |                |                 |                |
| NHS North Yorkshire and Humber ICB | 148,660                       | 37,165         | 37,322        | 157            | 148,660        | 149,030         | 370            |
| NHS England                        | 24,169                        | 6,162          | 6,166         | 4              | 24,169         | 24,185          | 15             |
| Local Authority                    | 12,476                        | 3,119          | 3,031         | (88)           | 12,476         | 12,476          | -              |
| Low Value Activity Income          | 712                           | 178            | 68            | (110)          | 712            | 712             | -              |
| <b>Block Income</b>                | <b>186,017</b>                | <b>46,624</b>  | <b>46,586</b> | <b>(38)</b>    | <b>186,017</b> | <b>186,403</b>  | <b>385</b>     |
| YHCR                               | 4,635                         | 1,159          | 307           | (852)          | 4,635          | 4,672           | 37             |
| <b>Total Income</b>                | <b>190,652</b>                | <b>47,783</b>  | <b>46,893</b> | <b>(889)</b>   | <b>190,652</b> | <b>191,075</b>  | <b>423</b>     |
| <b>Clinical Services</b>           |                               |                |               |                |                |                 |                |
| Children's & Learning Disability   | 43,302                        | 10,872         | 11,034        | (162)          | 43,302         | 43,138          | 164            |
| Community & Primary Care           | 21,240                        | 5,321          | 4,873         | 447            | 21,240         | 21,376          | (136)          |
| Mental Health                      | 59,708                        | 14,960         | 15,050        | (91)           | 59,708         | 60,841          | (1,133)        |
| Forensic Services                  | 14,017                        | 3,557          | 3,557         | (0)            | 14,017         | 14,017          | 0              |
|                                    | <b>138,266</b>                | <b>34,709</b>  | <b>34,514</b> | <b>195</b>     | <b>138,266</b> | <b>139,372</b>  | <b>(1,105)</b> |
| <b>Corporate Services</b>          |                               |                |               |                |                |                 |                |
|                                    | <b>45,439</b>                 | <b>12,094</b>  | <b>10,561</b> | <b>1,533</b>   | <b>45,439</b>  | <b>42,410</b>   | <b>3,029</b>   |
| <b>Total Expenditure</b>           | <b>183,705</b>                | <b>46,803</b>  | <b>45,075</b> | <b>1,728</b>   | <b>183,705</b> | <b>181,781</b>  | <b>1,924</b>   |
| <b>EBITDA</b>                      | <b>6,947</b>                  | <b>980</b>     | <b>1,818</b>  | <b>838</b>     | <b>6,947</b>   | <b>9,294</b>    | <b>2,346</b>   |
| Depreciation                       | 5,116                         | 1,279          | 1,372         | (93)           | 5,116          | 5,486           | (370)          |
| YHCR Amortisation                  | 1,382                         | 346            | 345           | 0              | 1,382          | 1,382           | -              |
| Interest                           | (1,478)                       | (369)          | (309)         | (60)           | (1,478)        | (1,170)         | (308)          |
| IFRS 16                            | 1,691                         | 423            | 482           | (59)           | 1,691          | 1,859           | (168)          |
| PDC Dividends Payable              | 1,736                         | 434            | 434           | 1              | 1,736          | 1,736           | -              |
| <b>Operating Total</b>             | <b>(1,500)</b>                | <b>(1,132)</b> | <b>(505)</b>  | <b>627</b>     | <b>(1,500)</b> | <b>0</b>        | <b>1,500</b>   |
| BRS                                | (1,500)                       | (434)          | -             | (434)          | (1,500)        | -               | (1,500)        |
| Non Recurrent Income               |                               |                | (3,000)       | 3,000          | -              | -               | -              |
| <b>Operating Total</b>             | <b>(0)</b>                    | <b>(697)</b>   | <b>2,496</b>  | <b>3,193</b>   | <b>(0)</b>     | <b>0</b>        | <b>0</b>       |
| <b>Excluded from Control Total</b> |                               |                |               |                |                |                 |                |
| Donated Depreciation               | 39                            | 10             | 10            | 0              | 39             | 39              | 0              |
|                                    | <b>(39)</b>                   | <b>(707)</b>   | <b>2,486</b>  | <b>3,193</b>   | <b>(39)</b>    | <b>(38)</b>     | <b>0</b>       |
| <b>Ledger Position</b>             | <b>(39)</b>                   | <b>(707)</b>   | <b>2,486</b>  | <b>3,193</b>   | <b>(39)</b>    | <b>(36)</b>     | <b>3</b>       |
| <b>EBITDA %</b>                    | <b>3.6%</b>                   | <b>2.1%</b>    | <b>3.9%</b>   |                | <b>3.6%</b>    | <b>4.9%</b>     |                |
| <b>Surplus %</b>                   | <b>-0.8%</b>                  | <b>-2.4%</b>   | <b>-1.1%</b>  |                | <b>-0.8%</b>   | <b>0.0%</b>     |                |

## **3.2 Income**

Income overall is showing a forecast overachievement of £0.423m this is mainly due to anticipated additional funding for Depreciation under a new 'live' funding agreement for this type of expenditure which ensures income should match expenditure.

## **3.3 Divisional Net Expenditure**

The overall operational divisional net expenditure position is showing a forecast overspend of £1.105m.

### **3.3.1 Children's and Learning Disability (£0.164m underspend)**

The forecast outturn position for Children's & LD is a £0.164m underspend. This is a significant improvement from the year-to-date position which has a large adverse variance due to income which has been accrued centrally. In LD we are waiting for a contract variation from the ICB to fund a patient placed out of area and to invoice East Riding Council for patients at Granville Court. The proposed bed day rate has been forwarded to ERYC for agreement.

The forecast outturn position for the directorate is a £0.164m underspend with pay pressures on the inpatient areas being offset by vacancy savings in community teams. The forecast reflects the reduction in agency with plans for all agency to cease in the summer. A recovery plan has been created for Townend Court to bring the expenditure in line with budget from quarter 3 as patient numbers and acuity have both reduced.

### **3.3.2 Community and Primary Care (£0.136m overspend)**

The overspend forecast is partially due to the continuing demand for continence products within Community services. The service has conducted a review of this area of expenditure to ensure it is in line with patient activity. A review of other dressing products purchased through a formulary is currently being undertaken by the ICB to analyse whether there are any savings from a centralised ordering system. If successful there would be the potential to redirect funding to offset the continence pressure.

Primary Care is currently reporting a favourable position this is currently being reviewed in the context of national guidance and local strategic decisions.

### **3.3.3 Mental Health (£1.133m overspend)**

The main reason for the overspend continues to be staffing on the Inpatient units over the budgeted establishment.

There are also forecast overspends on both Crisis and Liaison services due to the demands on both services requiring them to be fully staffed when historically both services had operated with a level of vacancy.

The forecast overspend on the Unplanned areas of the Division are partially offset by the number of vacancies on the Planned areas, particularly Hull CMHT.

Due to the level of forecast outturn pressure highlighted the Division has produced an Executive approved recovery plan which would reduce the deficit by £1m by the end of the financial year. The forecast deficit is currently being offset by non recurrent flexibilities whilst the recovery is achieved.

The Division continues to review budgets and identify any further opportunities to reduce the forecast overspend position for 2025-26.

### **3.3.4 Forensic (Break even position)**

Whilst the Forensic division reports a breakeven position, both year-to-date and as a full year forecast, there are some cost pressures and offsetting savings. Vacancy savings in the Community are offset by pressures on the inpatient wards. Four EPOCs have been secured which have supported the cost of additional staff due to patient complexity.

The biggest area of risk and overspend is the medical workforce as agency is being used to cover long-term sickness. The forecast assumes that the double running cost of the substantive doctor pay and agency stops in the second half of the financial year.

### **3.3.5 Corporate Services (£3.029m underspend)**

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

#### 4. Cash

As at the end of Month 3 the Trust held the following cash balances:

##### Cash Balance

| Cash Balances               | £000s         |
|-----------------------------|---------------|
| Cash with GBS               | 18,786        |
| Nat West Commercial Account | 96            |
| Petty cash                  | 26            |
| <b>Total</b>                | <b>18,909</b> |

The cash balance is held in the Government Banking Service account earning interest of 4.14% and avoiding a PDC dividend charge for each day it remains in the account.

The average daily cash balance for the month of June was £26.8m and the year end cash balance as at 31/03/25 was £18.286m

Further work is being carried out on the cashflow forecast so we can understand whether there will be any further decrease in the year end forecast cash position at 31/03/2026. This will depend on how much deferred income is actioned during the financial year and whether any draw down from non-recurrent funding is required.

#### 5. Agency

Actual agency expenditure year to date at Month 3 is £0.798m, which is £0.703m below the same period in the previous year.

##### Agency Spend by Staff Group

| Staff Type                | Apr-25<br>£000 | May-25<br>£000 | Jun-25<br>£000 | Total<br>£000 |
|---------------------------|----------------|----------------|----------------|---------------|
| Consultant                | 198            | 282            | 153            | 633           |
| Nursing                   | 8              | 65             | 40             | 114           |
| AHPs/Clinical Support     | 0              | 14             | 25             | 39            |
| Administration & Clerical | -              | -              | 13             | 13            |
| <b>Grand Total</b>        | <b>£206</b>    | <b>£361</b>    | <b>£232</b>    | <b>£798</b>   |

The table above shows the agency spend by staff type by month, the majority (79%) of expenditure relates to Consultants.

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

## 6. Better Payment Practice Code BPPC

The BPPC figures are shown below, the current position is 96.8% for non-NHS and 91.5% for NHS. Work is constantly ongoing to improve this position with targeted support to managers.

### Better Payment Practice Code

| Better Payment Practice Code       | YTD<br>Number | YTD<br>£     |
|------------------------------------|---------------|--------------|
| <b>NON NHS</b>                     |               |              |
| Total bills paid                   | 6,775         | 30,175       |
| Total bills paid within target     | 6,558         | 29,339       |
| Percentage of bills paid within ta | <b>96.8%</b>  | <b>97.2%</b> |
| <b>NHS</b>                         |               |              |
| Total bills paid                   | 284           | 8,523        |
| Total bills paid within target     | 260           | 8,166        |
| Percentage of bills paid within ta | <b>91.5%</b>  | <b>95.8%</b> |
| <b>TOTAL</b>                       |               |              |
| Total bills paid                   | 7,059         | 38,698       |
| Total bills paid within target     | 6,818         | 37,505       |
| Percentage of bills paid within ta | <b>96.6%</b>  | <b>96.9%</b> |

Analysis of the unpaid invoices showed that there were 1,078 invoices outstanding with a value of £3.887m. Of the 1,078 unpaid invoices 106 had a status of hold which means there is a query relating to payment.

It is recommended that the 'on hold' option is utilised when appropriate as this will stop the payment being classified as late. This can be done by ticking 'Hold for credit/Invoice in dispute' box and adding a description for the hold to enable quick action)

## 7. Recommendations

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



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--|
| <b>Title &amp; Date of Meeting:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Trust Board Public Meeting – 30 July 2025                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |  |
| <b>Title of Report:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Trust Performance Report – June 2025                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |  |
| <b>Author/s:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Name: Peter Beckwith/Richard Voakes<br>Title: Director of Finance/Business Intelligence Lead                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |  |
| <b>Recommendation:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | To approve                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | To receive & discuss |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | For information/To note                                                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | To ratify            |  |
| <b>Purpose of Paper:</b><br><i>Please make any decisions required of Board clear in this section:</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <p>This purpose of this report is to inform on the current levels of performance as at the end of June 2025.</p> <p>The report is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits resented in graphical format.</p> <p>Long Term Plan performance dashboard is attached at appendix B (this report has been updated to reflect measures applicable to the Trust).</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |  |
| <b>Key Issues within the report:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |  |
| <b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>Mandatory Training – the Trust continues to maintain a strong position reporting current compliance at 95%</li> <li>The overall trust vacancy position is 7.9%.</li> <li>Clinical Supervision continues to perform above target, in month performance was recorded at 95.6%, and has been in the upper quartile for the last quarter.</li> <li>% of harm free incidents is at 99.7% and has been in the upper quartile for the last quarter</li> <li>Care Programme Reviews (3 days and 12 months) have performed above target throughout the last quarter.</li> <li>Turnover continues to demonstrate an improving position, with the Trust currently at the target of 10%</li> <li>Virtual Ward Bed Occupancy remains above target at 89%,</li> <li>Access (CMHT, CYP and Perinatal) – Validation work to ensure data is recorded and reported accurately has seen performance return to levels consistent with activity prior to implementation of the Electronic Patient Record.</li> </ul> |                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>Work to improve the recording of contacts following the change of system is taking place through the EPR optimisation group. This. includes validation work to ensure data is recorded and reported accurately.</li> <li>In response to the high levels of sickness absence reported in inpatient areas, a bespoke targeted sickness intervention is being delivered collaboratively between operational areas and the People team, across five inpatient settings.</li> <li>In addition, a 'working towards a healthier workforce' strategy is being co-created to understand sickness trends and appropriate actions.</li> <li>This work is being reported into EMT and the People &amp; OD Committee. This is being reviewed in relation to the Trust Wide Risk Register</li> <li>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.</li> </ul> |                      |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <b>Matters of Concern or Key Risks:</b> <ul style="list-style-type: none"> <li>Liaison Psychiatry (1 Hour Response) - Further investigation is underway between operational leads and Business Intelligence to understand the reasons behind the reduction in access, there remains a strong focus on accurate data recording however the timing of the reduction coincides with the go-live of the new EPR for Mental Health services</li> <li>Sickness absence has continued to be above target, with specific work undertaken to focus on inpatient sickness absence which is showing the highest prevalence of sickness.</li> <li>Safer Staffing Dashboard – there are no units with 5 or more Red flags however 13 units are flagging red for sickness</li> <li>Waiting times for children’s neurodiversity services continues to be the most significant area of pressure and challenge.</li> <li>Inappropriate MH Out of Area Placements has improved but continues to be monitored, and solutions are being actively progressed to reduce usage.</li> </ul> | <b>Decisions Made:</b> <ul style="list-style-type: none"> <li>None (report is to note)</li> </ul> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|

| <b>Governance:</b><br><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:

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

Financial Year  
2025-26

# TRUST PERFORMANCE REPORT

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

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

Reporting Month:

Jun-25

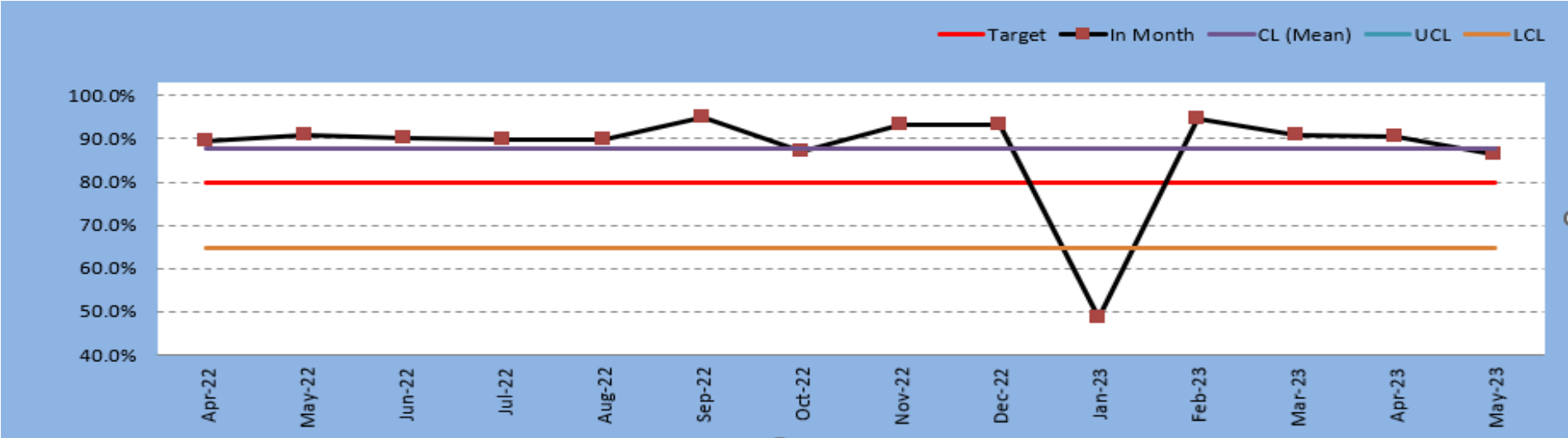
Chief Executive: Michele Moran

Prepared by: Business Intelligence Team



For the period ending:

June 2025

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

# Humber Teaching NHS Foundation Trust

## Trust Performance Report

For the period ending: **June 2025**

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

# Humber Teaching NHS Foundation Trust

## Trust Performance Report



|                        |           |  |
|------------------------|-----------|--|
| For the period ending: | June 2025 |  |
|------------------------|-----------|--|

|        |                                              |                                                                                                                                                                                                                                                         |
|--------|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Goal 2 | NHSER Talking Therapies - Moving to Recovery | Recovery Rates for patients who were at caseness at start of therapeutic intervention                                                                                                                                                                   |
| Goal 2 | CMHT Access (New)                            | Number of people who receive two or more contacts from NHS or NHS commissioned community mental health services for adults and older adults with severe mental illness. Rolling 12 months.                                                              |
| Goal 2 | CYP MH Access (New)                          | Number of CYP aged under 18 accessing support by NHS funded community services and school or college based Mental Health Support Teams (receiving at least one contact). Rolling 12 months. <i>Includes Neuro Services, no team types are excluded.</i> |
| Goal 2 | Perinatal Access (New)                       | Number of women with at least one attended contact (F2F or video) with a specialist community perinatal mental health service in the last 12 months.                                                                                                    |
| Goal 2 | Liaison 1 hour response                      | New referrals to liaison psychiatry teams from A&E in the reporting period with first face to face contact within 1 hour                                                                                                                                |
| Goal 2 | UCR 2 hr response                            | The percentage of 2-hour Urgent Crisis Response (UCR) referrals that achieved the 2-hour standard in the reporting month                                                                                                                                |
| Goal 2 | Virtual Ward                                 | Virtual Ward Bed Occupancy Rate                                                                                                                                                                                                                         |
| Goal 3 | Out of Area Placements                       | Number of days that Trust patients were placed in out of area wards including split across Adult, Older Adult and PICU                                                                                                                                  |
| Goal 4 | Delayed Transfers of Care                    | Results for the percentage of Mental Health delayed transfers of care                                                                                                                                                                                   |
| Goal 4 | Staff Sickness                               | Percentage of staff sickness across the Trust (not including bank staff). Including and Excluding Covid Sickness                                                                                                                                        |
| Goal 4 | Staff Turnover                               | Percentage of leavers against staff in post (excluding employee transfers wef April 2021)                                                                                                                                                               |



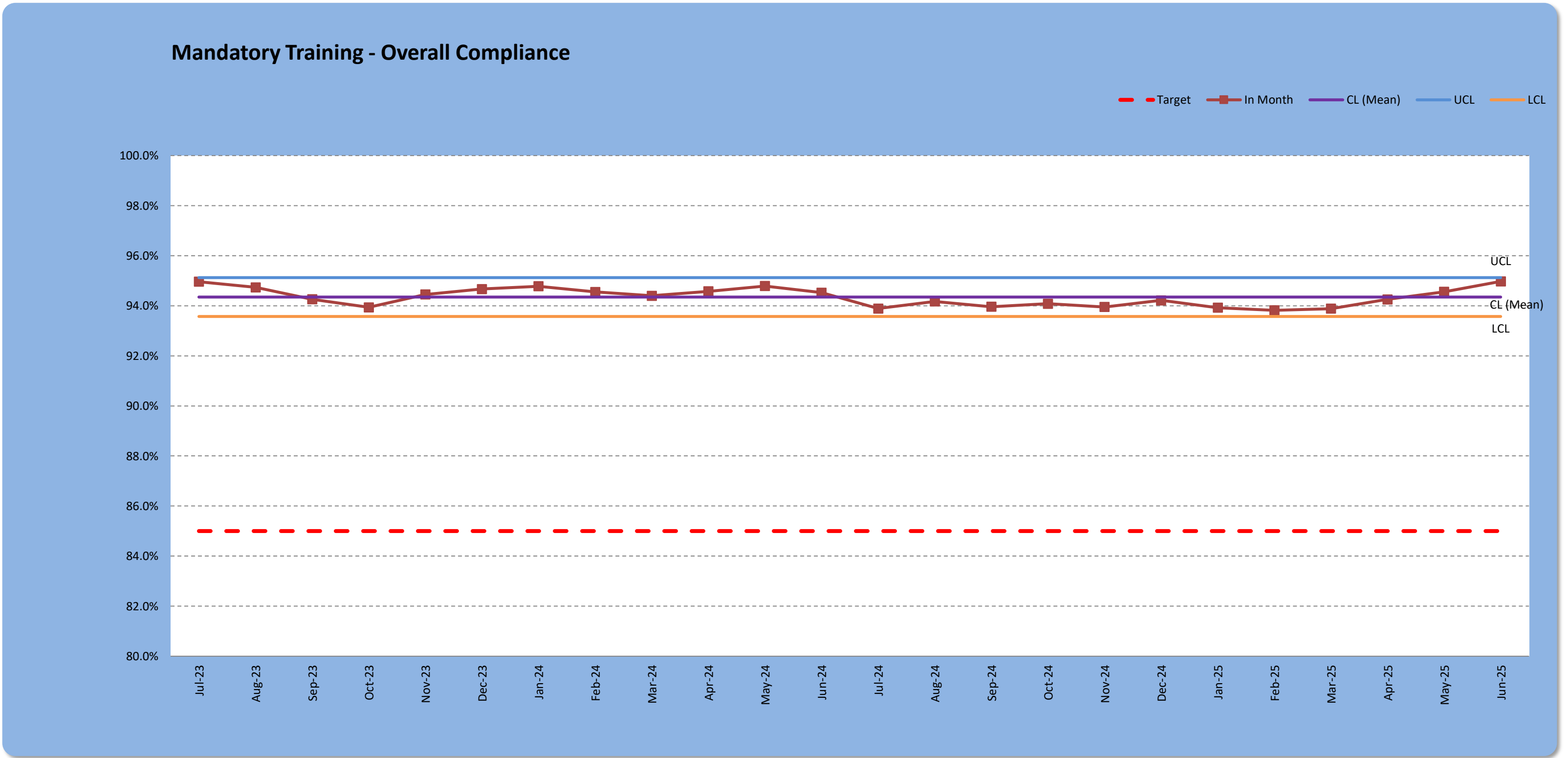
PI RETURN FORM 2025-26

Goal 1 : Innovating Quality and Patient Safety

For the period ending: June 2025

|         |        |                          |
|---------|--------|--------------------------|
| Target: | Amber: | Current month stands at: |
| 85%     | 80%    | 95.0%                    |

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



# PI RETURN FORM 2025-26

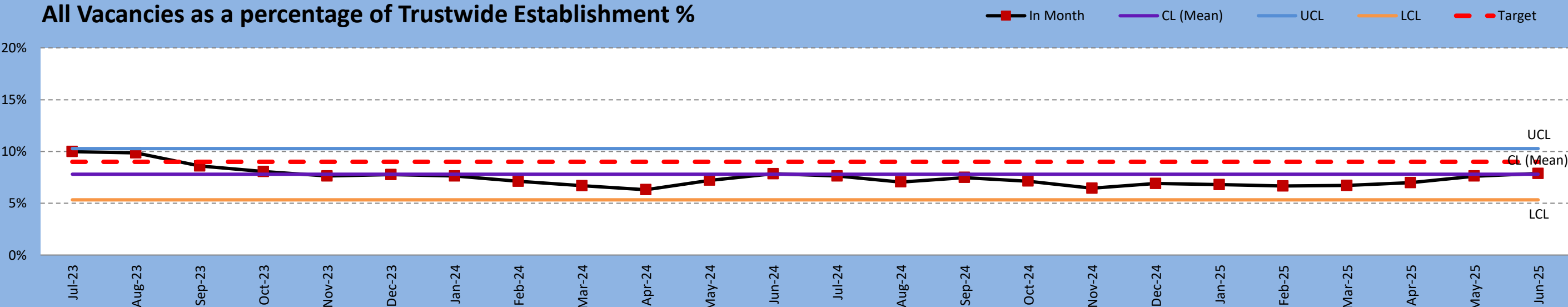
## Goal 1 : Innovating Quality and Patient Safety

For the period ending: June 2025

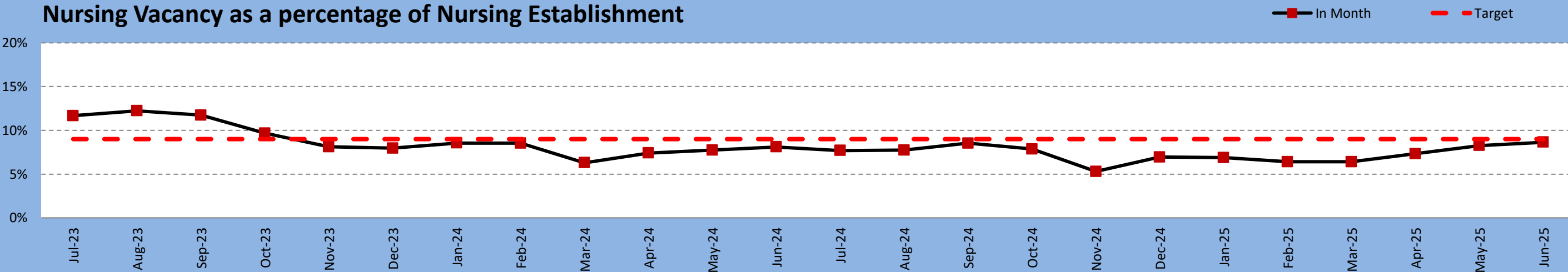
|         |        |                          |
|---------|--------|--------------------------|
| Target: | Amber: | Current month stands at: |
| N/A     | N/A    | 7.9%                     |

| Indicator Title | Description/Rationale                                                                                                              | Executive Lead | KPI Type |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------|----------------|----------|
| Vacancies (WTE) | Proportion of posts vacant when compared to the budgeted establishment. This information is taken from the Trust financial ledger. | Karen Phillips | WL 2 VAC |

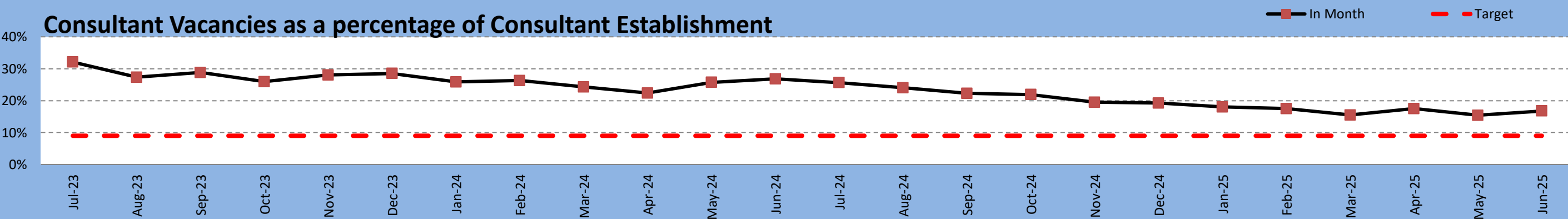
All Vacancies as a percentage of Trustwide Establishment %



Nursing Vacancy as a percentage of Nursing Establishment



Consultant Vacancies as a percentage of Consultant Establishment





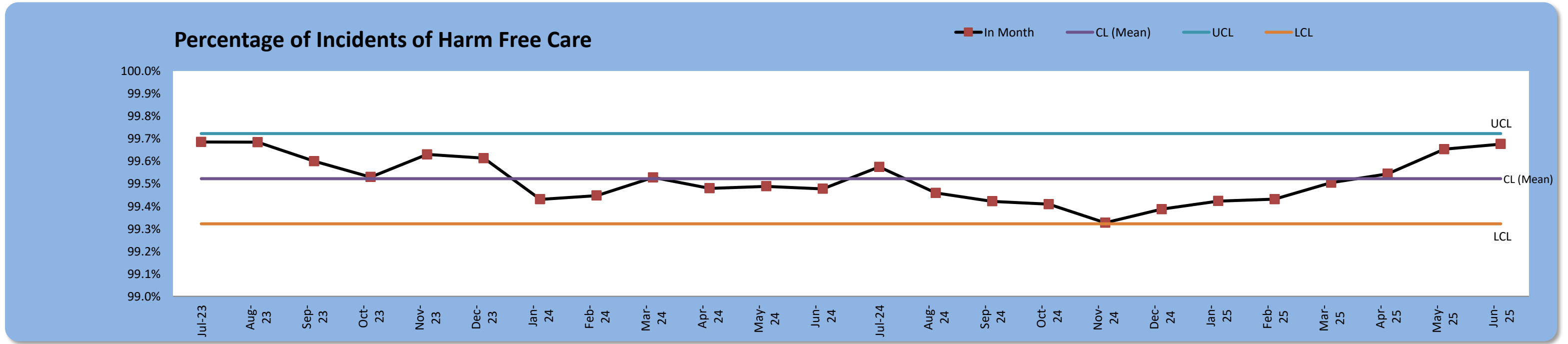
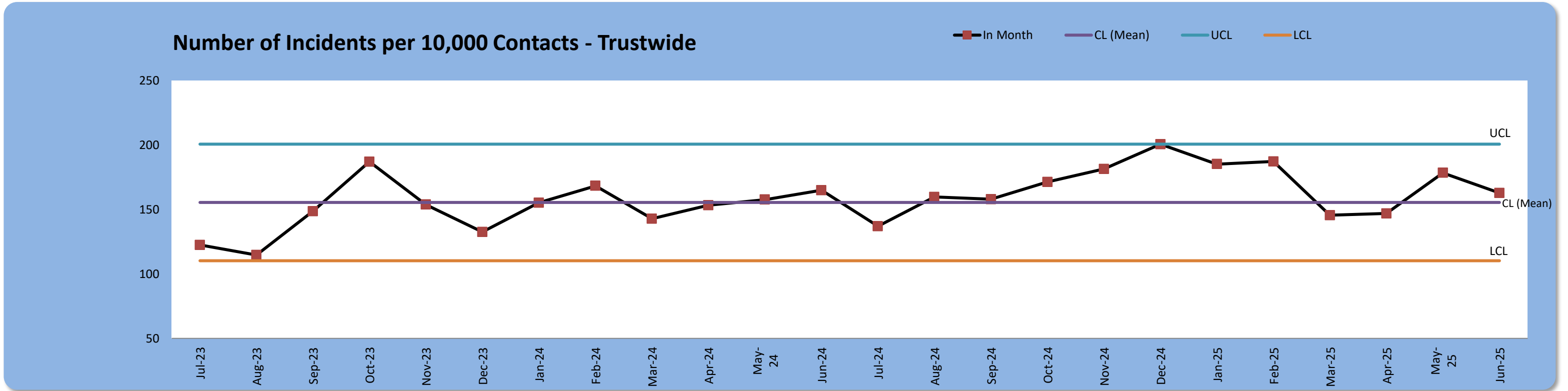
# PI RETURN FORM 2025-26

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: June 2025

|                                          |          |
|------------------------------------------|----------|
| Trustwide<br>current month<br>stands at: |          |
| Target: 0                                | Amber: 0 |
| 163                                      |          |

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



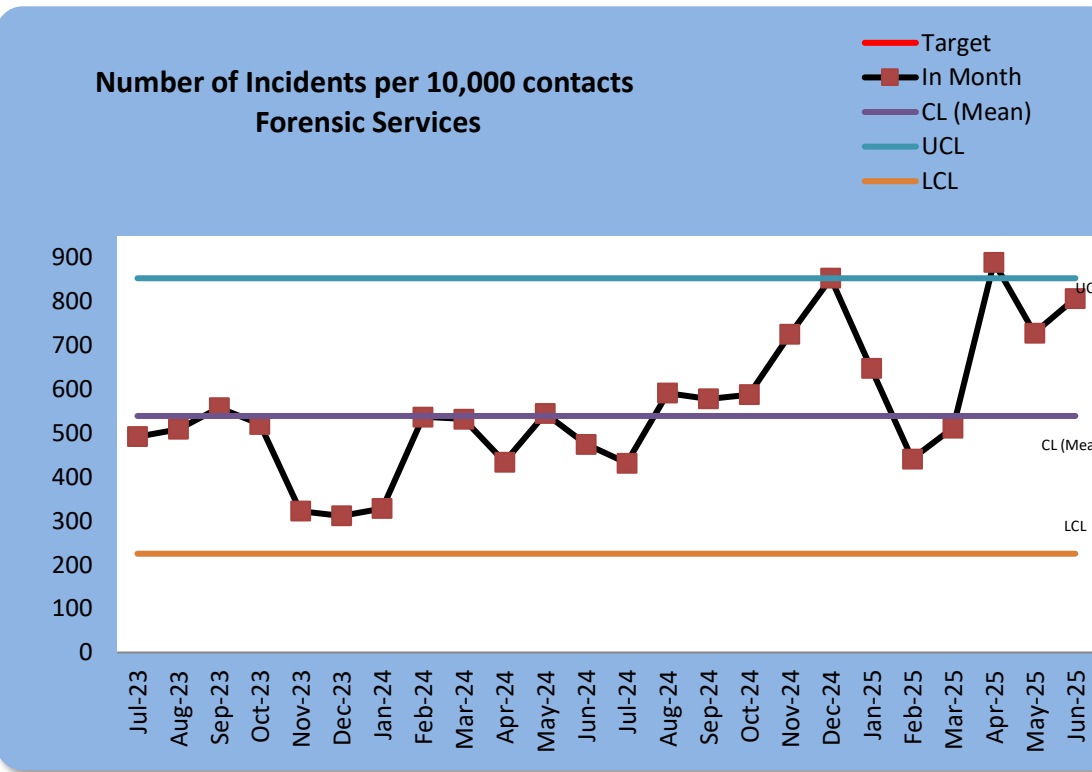
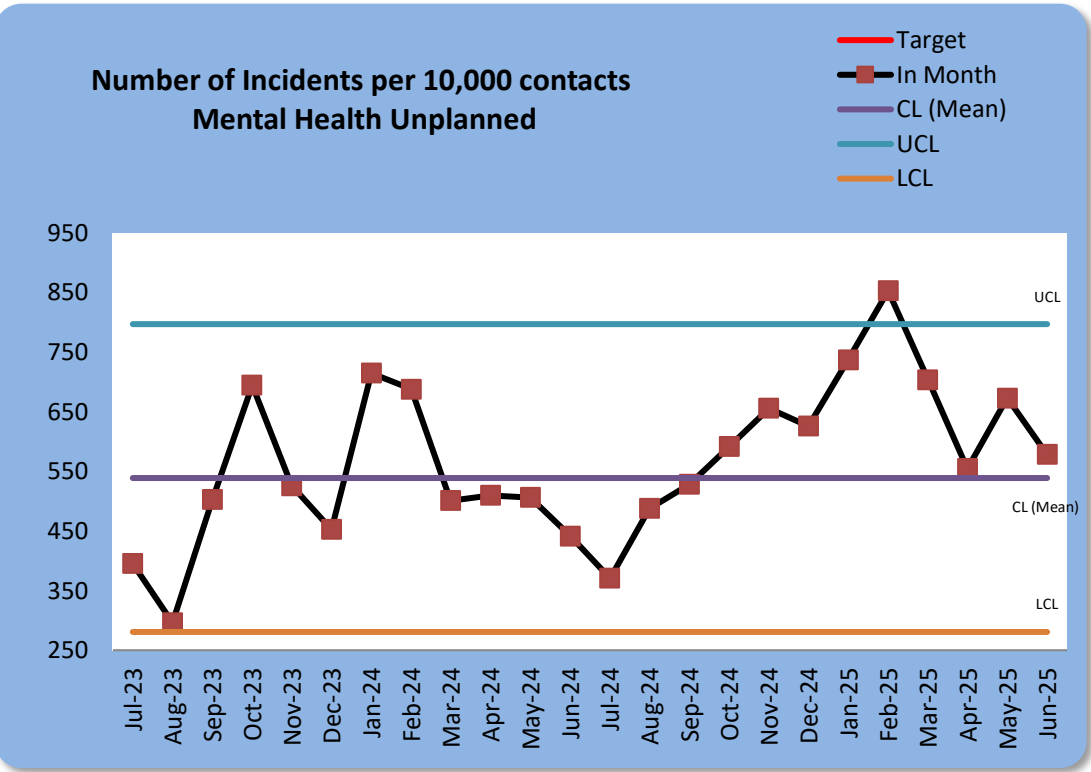
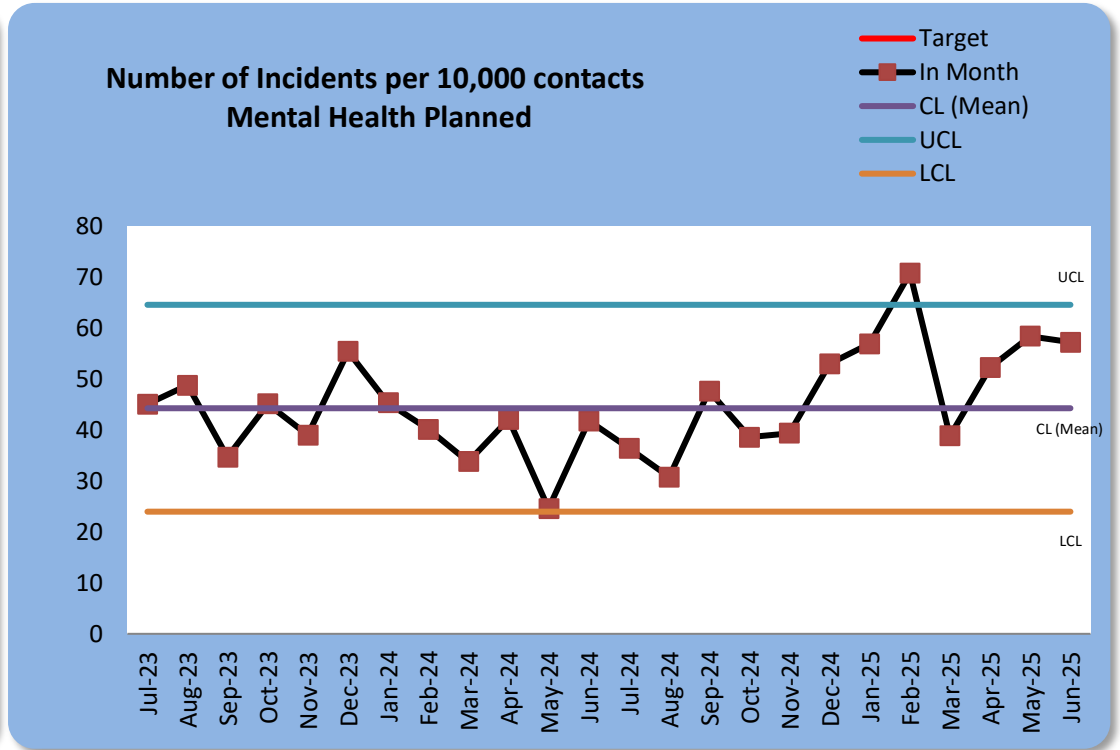
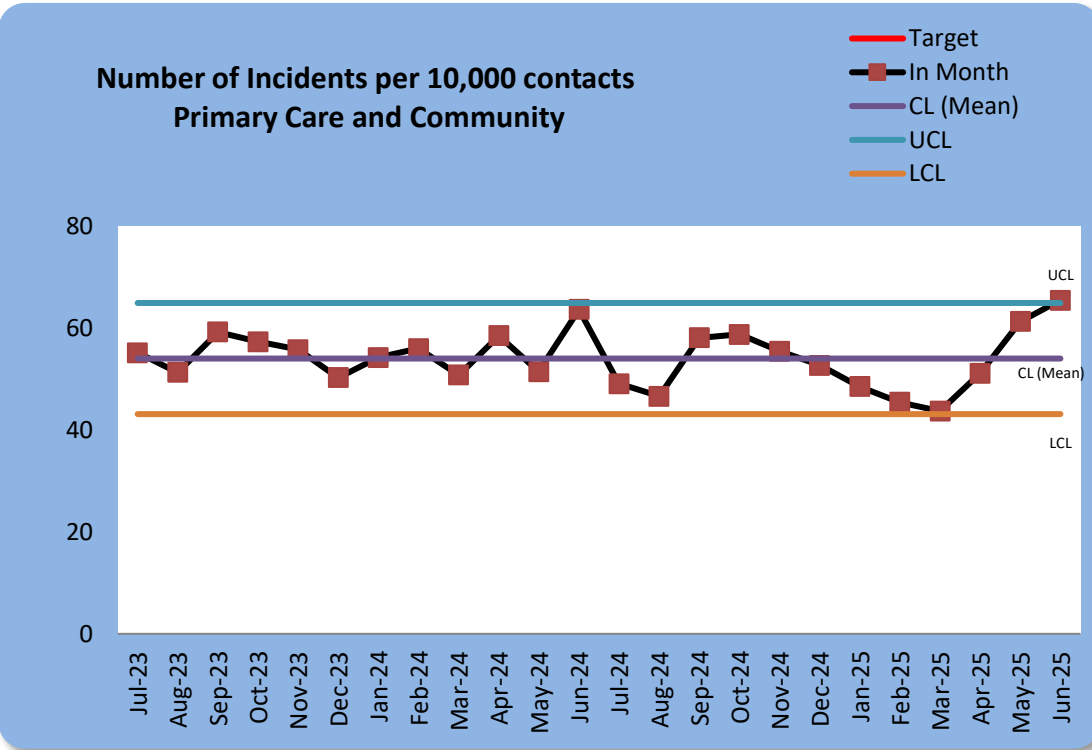
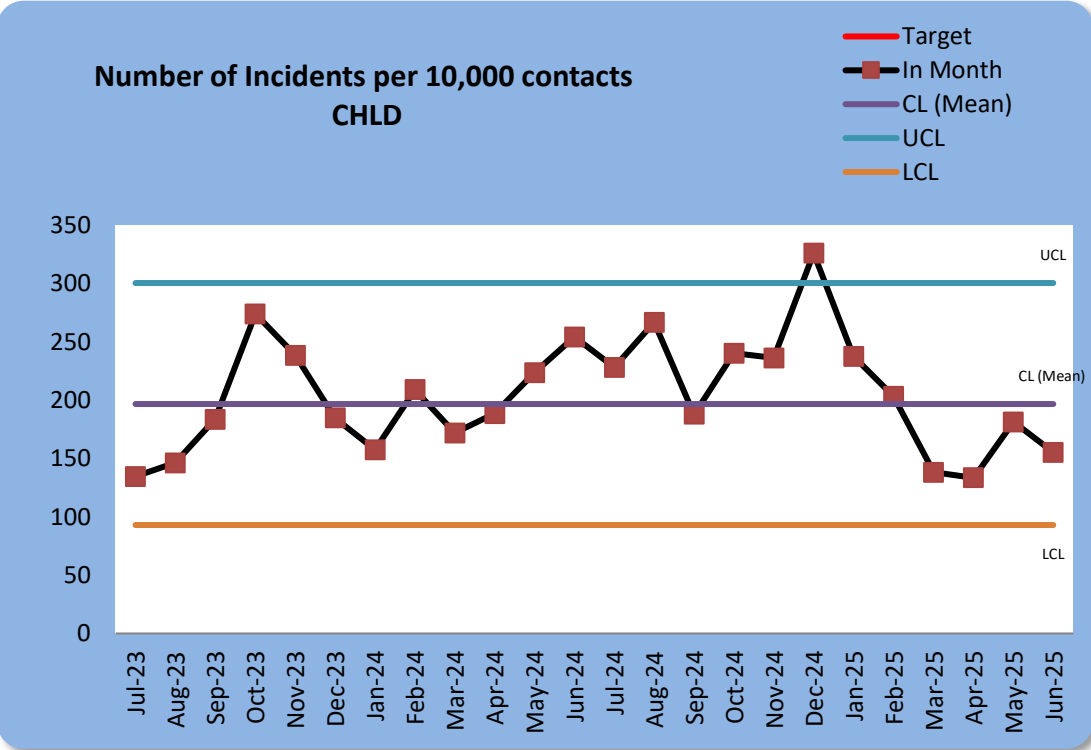
PI RETURN FORM 2025-26

Goal 1 : Innovating Quality and Patient Safety

For the period ending: June 2025

|         |        |                                    |
|---------|--------|------------------------------------|
| Target: | Amber: | Trustwide current month stands at: |
| 0       | 0      | 163                                |

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



| Current Month per Division       |     |
|----------------------------------|-----|
| Children and Learning Disability | 155 |
| Primary Care and Community       | 66  |
| Mental Health Planned            | 57  |
| Mental Health Unplanned          | 579 |
| Forensic Services                | 807 |

| Incident Analysis                               |  | May-25 | Jun-25 |
|-------------------------------------------------|--|--------|--------|
| Never Events                                    |  | 0      | 0      |
| % of Harm Free Care                             |  | 99.7%  | 99.7%  |
| % of Incidents reported in Severe Harm or Death |  | 0.7%   | 0.6%   |

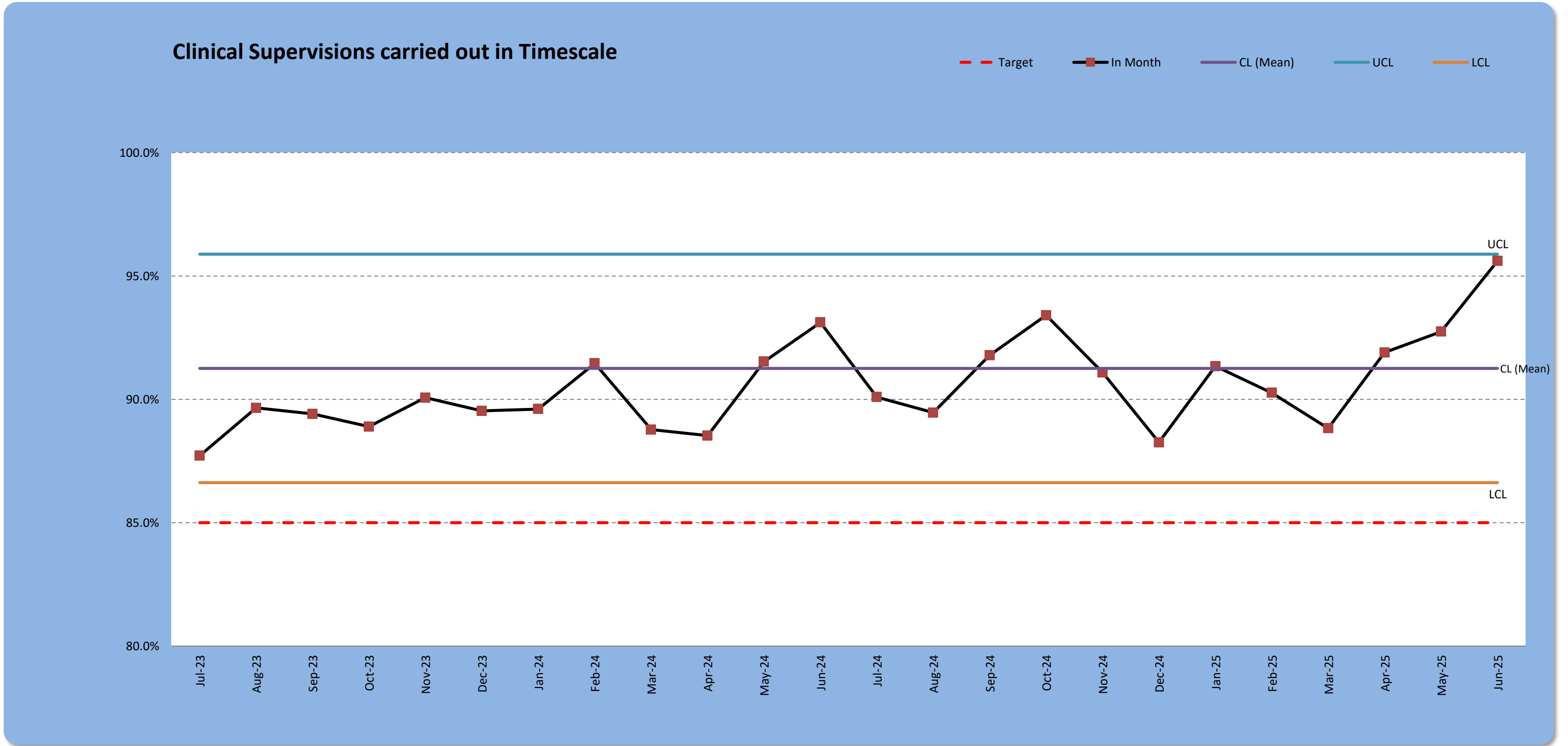
# PI RETURN FORM 2025-26

## Goal 1 : Innovating Quality and Patient Safety

For the period ending: June 2025

|         |        |                          |
|---------|--------|--------------------------|
| Target: | Amber: | Current month stands at: |
| 85%     | 80%    | 95.6%                    |

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





| HUMBER TEACHING NHS FOUNDATION TRUST<br>SAFER STAFFING INPATIENT DASHBOARD |                     |                                    |      |                        |                     |             |                   |             |                 |             |                                   |               |            |               | Contract Period:<br>2025-26               |                                             | Reporting Month:<br>May-25         |                  | <div><div>NHS</div><div>Humber Teaching<br/>NHS Foundation Trust</div></div> |                                             |                                    |                  |                      |                          |                          |                          |                            |                          |        |        |  |  |  |  |  |
|----------------------------------------------------------------------------|---------------------|------------------------------------|------|------------------------|---------------------|-------------|-------------------|-------------|-----------------|-------------|-----------------------------------|---------------|------------|---------------|-------------------------------------------|---------------------------------------------|------------------------------------|------------------|------------------------------------------------------------------------------|---------------------------------------------|------------------------------------|------------------|----------------------|--------------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------|--------|--|--|--|--|--|
| Shown one month in arrears                                                 |                     |                                    |      |                        |                     |             |                   |             |                 |             |                                   |               |            |               |                                           |                                             |                                    |                  |                                                                              |                                             |                                    |                  |                      |                          |                          |                          |                            |                          |        |        |  |  |  |  |  |
| Units                                                                      |                     |                                    |      |                        |                     |             | Bank/Agency Hours |             |                 |             | Average Safer Staffing Fill Rates |               |            |               | High Level Indicators                     |                                             |                                    |                  |                                                                              |                                             |                                    |                  |                      |                          |                          |                          |                            |                          |        |        |  |  |  |  |  |
|                                                                            |                     |                                    |      |                        |                     |             |                   |             |                 |             |                                   |               |            |               | Day                                       |                                             |                                    |                  | Night                                                                        |                                             |                                    |                  | QUALITY INDICATORS   |                          |                          |                          |                            |                          |        |        |  |  |  |  |  |
|                                                                            |                     |                                    |      |                        |                     |             |                   |             |                 |             | Month                             |               |            |               | YTD                                       |                                             |                                    |                  |                                                                              |                                             |                                    |                  |                      |                          |                          |                          |                            |                          |        |        |  |  |  |  |  |
| Speciality                                                                 | Ward                | Speciality                         | WTE  | OBDs (including leave) | CHPPD Hours (Nurse) | Improvement | Bank % Filled     | Improvement | Agency % Filled | Improvement | Registered                        | Un Registered | Registered | Un Registered | Staffing Incidents (Poor Staffing Levels) | Incidents of Physical Violence / Aggression | Complaints (Upheld/ partly upheld) | Failed S17 Leave | Staffing Incidents (Poor Staffing Levels)                                    | Incidents of Physical Violence / Aggression | Complaints (Upheld/ partly upheld) | Failed S17 Leave | Clinical Supervision | Mandatory Training (ALL) | Mandatory Training (ILS) | Mandatory Training (BLS) | Sickness Levels (clinical) | WTE Vacancies (RNs only) | Apr-25 | May-25 |  |  |  |  |  |
| Adult MH                                                                   | Avondale            | Adult MH Assessment                | 31.2 | ✔ 77%                  | ✔ 11.4              | ↓           | 15.5%             | ↓           | 1.8%            | ↓           | ✔ 99%                             | ✔ 110%        | ✔ 99%      | ✔ 109%        | 0                                         | 7                                           | 2                                  | 0                | 0                                                                            | 9                                           | 2                                  | 0                | ✔ 100.0%             | ✔ 93.6%                  | ✔ 91.7%                  | ✔ 88.2%                  | ✔ 1.3%                     | 0.0                      | ✔ 0    | ✔ 0    |  |  |  |  |  |
|                                                                            | New Bridges         | Adult MH Treatment (M)             | 35.0 | ⚠ 91%                  | ✔ 8.2               | ↑           | 17.0%             | ↓           | 1.0%            | ↓           | ✔ 92%                             | ✔ 107%        | ✔ 98%      | ✔ 105%        | 0                                         | 2                                           | 0                                  | 0                | 0                                                                            | 5                                           | 0                                  | 0                | ✔ 92.5%              | ✔ 97.1%                  | ✔ 93.8%                  | ✔ 100.0%                 | ✖ 8.2%                     | 3.0                      | ✔ 1    | ✔ 1    |  |  |  |  |  |
|                                                                            | Westlands           | Adult MH Treatment (F)             | 34.4 | ✖ 95%                  | ✔ 8.2               | ↑           | 46.0%             | ↓           | 3.3%            | ↓           | ⚠ 90%                             | ⚠ 82%         | ✔ 100%     | ✔ 109%        | 0                                         | 15                                          | 0                                  | 0                | 0                                                                            | 19                                          | 2                                  | 0                | ✔ 90.0%              | ✔ 90.9%                  | ✔ 88.2%                  | ✔ 82.4%                  | ✖ 18.2%                    | -0.8                     | ✔ 1    | ⚠ 2    |  |  |  |  |  |
|                                                                            | Mill View Court     | Adult MH Treatment                 | 32.1 | ✖ 92%                  | ⚠ 7.8               | ↑           | 15.3%             | ↓           | 1.5%            | ↓           | ✔ 99%                             | ✔ 99%         | ✔ 100%     | ✔ 99%         | 0                                         | 2                                           | 0                                  | 0                | 0                                                                            | 2                                           | 1                                  | 0                | ✔ 96.6%              | ✔ 94.0%                  | ✔ 76.5%                  | ✔ 93.8%                  | ✖ 5.3%                     | 1.4                      | ✔ 1    | ⚠ 2    |  |  |  |  |  |
|                                                                            | STARS               | Adult MH Rehabilitation            | 14.2 | ✖ 100%                 | ✔ 17.7              | ↑           | 43.1%             | ↓           | 1.8%            | ↑           | ✔ 99%                             | ✔ 93%         | ✔ 100%     | ✔ 102%        | 0                                         | 0                                           | 0                                  | 0                | 0                                                                            | 0                                           | 0                                  | 0                | ✖ 63.6%              | ✔ 93.2%                  | ✔ 80.0%                  | ✔ 80.0%                  | ✖ 8.6%                     | 2.0                      | ⚠ 2    | ⚠ 3    |  |  |  |  |  |
|                                                                            | PICU                | Adult MH Acute Intensive           | 26.3 | ✔ 68%                  | ✔ 27.4              | ↓           | 42.5%             | ↓           | 2.6%            | ↓           | ✔ 92%                             | ✔ 105%        | ✔ 101%     | ✔ 133%        | 0                                         | 19                                          | 0                                  | 0                | 0                                                                            | 31                                          | 0                                  | 0                | ⚠ 80.0%              | ✔ 96.0%                  | ✔ 100.0%                 | ✔ 100.0%                 | ✔ 2.6%                     | 2.6                      | ✔ 0    | ✔ 0    |  |  |  |  |  |
| OP MH                                                                      | Maister Lodge       | Older People Dementia Treatment    | 36.6 | ✔ 54%                  | ✔ 21.7              | ↑           | 20.8%             | ↑           | 1.8%            | ↓           | ✔ 106%                            | ⚠ 80%         | ✔ 100%     | ✔ 105%        | 0                                         | 4                                           | 0                                  | 0                | 0                                                                            | 11                                          | 0                                  | 0                | ✔ 102.5%             | ✔ 93.2%                  | ✔ 83.3%                  | ✔ 84.0%                  | ✖ 8.6%                     | 0.5                      | ✔ 1    | ✔ 1    |  |  |  |  |  |
|                                                                            | Mill View Lodge     | Older People Treatment             | 30.7 | ✖ 99%                  | ✔ 18.4              | ↑           | 12.0%             | ↑           | 0.0%            | ↑           | ✖ 67%                             | ⚠ 82%         | ✔ 100%     | ✔ 98%         | 0                                         | 0                                           | 0                                  | 0                | 0                                                                            | 1                                           | 0                                  | 0                | ✔ 90.3%              | ✔ 98.1%                  | ✔ 100.0%                 | ✔ 94.7%                  | ✖ 5.4%                     | 1.0                      | ⚠ 2    | ⚠ 3    |  |  |  |  |  |
|                                                                            | Maister Court       | Older People Treatment             | 19.4 | ✖ 99%                  | ✔ 17.4              | ↓           | 18.8%             | ↑           | 0.5%            | ↓           | ✔ 121%                            | ✖ 61%         | ✔ 100%     | ✔ 102%        | 0                                         | 8                                           | 0                                  | 0                | 0                                                                            | 15                                          | 0                                  | 0                | ✔ 95.7%              | ✔ 85.7%                  | ✖ 50.0%                  | ✔ 90.9%                  | ✖ 7.0%                     | 0.0                      | ⚠ 4    | ⚠ 4    |  |  |  |  |  |
|                                                                            | Pine View           | Forensic Low Secure                | 29.2 | ✔ 74%                  | ✔ 35.3              | ↓           | 13.4%             | ↑           | 0.0%            | ➡           | ⚠ 87%                             | ⚠ 81%         | ⚠ 84%      | ✔ 105%        | 0                                         | 1                                           | 0                                  | 0                | 0                                                                            | 1                                           | 0                                  | 0                | ✔ 100.0%             | ✔ 97.7%                  | ✔ 90.9%                  | ✔ 94.7%                  | ✖ 5.3%                     | 2.1                      | ⚠ 2    | ✔ 1    |  |  |  |  |  |
|                                                                            | Derwent             | Forensic Medium Secure             | 26.8 | ✔ 78%                  | ✔ 18.0              | ↑           | 30.5%             | ↓           | 0.0%            | ➡           | ✔ 101%                            | ⚠ 81%         | ✔ 110%     | ✔ 151%        | 0                                         | 3                                           | 0                                  | 0                | 0                                                                            | 7                                           | 0                                  | 0                | ✔ 100.0%             | ✔ 94.7%                  | ✔ 100.0%                 | ✔ 81.3%                  | ✔ 0.7%                     | -0.8                     | ✔ 0    | ✔ 0    |  |  |  |  |  |
|                                                                            | Ouse                | Forensic Medium Secure             | 26.6 | ✔ 78%                  | ✔ 9.3               | ↑           | 19.8%             | ↑           | 0.0%            | ➡           | ⚠ 84%                             | ✔ 106%        | ✔ 120%     | ✔ 90%         | 0                                         | 0                                           | 0                                  | 0                | 0                                                                            | 0                                           | 0                                  | 0                | ✔ 100.0%             | ✔ 96.2%                  | ✔ 90.0%                  | ✔ 86.7%                  | ✖ 15.5%                    | -0.8                     | ✔ 1    | ✔ 1    |  |  |  |  |  |
|                                                                            | Swale               | Personality Disorder Medium Secure | 26.5 | ⚠ 87%                  | ✔ 15.2              | ↑           | 22.5%             | ↑           | 0.0%            | ➡           | ⚠ 78%                             | ✔ 100%        | ✔ 103%     | ✔ 94%         | 0                                         | 0                                           | 0                                  | 0                | 0                                                                            | 0                                           | 0                                  | 0                | ✔ 96.3%              | ✔ 99.7%                  | ✔ 100.0%                 | ✔ 100.0%                 | ✔ 2.3%                     | 3.0                      | ✔ 1    | ✔ 0    |  |  |  |  |  |
|                                                                            | Ullswater (10 Beds) | Learning Disability Medium Secure  | 30.2 | ⚠ 90%                  | ✔ 19.4              | ↑           | 28.7%             | ↓           | 0.0%            | ➡           | ✔ 113%                            | ✔ 140%        | ✔ 113%     | ✔ 165%        | 0                                         | 8                                           | 0                                  | 0                | 0                                                                            | 9                                           | 0                                  | 0                | ⚠ 83.3%              | ✔ 96.0%                  | ✔ 90.9%                  | ✔ 94.7%                  | ✖ 7.5%                     | -0.7                     | ✔ 1    | ✔ 1    |  |  |  |  |  |
|                                                                            | Townend Court       | Learning Disability                | 42.8 | ✔ 47%                  | ✔ 64.7              | ↓           | 13.2%             | ↑           | 1.4%            | ↑           | ✖ 67%                             | ⚠ 85%         | ✔ 95%      | ✔ 97%         | 0                                         | 17                                          | 1                                  | 0                | 0                                                                            | 22                                          | 1                                  | 0                | ✔ 100.0%             | ✔ 94.8%                  | ⚠ 70.0%                  | ✔ 87.9%                  | ⚠ 4.9%                     | 1.7                      | ✔ 1    | ✔ 1    |  |  |  |  |  |
|                                                                            | Inspire             | CAMHS                              | 50.0 | ✔ 73%                  | ✔ 24.6              | ↓           | 9.6%              | ↑           | 1.0%            | ↓           | ✔ 99%                             | ✔ 126%        | ✔ 96%      | ✔ 130%        | 0                                         | 0                                           | 0                                  | 0                | 0                                                                            | 0                                           | 0                                  | 0                | ✖ N/R                | ✔ 93.6%                  | ✔ 80.0%                  | ✔ 100.0%                 | ✔ 3.9%                     | -0.5                     | ✔ 1    | ✔ 1    |  |  |  |  |  |
| CH                                                                         | Granville Court     | Learning Disability Nursing Care   | 52.3 | ✔ 66%                  | ✔ 22.1              | ↑           | 24.5%             | ↓           | 0.0%            | ➡           | ✔ 133%                            | ✔ 100%        | ✔ 109%     | ✔ 111%        | 0                                         | 0                                           | 0                                  | 0                | 0                                                                            | 0                                           | 0                                  | 0                | ✔ 88.7%              | ✔ 98.4%                  | ✔ 78.6%                  | ✔ 100.0%                 | ✖ 7.3%                     | -2.4                     | ✔ 1    | ✔ 1    |  |  |  |  |  |
|                                                                            | Whitby Hospital     | Physical Health Community Hospital | 30.9 | ✔ 78%                  | ✔ 8.2               | ↓           | 7.2%              | ↓           | 0.0%            | ➡           | ⚠ 84%                             | ✖ 54%         | ✔ 100%     | ✔ 97%         | 1                                         | 0                                           | 0                                  | 0                | 3                                                                            | 1                                           | 0                                  | 0                | ✔ 87.2%              | ✔ 90.7%                  | ✔ 87.5%                  | ✔ 80.0%                  | ✖ 8.7%                     | 0.5                      | ✔ 1    | ⚠ 2    |  |  |  |  |  |
|                                                                            | Malton Hospital     | Physical Health Community Hospital | 29.4 | ✔ 79%                  | ✔ 8.0               | ↑           | 11.4%             | ↑           | 0.0%            | ➡           | ✔ 91%                             | ⚠ 81%         | ✔ 115%     | ⚠ 84%         | 0                                         | 0                                           | 0                                  | 0                | 0                                                                            | 0                                           | 0                                  | 0                | ✔ 100.0%             | ✔ 90.5%                  | ⚠ 68.8%                  | ✔ 81.3%                  | ✔ 1.6%                     | 0.9                      | ✔ 1    | ✔ 0    |  |  |  |  |  |
| Key                                                                        | ✔ Target met        |                                    |      | ⚠ Within 5% of target  |                     |             | ✖ Target not met  |             |                 |             |                                   |               |            |               |                                           |                                             |                                    |                  |                                                                              |                                             |                                    |                  |                      |                          |                          |                          |                            |                          |        |        |  |  |  |  |  |



HUMBER TEACHING NHS FOUNDATION TRUST  
SAFER STAFFING INPATIENT DASHBOARD

Contract Period:

Reporting Month:

| Staffing and Quality Indicators |
|---------------------------------|
| 2025-26                         |
| May-25                          |



Exception Reporting and Operational Commentary

Safer Staffing Dashboard Narrative : May

There has been a slight increase in the number of units flagging red for sickness, from 10 in in April to 12 in May. This is following an improving picture from January.

The number of units with sickness rates above 10% has decreased further from 5 in April to 2 in May. There are 2 units with a sickness rate above 15%: Westlands 18.2% and Ouse which has a slightly improved position from 16.7 % in April to 15.5% in May. Targeted support continues for areas with continued high sickness rates.

There are no units with 5 red flags. Maister Court remains the only unit with 4 red flags but these relate to its bed occupancy which is consistently high due to the small bed base and the low fill rates for unregistered staff on days but this is balanced by an overfill on registered.

There are no red flags for Care Hours Per Patient Day (CHPPD). And only Mill View Court, is slightly below their target in May which is an improvement from 4 units in April. They have a target CHPPD of 8.0 which was achieved over a 6 month average (Oct-March) Bed occupancy continued to be high in May for Mill View Court.

Registered Nurse fill rates are satisfactory with the exception of Townend Court who are under the lower target threshold of 75% on days. This has been reviewed as part of the safer staffing reviews in May. Due to their low bed occupancy (47%) they are still maintaining high CHPPD (64.7)

Overall fill rates for Whitby on days are below target. (84% registered and 54% unregistered. This has been discussed with the modern matron and clinical lead who confirmed that they have significant challenges currently due to HCAs vacancies and LTS and TNAs not being backfilled. Staffing meetings were held daily through may (and continue) and professional judgement utilised to support 6 /4 staff on days due to low be occupancy and review of clinical acuity and they have maintained above target for their CHPPD. This has impacted their supervision compliance (as below) and the MM is addressing this with the charge nurse.

Townend Court report occasions when only 1 registered nurse on duty, however IST base themselves at Townend Court and provide support as required at weekends. During the week the band 7s and matron provide support if staffing numbers are reduced.

Statutory/Mandatory training (all) is now above the 85% target for all units.

Immediate Life Support and Basic Life Support compliance has improved at Malton and Whitby following targeted 2 day training in March. Areas of ongoing concern have been highlighted to the resuscitation officer.

There was 1 nil return for clinical supervision for Inspire in May for the second month- this has been addressed with the modern matron however their 6 month position is over 90% (Oct-Mar). STaRs and Whitby have below levels of supervision (63.6% and 10.3% respectively) this has been flagged with the MMs for action.

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

Registered Nurse Vacancy Rates (Rolling 12 months)

| Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | Apr-25 | May-25 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 9.66%  | 10.20% | 10.28% | 8.92%  | 6.80%  | 6.30%  | 7.39%  | 7.77%  | 7.57%  | 7.15%  | 7.71%  | 8.90%  |

Slips/Trips and Falls (Rolling 3 months)

|                | Mar-25 | Apr-25 | May-25 |
|----------------|--------|--------|--------|
| Maister Lodge  | 7      | 11     | 4      |
| Millview Lodge | 5      | 1      | 3      |
| Malton IPU     | 4      | 2      | 1      |
| Whitby IPU     | 0      | 2      | 1      |

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



## HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING COMMUNITY DASHBOARD

Contract Period:

Reporting Month:

| Staffing and Quality Indicators |
|---------------------------------|
| 2025-26                         |
| May                             |

2025-26

May



|                          |                                                    |                  | Workforce Indicators |                              |          |       |                 | Quality Indicators |                               |       |                         |                                     |                             |                                                 | Trend                                              |        |        |   |   |   |   |
|--------------------------|----------------------------------------------------|------------------|----------------------|------------------------------|----------|-------|-----------------|--------------------|-------------------------------|-------|-------------------------|-------------------------------------|-----------------------------|-------------------------------------------------|----------------------------------------------------|--------|--------|---|---|---|---|
| Area                     | Team                                               | Speciality       | WTE<br>in post       | Vacancies<br>Budget<br>- WTE | Sickness |       | Bank Spend<br>£ | Agency Spend<br>£  | Mandatory<br>Training Overall |       | Clinical<br>Supervision | Friends and Family<br>YTD Responses | Friends and Family<br>YTD % | Serious Incidents<br>(reported to STEIS)<br>YTD | Complaints<br>Upheld (wholly or<br>in part)<br>YTD | Apr-25 | May-25 |   |   |   |   |
| Adult MH Services        | Mental Health Response Service                     | Adult Crisis     | 77.8                 | 9.5%                         | ⊗        | 7.3%  | £31,050         | £1,017             | ✔                             | 92.0% | ⚠                       | 81.1%                               | 8                           | ⊗                                               | 75.0%                                              | 0      | 0      | ✔ | 1 | ⚠ | 2 |
|                          | Hull East Mental Health Team                       | Hull Adult MHT   | 27.9                 | 29.0%                        | ⊗        | 12.7% | £1,424          | £0                 | ✔                             | 87.9% | ✔                       | 93.2%                               | 2                           | ✔                                               | 100.0%                                             | 0      | 1      | ✔ | 0 | ✔ | 1 |
|                          | Hull West Mental Health Team                       | Hull Adult MHT   | 20.8                 | 16.2%                        | ⊗        | 9.7%  | £689            | £0                 | ✔                             | 95.6% | N/R                     | 0                                   | NS                          | 0                                               | 0                                                  | ✔      | 1      | ✔ | 1 |   |   |
|                          | Beverley Mental Health Team                        | ER Adult MHT     | 8.4                  | 10.6%                        | ✔        | 0.0%  | £1,804          | £0                 | ✔                             | 96.1% | ✔                       | 100.0%                              | 0                           | NS                                              | 0                                                  | 0      | ✔      | 0 | ✔ | 0 |   |
|                          | Goole Mental Health Team                           | ER Adult MHT     | 12.2                 | 6.2%                         | ⊗        | 6.6%  | £913            | £0                 | ✔                             | 94.9% | ✔                       | 100.0%                              | 2                           | ✔                                               | 100.0%                                             | 0      | 0      | ✔ | 1 | ✔ | 1 |
|                          | Haltemprice Mental Health Team                     | ER Adult MHT     | 12.2                 | 3.2%                         | ⚠        | 4.8%  | £1,269          | £0                 | ✔                             | 96.8% | ✔                       | 100.0%                              | 0                           | NS                                              | 0                                                  | 0      | ✔      | 1 | ✔ | 0 |   |
|                          | Holderness Mental Health Team                      | ER Adult MHT     | 15.0                 | 8.3%                         | ⊗        | 13.0% | £0              | £0                 | ✔                             | 94.5% | ✔                       | 100.0%                              | 0                           | NS                                              | 0                                                  | 0      | ✔      | 1 | ✔ | 1 |   |
|                          | Bridlington & Driffield MHT                        | ER Adult MHT     | 17.8                 | 9.2%                         | ⊗        | 6.8%  | £135            | £0                 | ✔                             | 95.7% | ✔                       | 100.0%                              | 3                           | ✔                                               | 100.0%                                             | 0      | 0      | ✔ | 1 | ✔ | 1 |
| Older People MH Services | Crisis Intervention Team for Older People (CITOP)  | OP Crisis        | 22.0                 | 34.4%                        | ✔        | 1.7%  | £4,927          | £0                 | ✔                             | 98.1% | N/R                     | 5                                   | ⚠                           | 80.0%                                           | 0                                                  | 0      | ✔      | 0 | ✔ | 0 |   |
|                          | Hull Intensive Care Team for Older People (HICTOP) | Hull OP CMHT     | 23.5                 | 16.7%                        | ✔        | 3.2%  | £1,111          | £0                 | ✔                             | 96.5% | ✔                       | 100.0%                              | 10                          | ✔                                               | 90.0%                                              | 0      | 0      | ✔ | 0 | ✔ | 0 |
|                          | Beverley and Haltemprice OP CMHT                   | ER OP CMHT       | 10.0                 | 3.8%                         | ⊗        | 8.0%  | £172            | £0                 | ✔                             | 98.3% | ✔                       | 100.0%                              | 1                           | ✔                                               | 100.0%                                             | 0      | 0      | ✔ | 1 | ✔ | 1 |
|                          | Bridlington & Driffield OP CMHT                    | ER OP CMHT       | 9.4                  | 0.0%                         | ⊗        | 7.9%  | £0              | £0                 | ✔                             | 91.0% | ✔                       | 100.0%                              | 2                           | ✔                                               | 100.0%                                             | 0      | 0      | ✔ | 1 | ✔ | 1 |
|                          | Goole & Pocklington OP CMHT                        | ER OP CMHT       | 6.1                  | 24.7%                        | ✔        | 0.0%  | £0              | £0                 | ✔                             | 92.6% | ✔                       | 100.0%                              | 8                           | ✔                                               | 100.0%                                             | 0      | 0      | ✔ | 0 | ✔ | 0 |
|                          | Holderness OP Community Team                       | ER OP CMHT       | 5.3                  | -0.1%                        | ⊗        | 15.0% | £0              | £0                 | ✔                             | 93.2% | ✔                       | 100.0%                              | 1                           | ✔                                               | 100.0%                                             | 0      | 0      | ✔ | 1 | ✔ | 1 |
| Universal                | Early Intervention in Psychosis                    | 14-65 MHT        | 26.3                 | 14.3%                        | ⊗        | 6.1%  | £0              | £0                 | ✔                             | 88.4% | ✔                       | 92.9%                               | 0                           | NS                                              | 0                                                  | 0      | ✔      | 0 | ✔ | 1 |   |
|                          | Hospital Mental Health Team                        | Liaison Services | 43.4                 | 7.5%                         | ⊗        | 5.4%  | £4,686          | £26,522            | ✔                             | 90.1% | ✔                       | 85.7%                               | 7                           | ⚠                                               | 85.7%                                              | 0      | 0      | ⚠ | 2 | ✔ | 1 |
| Community Services       | Ryedale Team                                       | Comm Services    | 20.0                 | 3.8%                         | ✔        | 1.4%  | £517            | £0                 | ✔                             | 92.2% | ✔                       | 89.7%                               | 0                           | NS                                              | 0                                                  | 0      | ✔      | 1 | ✔ | 0 |   |
|                          | Scarborough Hub                                    | Comm Services    | 64.0                 | 10.0%                        | ⊗        | 5.3%  | £18,214         | £7,288             | ✔                             | 91.0% | ⚠                       | 82.0%                               | 1                           | ✔                                               | 100.0%                                             | 0      | 0      | ⚠ | 2 | ✔ | 1 |
|                          | Whitby Community Nurses                            | Comm Services    | 29.3                 | 14.4%                        | ⊗        | 8.1%  | £4,874          | £0                 | ✔                             | 89.5% | ✔                       | 100.0%                              | 0                           | NS                                              | 0                                                  | 0      | ✔      | 1 | ✔ | 1 |   |
|                          | Pocklington Nurses                                 | Comm Services    | 19.0                 | 3.6%                         | ✔        | 0.7%  | £109            | £0                 | ⚠                             | 82.9% | ✔                       | 100.0%                              | 0                           | NS                                              | 0                                                  | 0      | ✔      | 0 | ✔ | 0 |   |

### Points of Note:

Complaints - Zero figures indicate at least one complaint was made but not upheld. Figures above zero indicate these complaints were either Upheld or Partly Upheld. These incur a Red flag.

Active Caseload - patients seen at least once for treatment within the team. ER Adult Teams do not have the local authority staffing numbers included.

No returns for clinical supervision will incur a Red Flag

FFT % results based on the number of responses received with a satisfactory outcome

Waiting Assessment - Total number of patients not seen for assessment

# Quality Dashboard

Description : Learning from Mortality Reviews

Summary of total number of deaths and total number of cases reviewed under the 'Patient Safety Incident' Framework or Mortality Review

Total Number of Deaths and Deaths Reviewed  
(does not include patients with identified Learning Disabilities)

|                                                 | Q1 24-25 | Q2 24-25 | Q3 24-25 | Q4 24-25 | Q1 25-26 | Last 12 months |
|-------------------------------------------------|----------|----------|----------|----------|----------|----------------|
| Total Number of Deaths                          | 175      | 146      | 192      | 171      | 171      | 680            |
| Total Number of Natural Deaths                  | 154      | 136      | 171      | 159      | 156      | 622            |
| Proportion of Natural Deaths                    | 88.0%    | 93.2%    | 89.1%    | 93.0%    | 91.2%    | 91.5%          |
| Total Number of Deaths - Community Hospitals    | 29       | 22       | 23       | 22       | 22       | 89             |
| Total Number of Deaths - MH Inpatients          | 6        | 2        | 0        | 0        | 2        | 4              |
| Total Number of Deaths - LD Inpatients          | 0        | 0        | 0        | 0        | 1        | 1              |
| Total Number of Deaths - Forensics Inpatients   | 0        | 0        | 0        | 0        | 0        | 0              |
| Total Number of Deaths - All Community excl. MH | 56       | 53       | 73       | 53       | 65       | 244            |
| Total Number of Deaths - Addictions             | 14       | 3        | 8        | 3        | 10       | 24             |
| Total Number of Deaths - MH Community           | 66       | 64       | 85       | 89       | 72       | 310            |

## Review Process

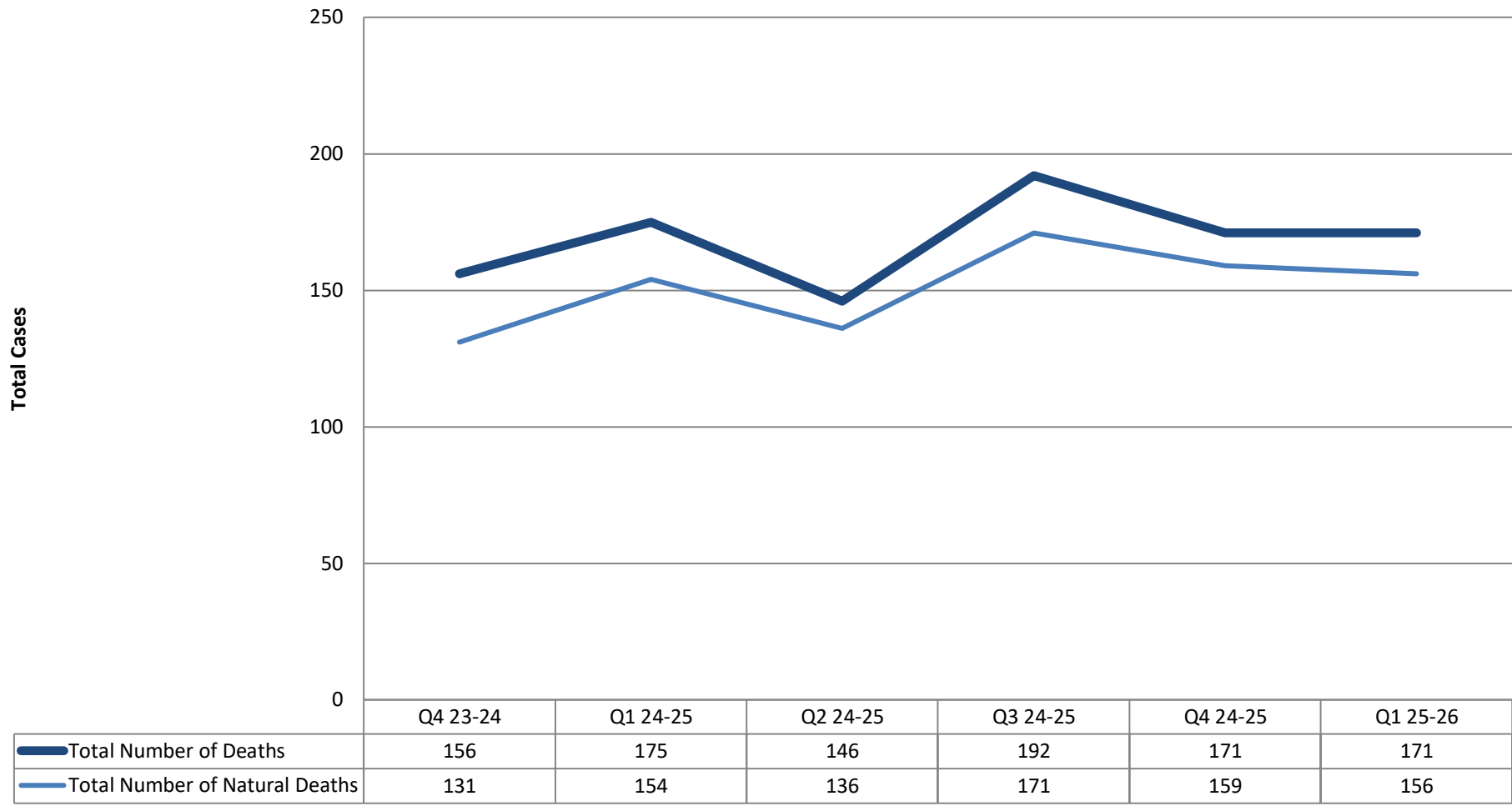
|                                                                   |     |     |     |     |     |     |
|-------------------------------------------------------------------|-----|-----|-----|-----|-----|-----|
| Reported as Mortality Review                                      | 0   | 0   | 0   | 0   | 0   | 0   |
| No Further Action - Reviewed by CRMG / Safety Huddle              | 153 | 129 | 161 | 146 | 148 | 584 |
| No Further Action - Expected Death                                | 0   | 0   | 0   | 0   | 0   | 0   |
| Reported as Patient Safety Incident Investigation (previously SI) | 2   | 1   | 1   | 3   | 0   | 5   |
| Reported as Patient Safety Incident Analysis (previously SEA)     | 2   | 0   | 6   | 3   | 3   | 12  |
| Child Death Review                                                | 0   | 0   | 0   | 0   | 0   | 0   |
| Statements Being Produced For Coroners                            | 0   | 1   | 0   | 3   | 0   | 4   |
| Swarm Huddle                                                      | 0   | 0   | 0   | 0   | 0   | 0   |
| Total Deaths Reviewed                                             | 157 | 131 | 168 | 155 | 151 | 605 |
| Awaiting Cause of Death                                           | 4   | 1   | 5   | 0   | 1   | 7   |
| Not Yet Reported                                                  | 13  | 14  | 19  | 16  | 19  | 68  |

Summary of total number of Learning Disability deaths and total number of cases reviewed under the LeDeR Review methodology

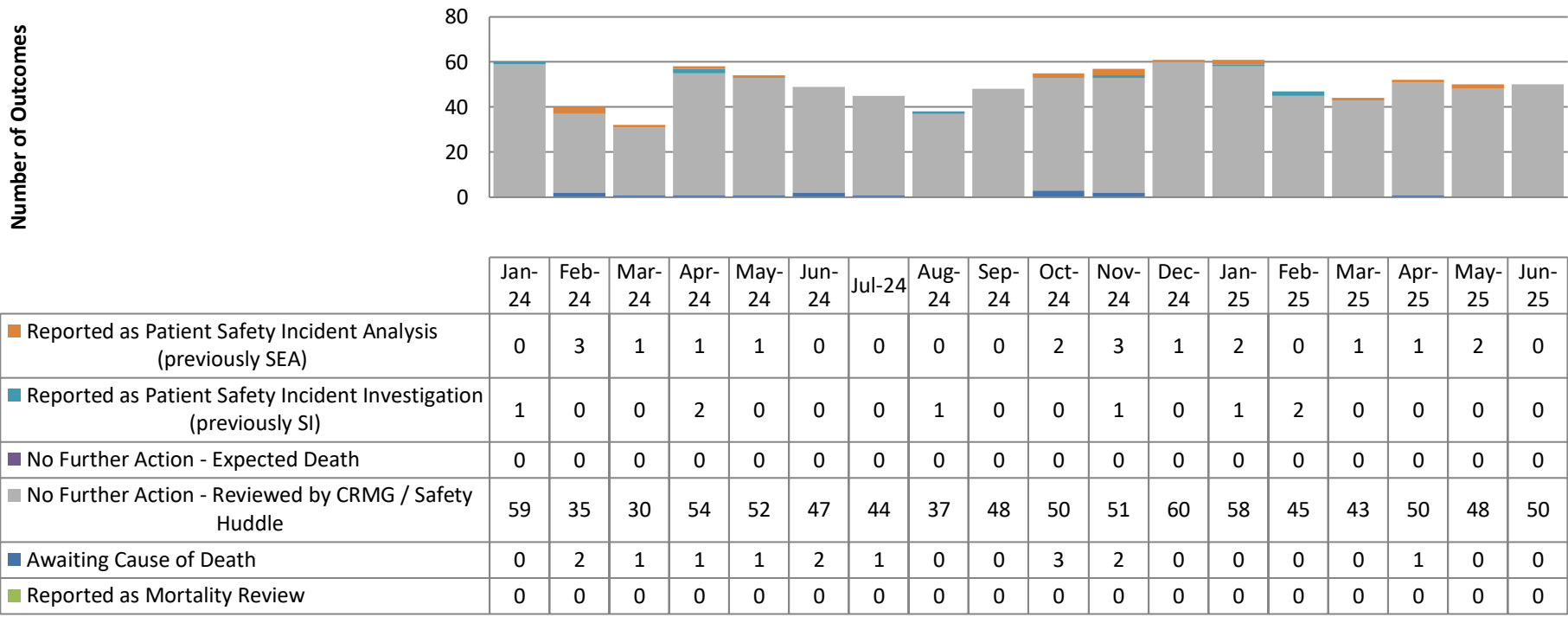
Total Number of Deaths, Deaths reviewed and Deaths Deemed Avoidable for patients with identified Learning Disabilities)

|                                     |   |   |   |   |   |   |
|-------------------------------------|---|---|---|---|---|---|
| Number of Deaths in Inpatients (LD) | 0 | 0 | 0 | 0 | 1 | 1 |
|-------------------------------------|---|---|---|---|---|---|

Total Number of Deaths per quarter (18 months)



Outcome of Death Reviews (over the last 18 months)



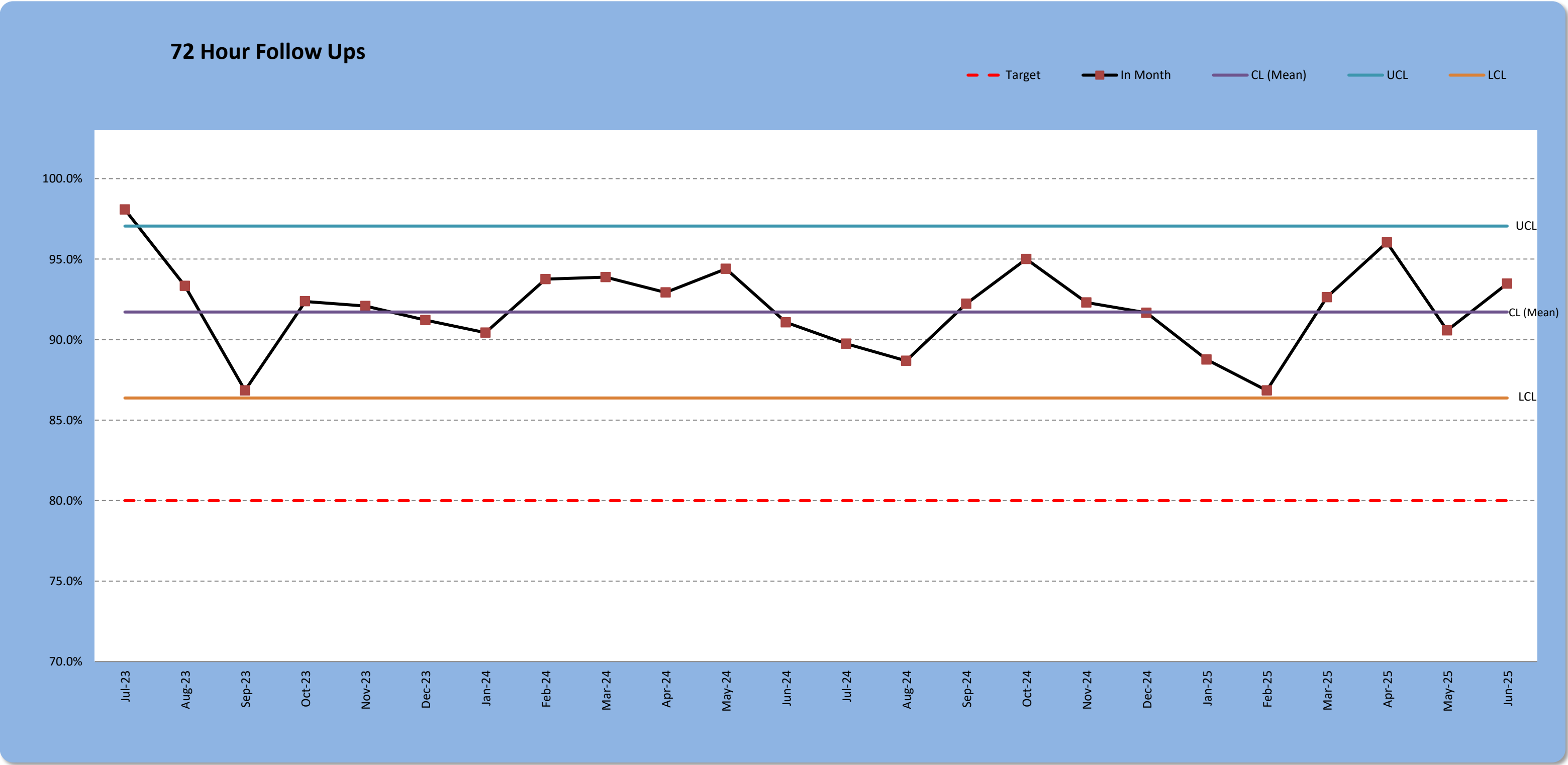
PI RETURN FORM 2025-26

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: June 2025

|                                            |            |       |
|--------------------------------------------|------------|-------|
| Current month<br>for 72 hour<br>stands at: |            |       |
| Target: 80%                                | Amber: 60% | 93.5% |

| Indicator Title    | Description/Rationale                                                                                                           | Executive Lead<br>Lynn Parkinson | KPI Type |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------|
| 72 Hour Follow Ups | This indicator measures the percentage of patients who were in the CQUIN scope and had a follow up within 72 hours of discharge |                                  | OP 12    |





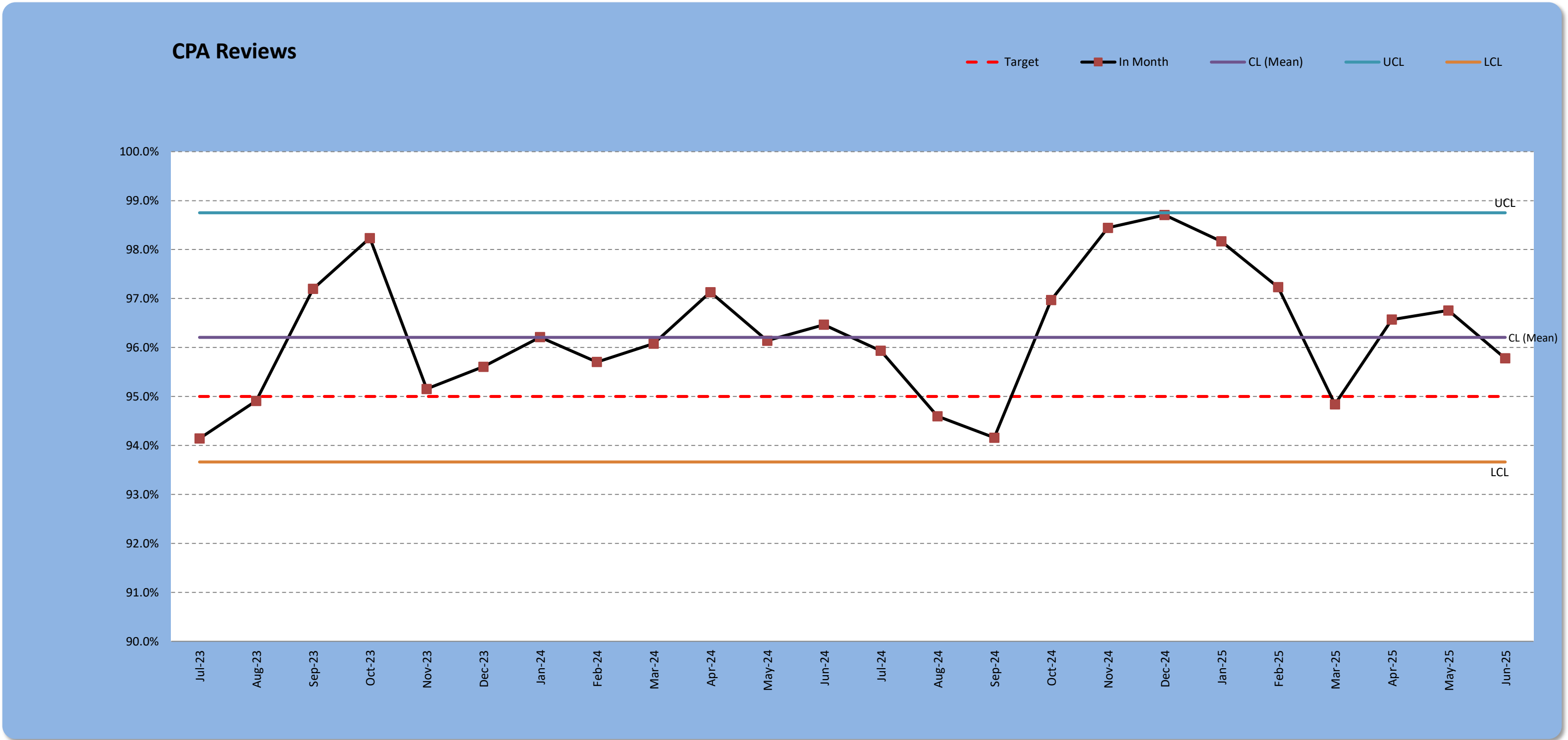
PI RETURN FORM 2025-26

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: June 2025

|                |     |                          |
|----------------|-----|--------------------------|
| Target: Amber: |     | Current month stands at: |
| 95%            | 85% | 95.8%                    |

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



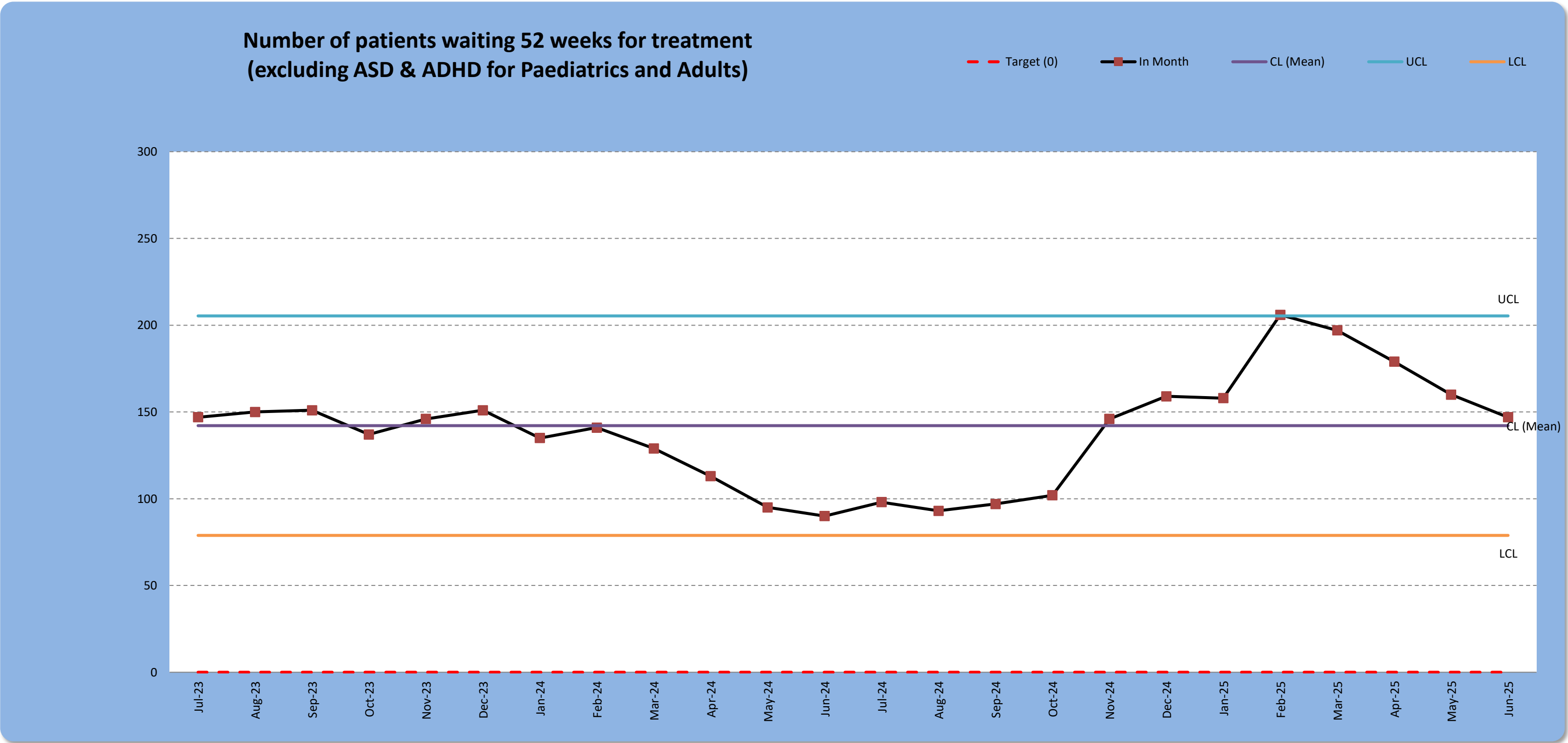
PI RETURN FORM 2025-26

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: June 2025

|                |   |                          |
|----------------|---|--------------------------|
| Target: Amber: |   | Current month stands at: |
| 0              | 0 | 147                      |

| Indicator Title                  | Description/Rationale                                                                                                                                               | KPI Type |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 52 Week Waits                    | Number of patients who have yet to be seen for treatment and have been waiting more than 52 weeks.<br>(Excludes ASD & ADHD Services for both Adult and Paediatrics) | OP 22x   |
| Executive Lead<br>Lynn Parkinson |                                                                                                                                                                     |          |



PI RETURN FORM 2025-26

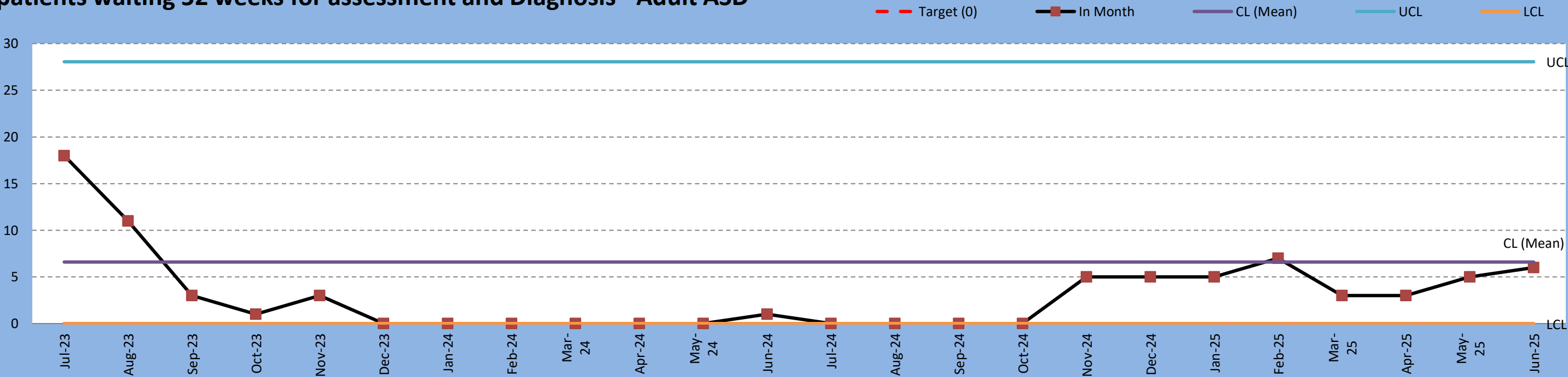
Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: June 2025

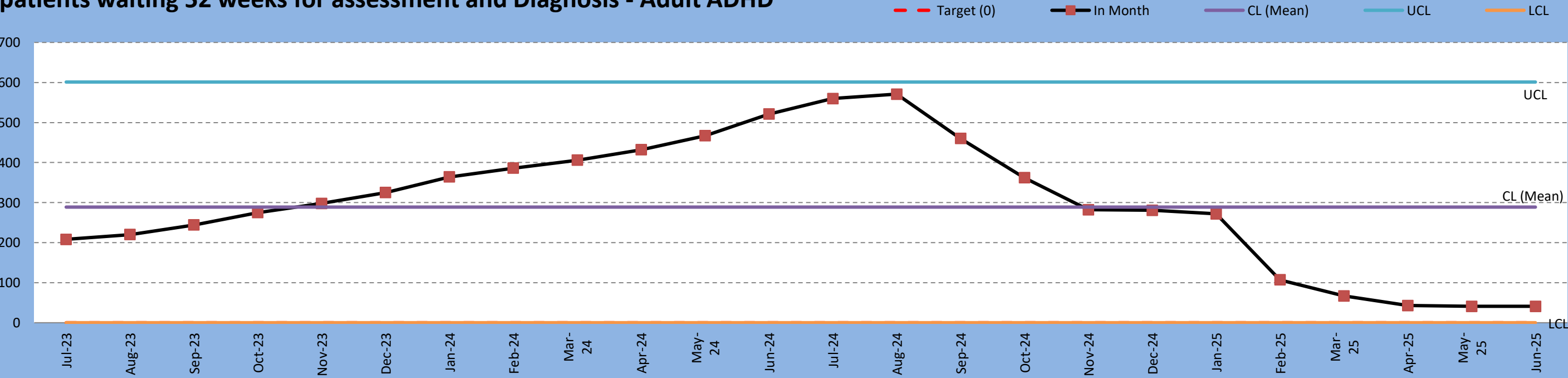
|                |   |                          |
|----------------|---|--------------------------|
| Target: Amber: |   | Current month stands at: |
| 0              | 0 | 47                       |

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

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



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



PI RETURN FORM 2025-26

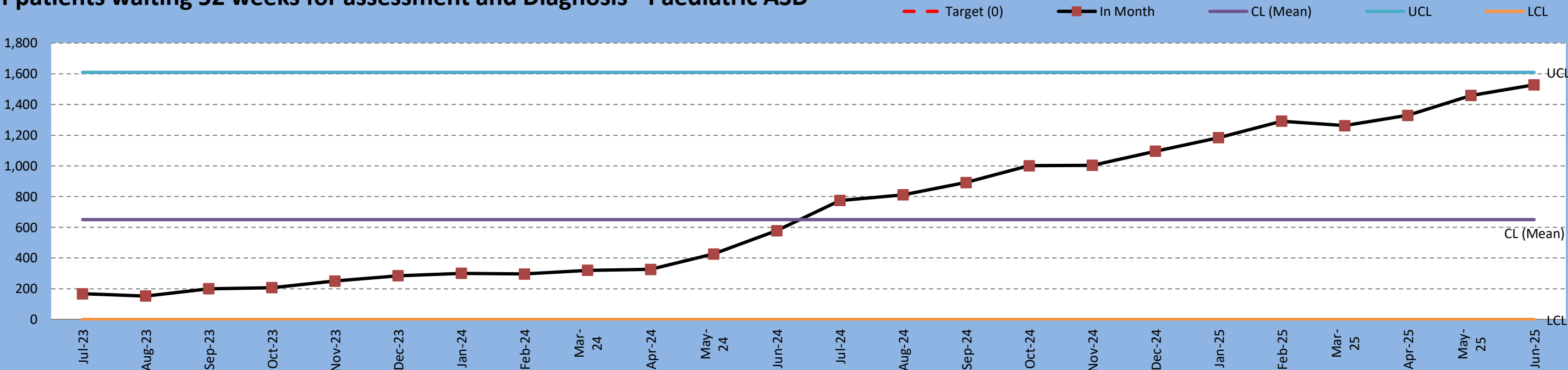
Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: June 2025

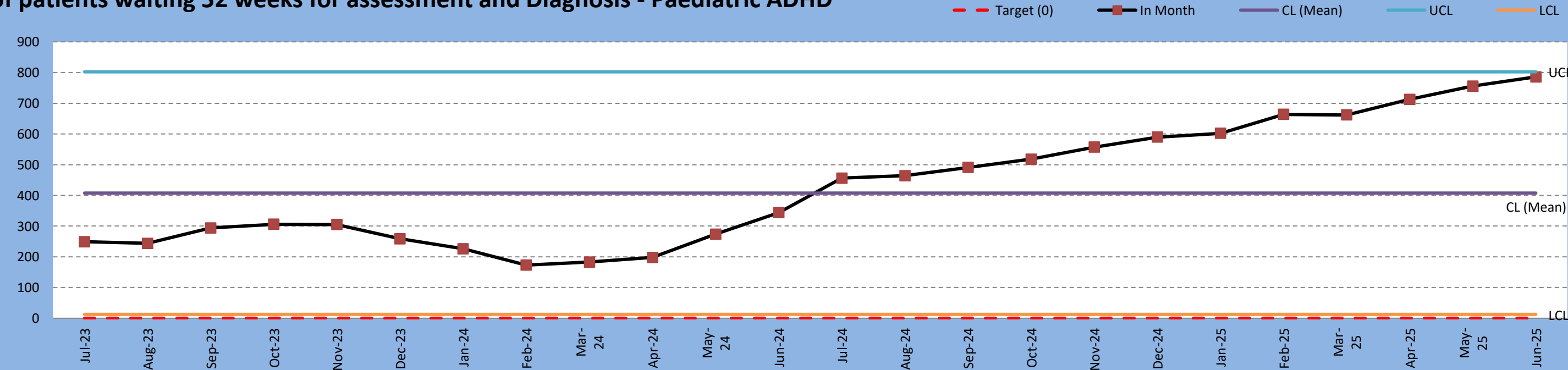
|                |   |                          |
|----------------|---|--------------------------|
| Target: Amber: |   | Current month stands at: |
| 0              | 0 | 2314                     |

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

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



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



PI RETURN FORM 2025-26

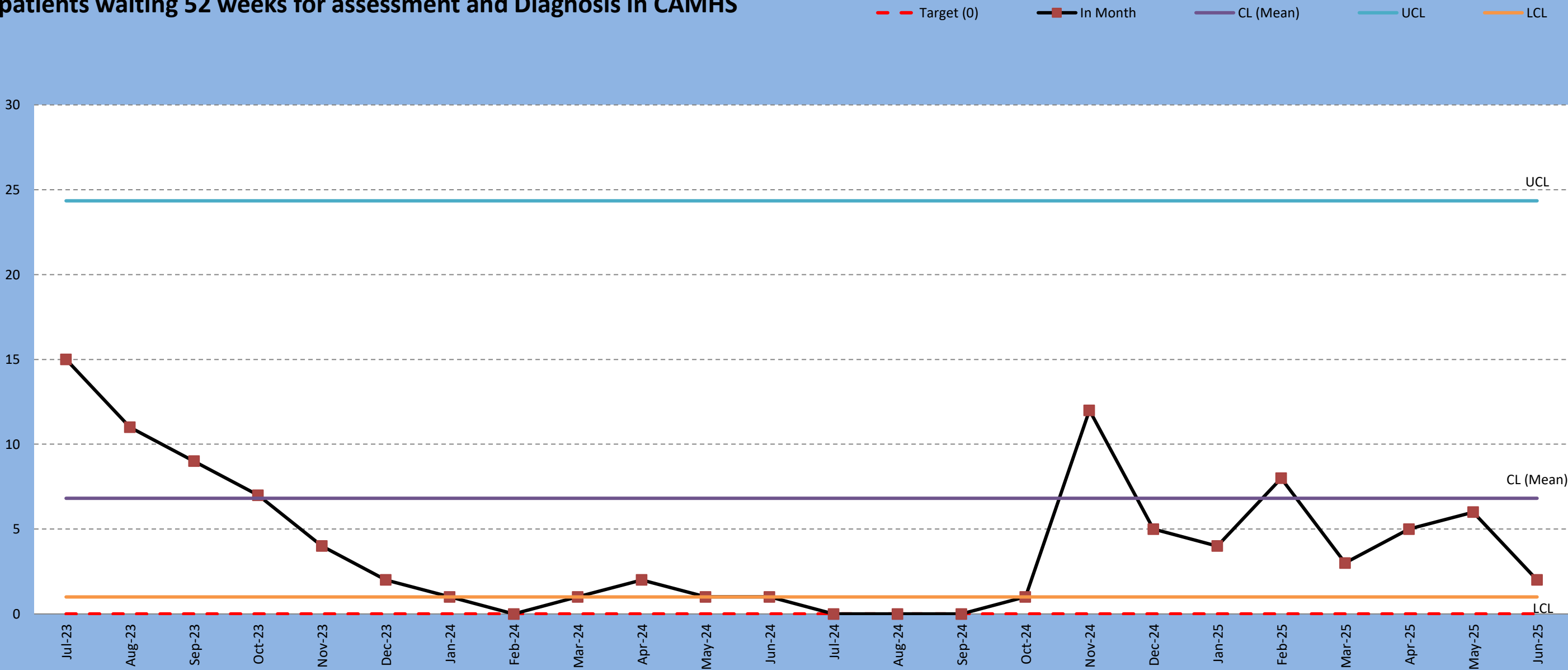
Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: June 2025

|                |   |                          |
|----------------|---|--------------------------|
| Target: Amber: |   | Current month stands at: |
| 0              | 0 | 2                        |

| Indicator Title                  | Description/Rationale                                                                                                                  | KPI Type |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|----------|
| 52 Week Waits - CAMHS            | Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks (excluding paediatric ASD/ADHD) | OP 22j   |
| Executive Lead<br>Lynn Parkinson |                                                                                                                                        |          |

Number of patients waiting 52 weeks for assessment and Diagnosis in CAMHS





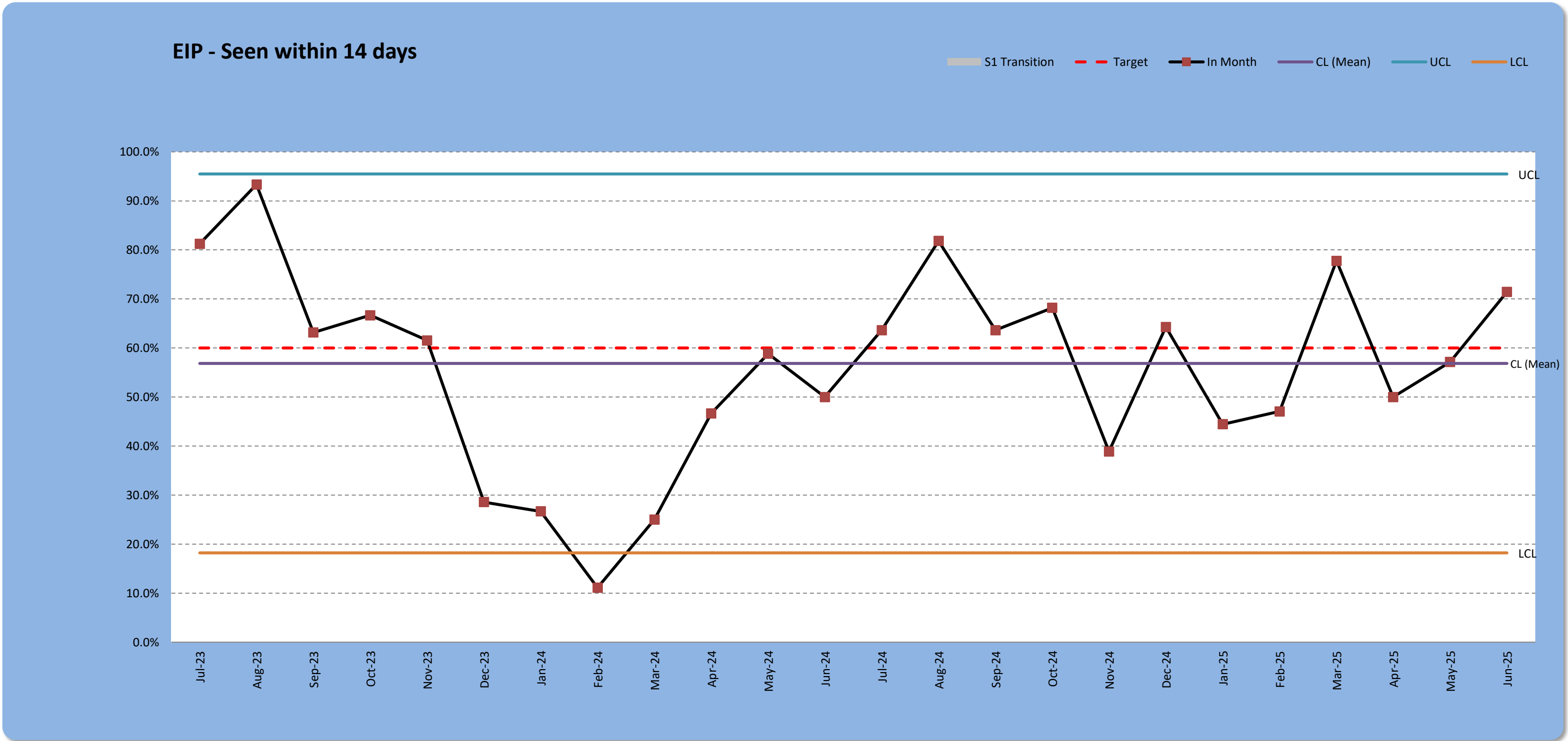
PI RETURN FORM 2025-26

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: June 2025

|                |     |                          |
|----------------|-----|--------------------------|
| Target: Amber: |     | Current month stands at: |
| 60%            | 55% | 71.4%                    |

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



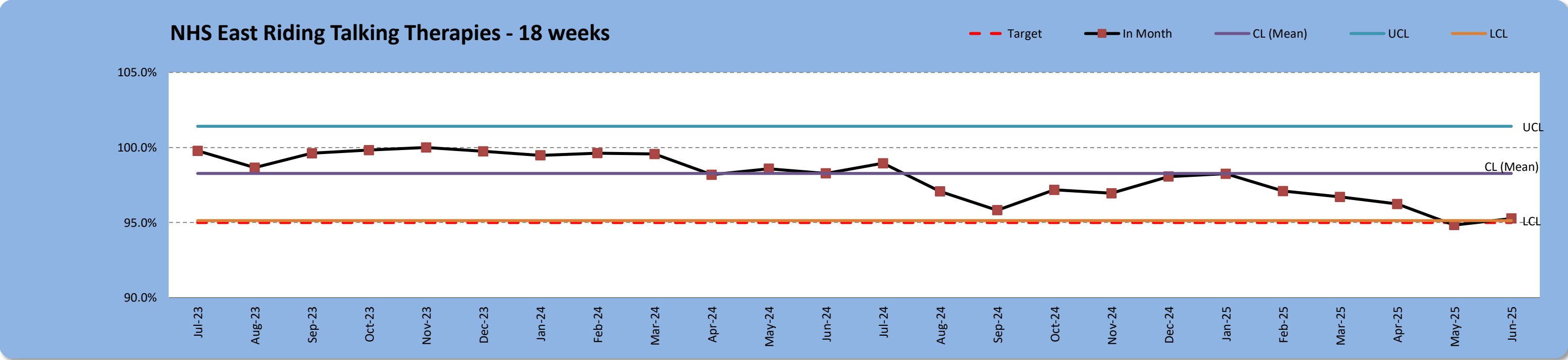
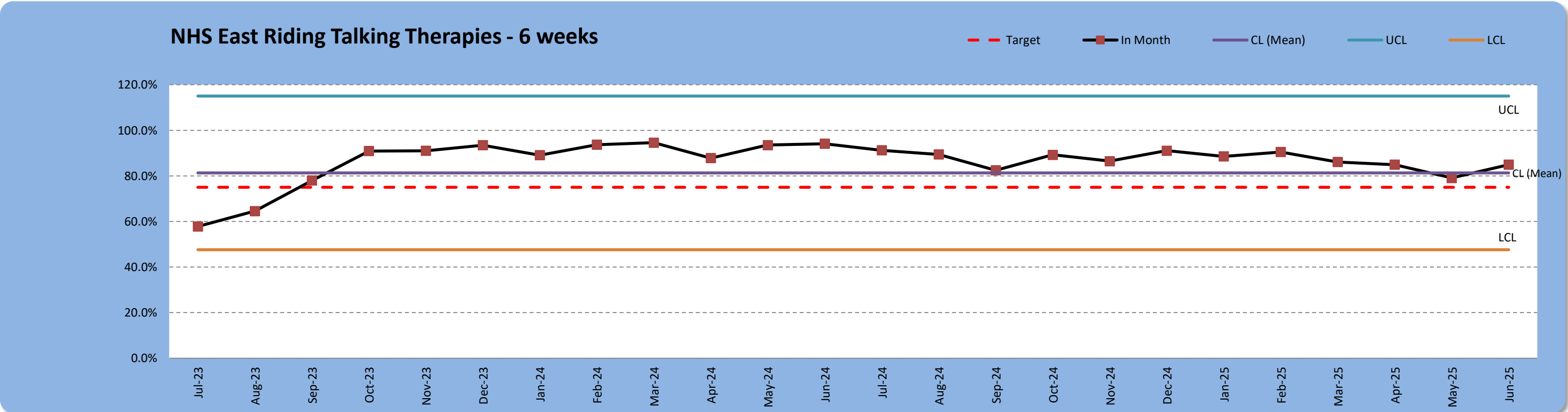
PI RETURN FORM 2025-26

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: June 2025

|         |        |                                        |  |                                         |        |
|---------|--------|----------------------------------------|--|-----------------------------------------|--------|
|         |        | Current month<br>6 weeks stands<br>at: |  | Current month<br>18 weeks<br>stands at: |        |
| Target: | Amber: |                                        |  | Target:                                 | Amber: |
| 75%     | 70%    | 84.9%                                  |  | 95%                                     | 85%    |
|         |        |                                        |  | 95.3%                                   |        |

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





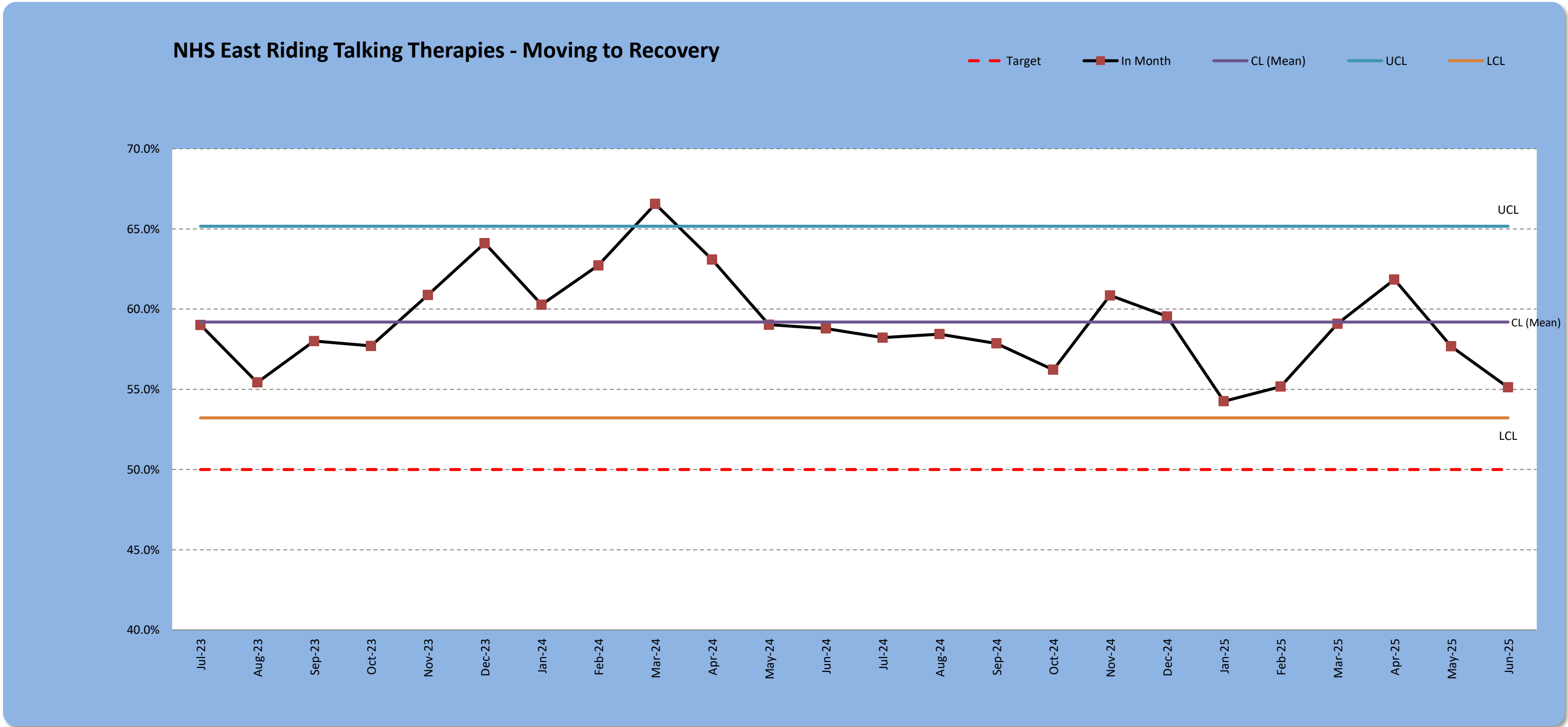
PI RETURN FORM 2025-26

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: June 2025

|                |     |                          |
|----------------|-----|--------------------------|
| Target: Amber: |     | Current month stands at: |
| 50%            | 45% | 55.1%                    |

| Indicator Title                   | Description/Rationale                                                                                                           | Executive Lead<br>Lynn Parkinson | KPI Type |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------|
| NHS East Riding Talking Therapies | This indicator measures the Recovery Rates for patients who were at caseness at start of therapeutic intervention (East Riding) |                                  | OP 11    |



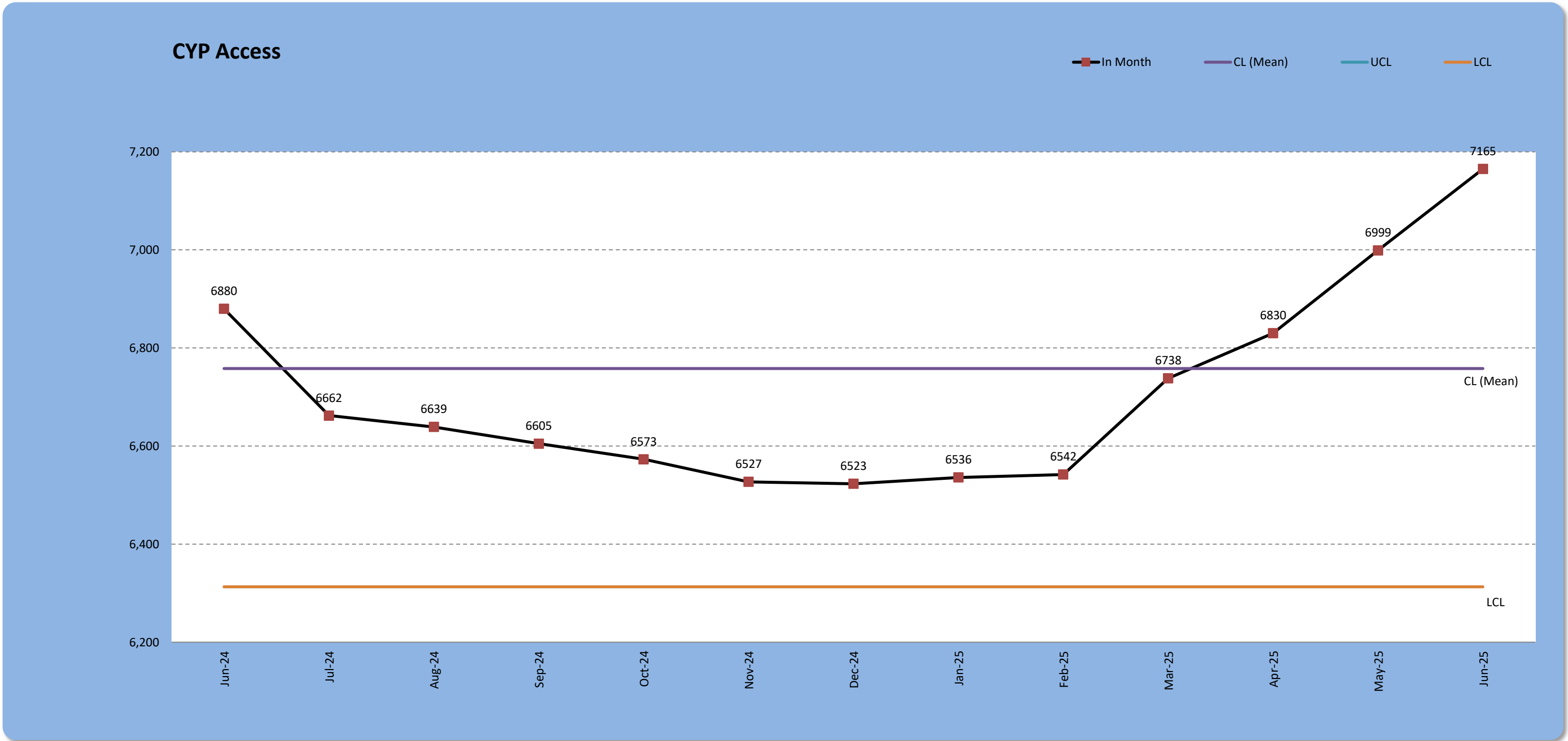
PI RETURN FORM 2025-26

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: June 2025

|                |     |                          |
|----------------|-----|--------------------------|
| Target: Amber: |     | Current month stands at: |
| TBC            | TBC | 7165                     |

| Indicator Title                  | Description/Rationale                                                                                                                                                                                                                                   | KPI Type |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| CYP MH Access                    | Number of CYP aged under 18 accessing support by NHS funded community services and school or college based Mental Health Support Teams (receiving at least one contact). Rolling 12 months. <i>Includes Neuro Services, no team types are excluded.</i> | MHS95.2  |
| Executive Lead<br>Lynn Parkinson |                                                                                                                                                                                                                                                         |          |



PI RETURN FORM 2025-26

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: June 2025

|                |     |                          |
|----------------|-----|--------------------------|
| Target: Amber: |     | Current month stands at: |
| TBC            | TBC | 5814                     |

| Indicator Title | Description/Rationale                                                                                                                                                                      | Executive Lead | KPI Type |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------|
| CMHT Access     | Number of people who receive two or more contacts from NHS or NHS commissioned community mental health services for adults and older adults with severe mental illness. Rolling 12 months. | Lynn Parkinson | MHS108.1 |



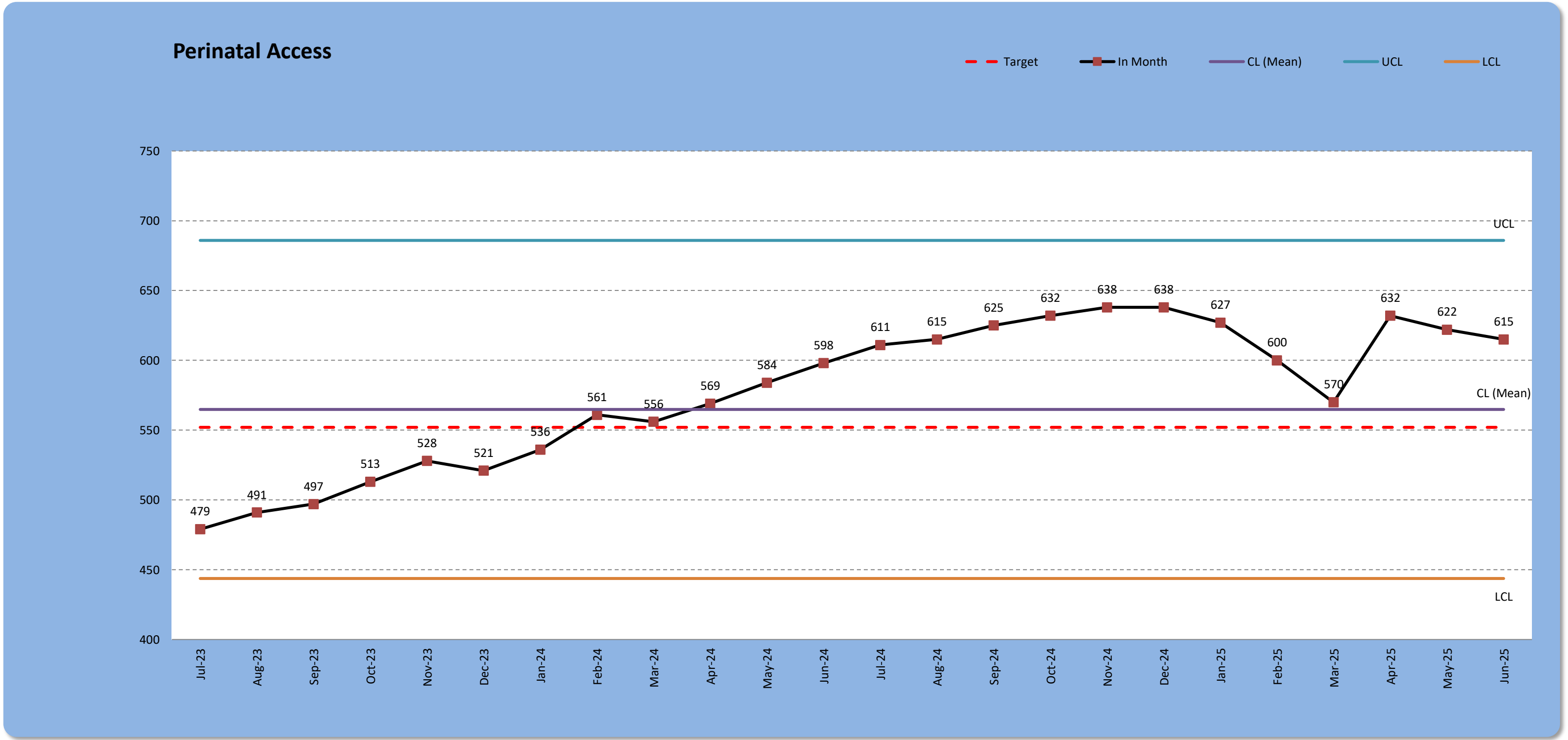
PI RETURN FORM 2025-26

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: June 2025

|                |     |                          |
|----------------|-----|--------------------------|
| Target: Amber: |     | Current month stands at: |
| TBC            | TBC | 615                      |

| Indicator Title                      | Description/Rationale                                                                                                                                                                                 | KPI Type |
|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Perinatal Access - rolling 12 months | Number of women with at least one attended contact (F2F or video) with a specialist community perinatal mental health service in the last 12 months <i>(Hull, East Riding &amp; North Lincs only)</i> | MHS91.1  |
| Executive Lead<br>Lynn Parkinson     |                                                                                                                                                                                                       |          |



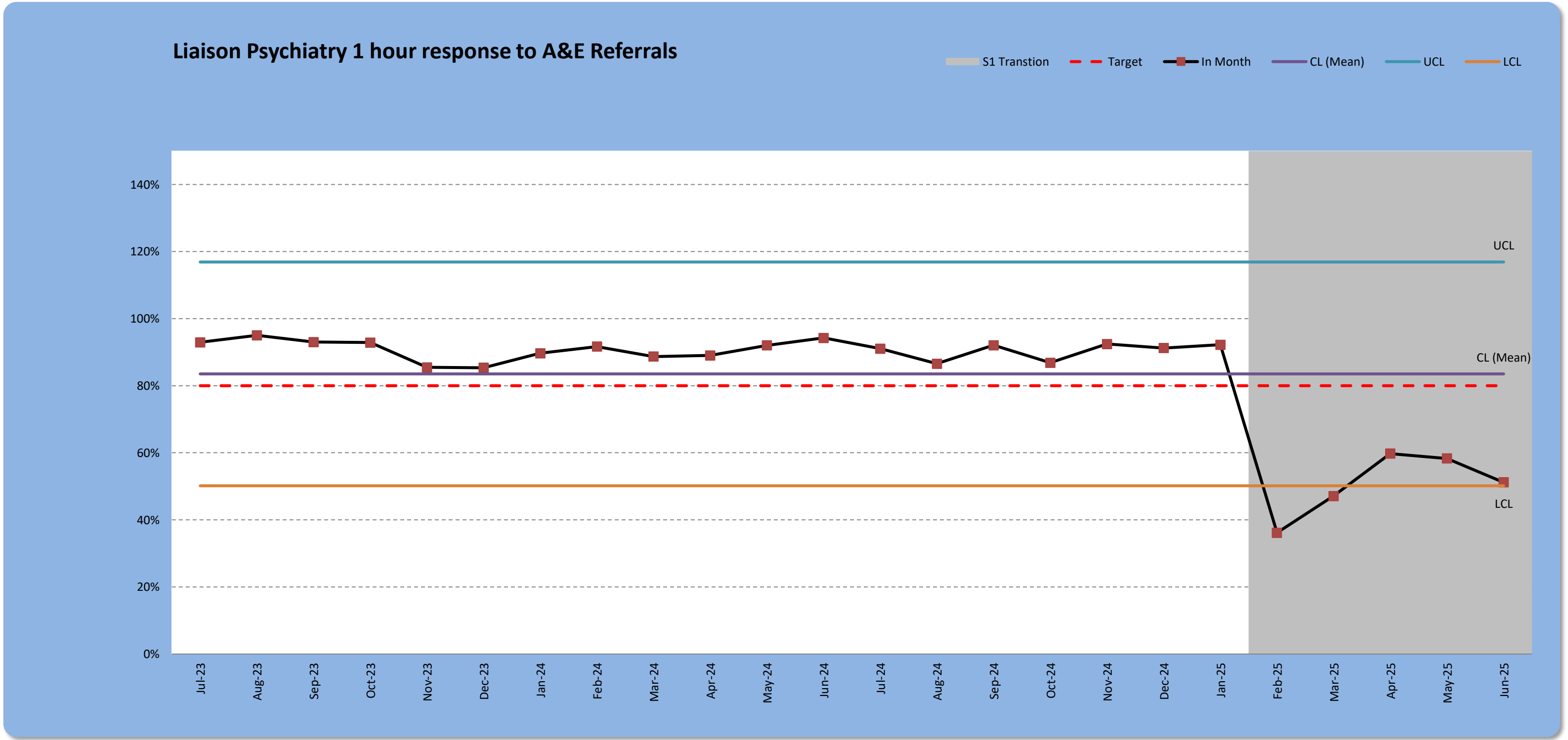
PI RETURN FORM 2025-26

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: June 2025

|                |     |                          |
|----------------|-----|--------------------------|
| Target: Amber: |     | Current month stands at: |
| 80%            | 75% | 51.2%                    |

| Indicator Title         | Description/Rationale                                                                                                    | Executive Lead | KPI Type |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------|----------------|----------|
| Liaison 1 hour response | New referrals to liaison psychiatry teams from A&E in the reporting period with first face to face contact within 1 hour | Lynn Parkinson | LPS1hr   |





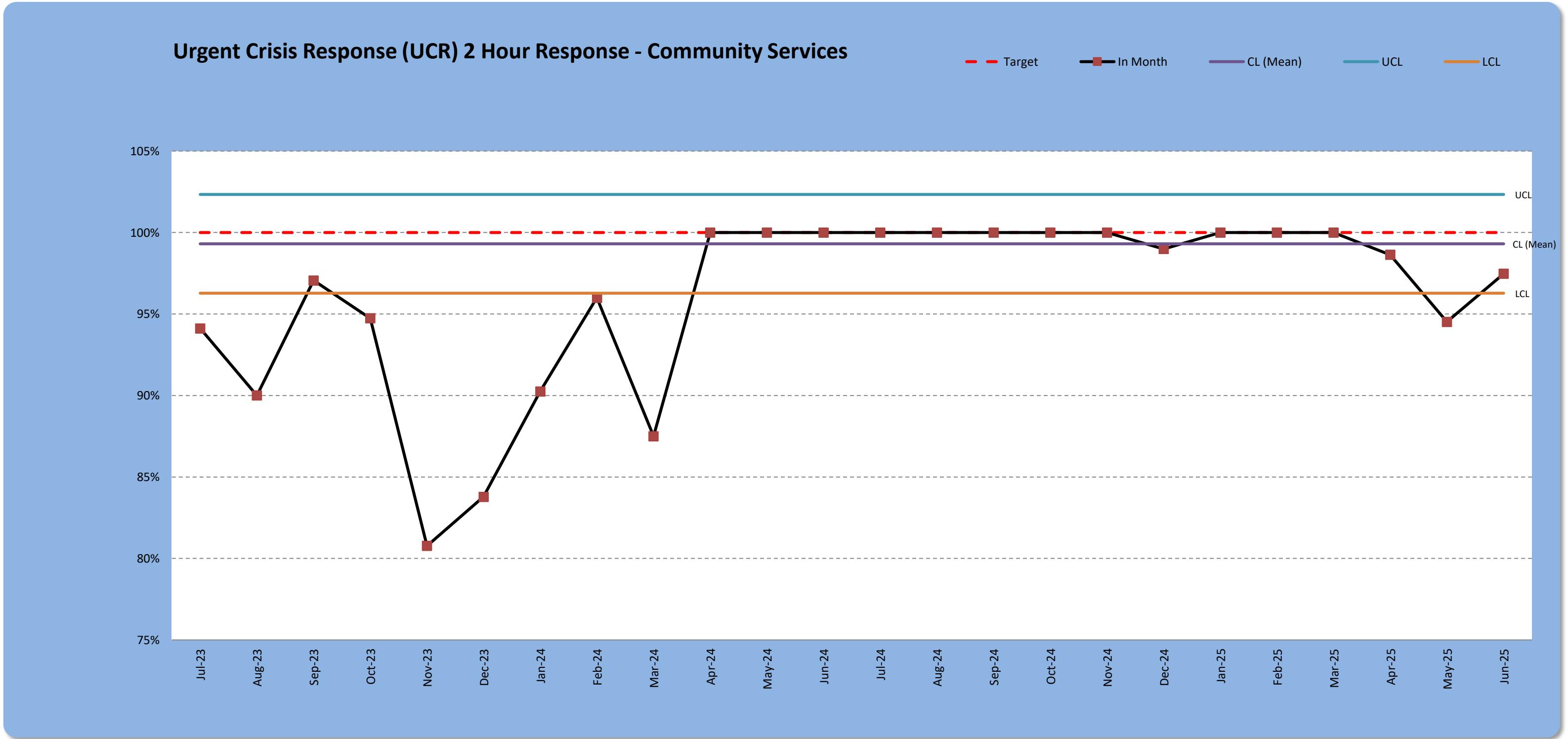
PI RETURN FORM 2025-26

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: June 2025

|                |     |                          |
|----------------|-----|--------------------------|
| Target: Amber: |     | Current month stands at: |
| 100%           | 95% | 97.5%                    |

| Indicator Title   | Description/Rationale                                                                                                    | Executive Lead<br>Lynn Parkinson | KPI Type |
|-------------------|--------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------|
| UCR 2 hr response | The percentage of 2-hour Urgent Crisis Response (UCR) referrals that achieved the 2-hour standard in the reporting month |                                  | UCR2hr   |



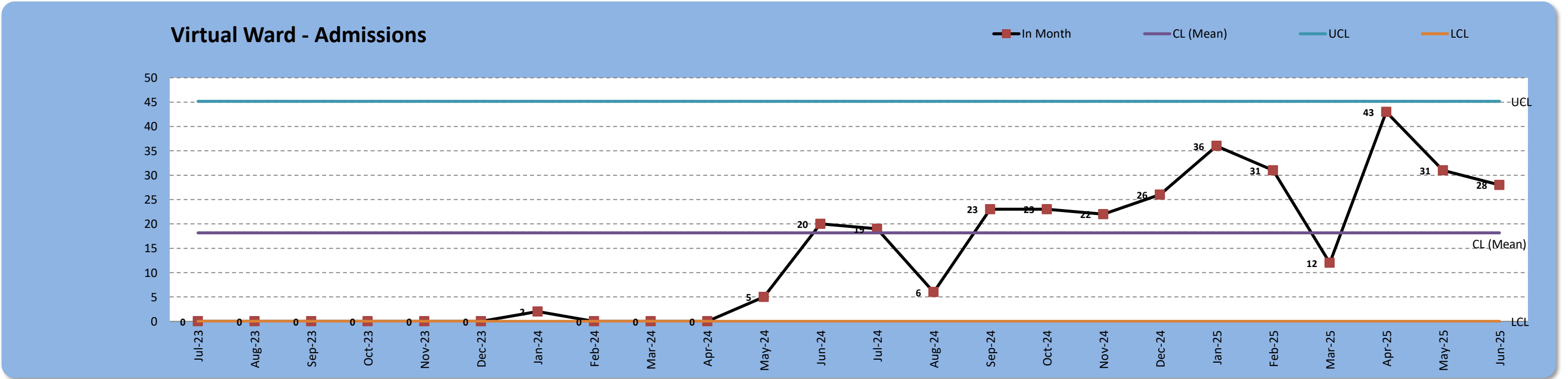
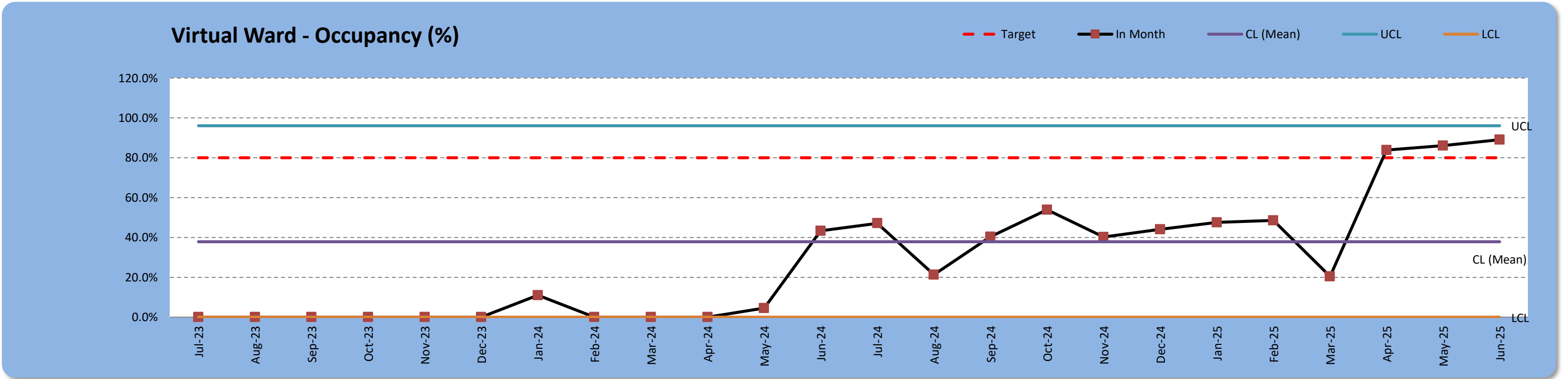
PI RETURN FORM 2025-26

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: June 2025

|                |     |                          |
|----------------|-----|--------------------------|
| Target: Amber: |     | Current month stands at: |
| 80%            | 75% | 89.1%                    |

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



PI RETURN FORM 2025-26

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: June 2025

Target: 0

Amber: 0

Patients OoA within month: 8

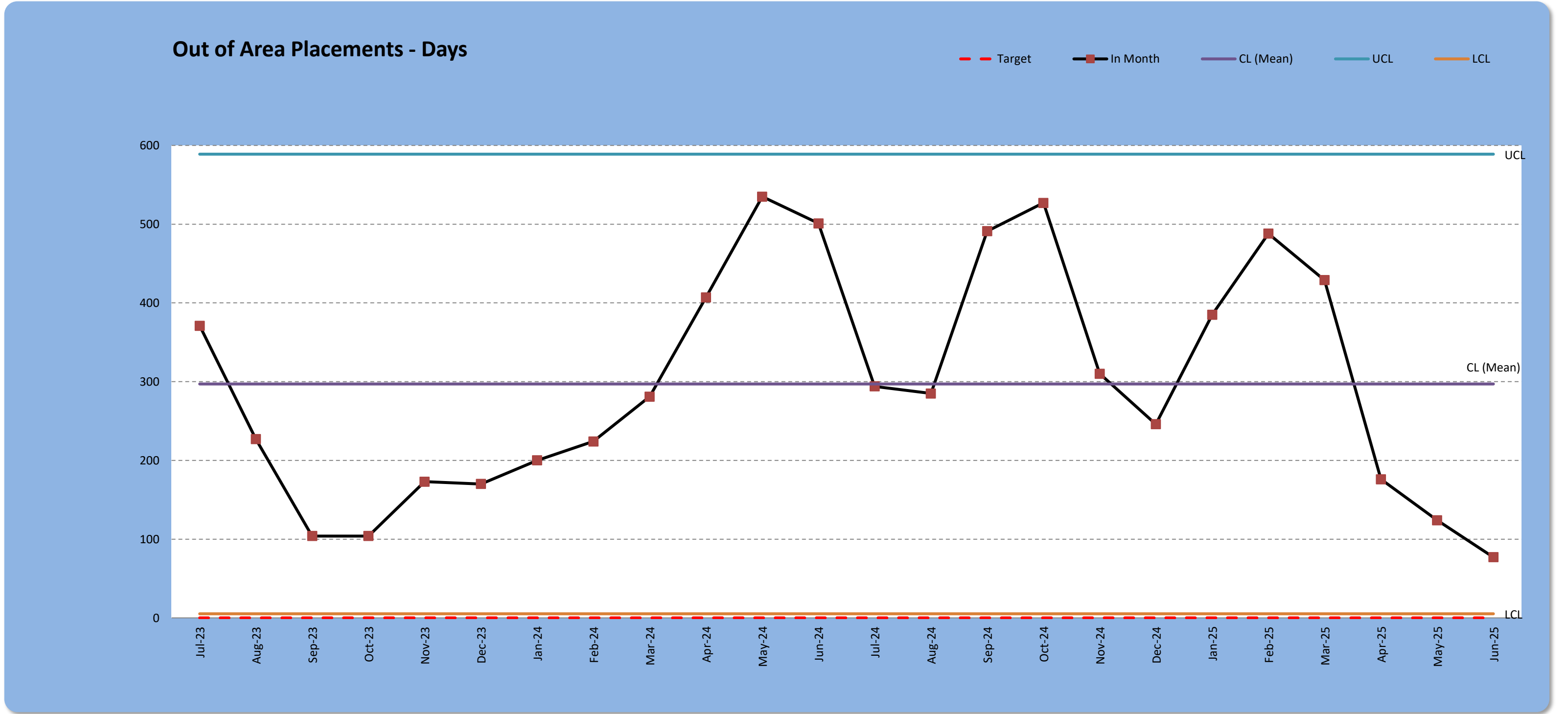
Split:

|       |        |            |
|-------|--------|------------|
|       | # days | # patients |
| Adult | 10     | 3          |
| OP    | 53     | 3          |
| PICU  | 14     | 2          |

KPI Type

ST 4b

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





PI RETURN FORM 2025-26

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: June 2025

Split for Current month:

| Jun-25 |       |
|--------|-------|
| 10     | Adult |
| 53     | OP    |
| 14     | PICU  |
| 77     | Total |

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



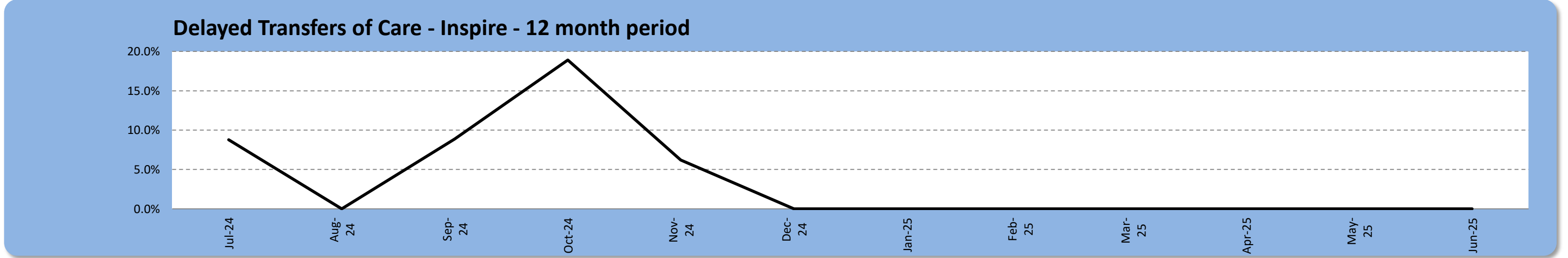
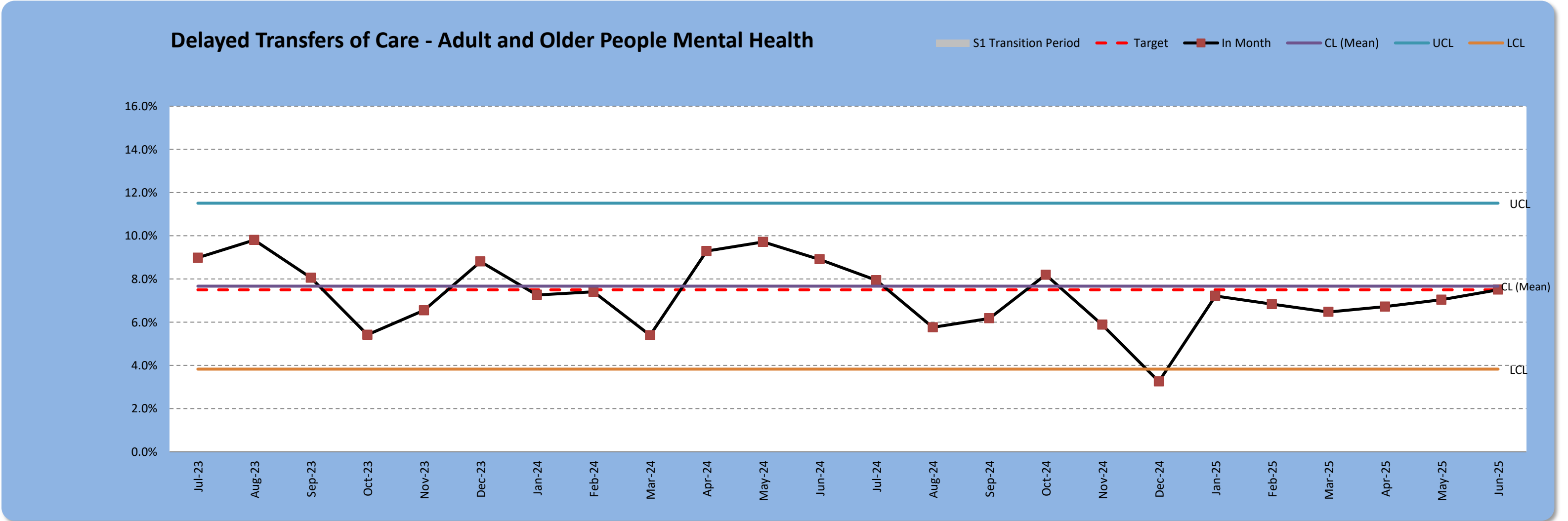
PI RETURN FORM 2025-26

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: June 2025

|                |      |                          |
|----------------|------|--------------------------|
| Target: Amber: |      | Current month stands at: |
| 7.5%           | 7.0% | 7.5%                     |

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



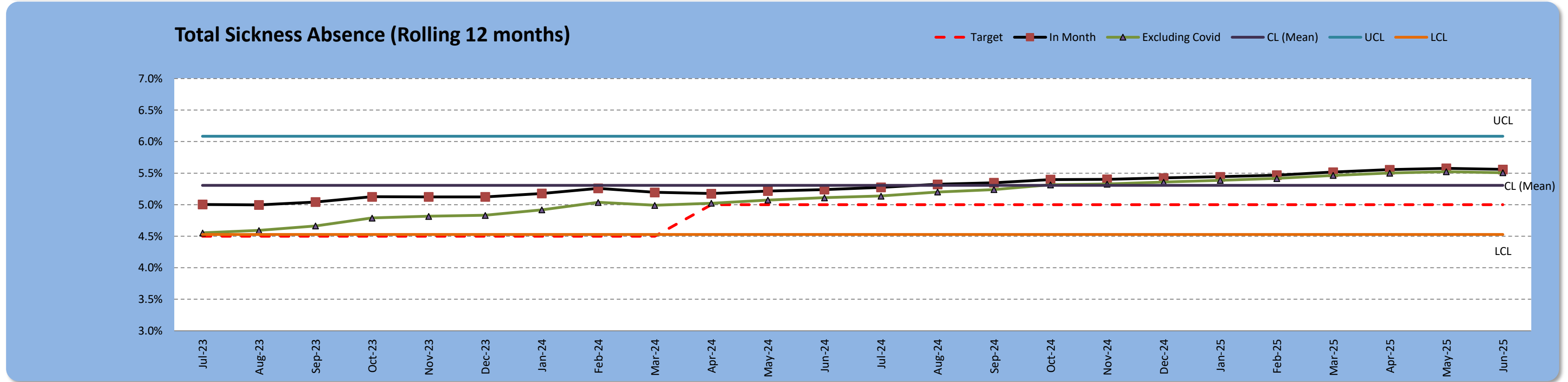
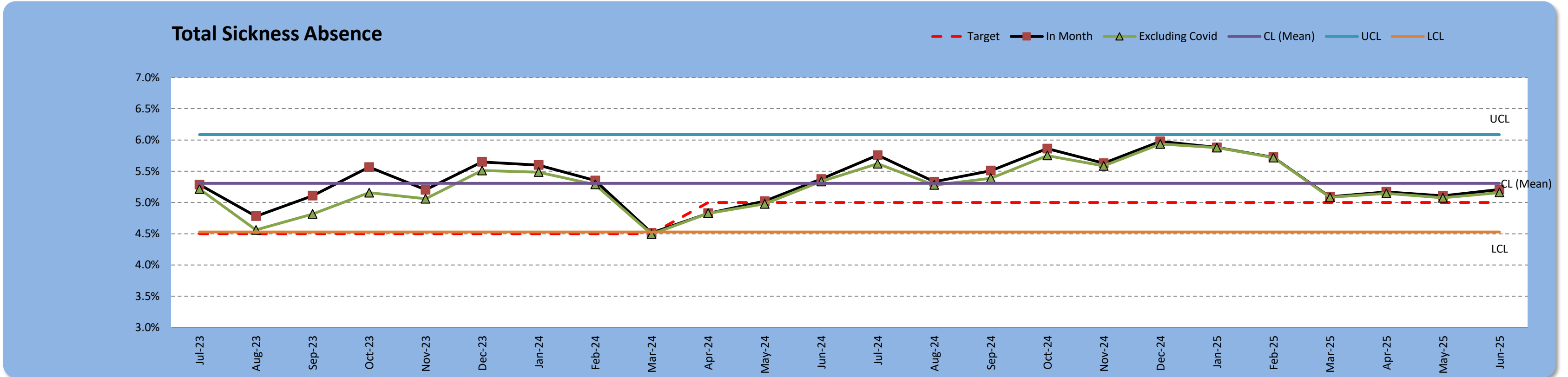
PI RETURN FORM 2025-26

Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: June 2025

|                |      |                          |
|----------------|------|--------------------------|
| Target: Amber: |      | Current month stands at: |
| 5.0%           | 5.2% | 5.2%                     |

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



PI RETURN FORM 2025-26

Goal 4 : Developing an Effective and Empowered Workforce

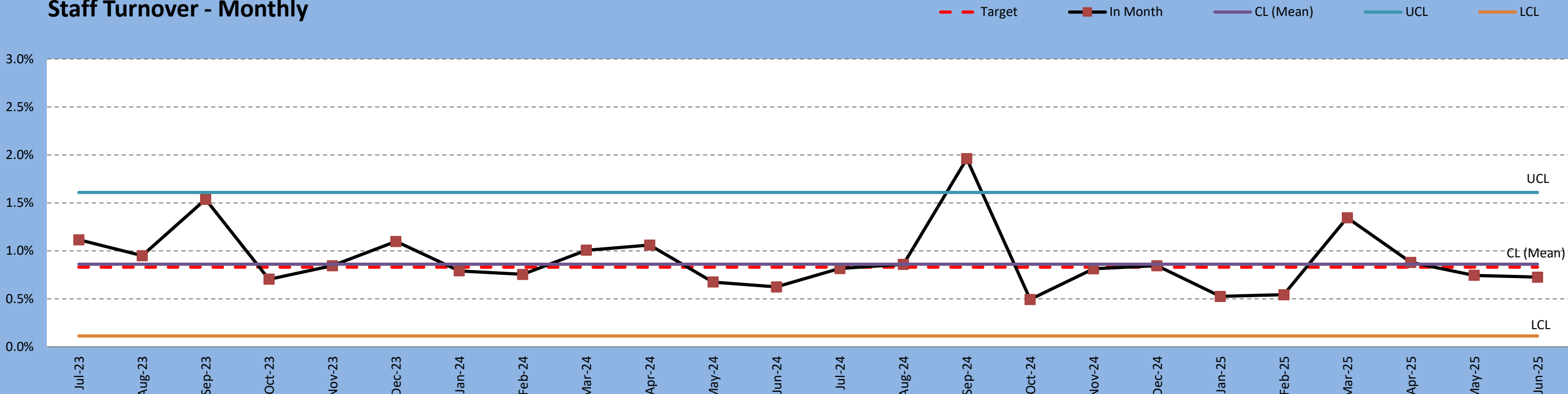
For the period ending: June 2025

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

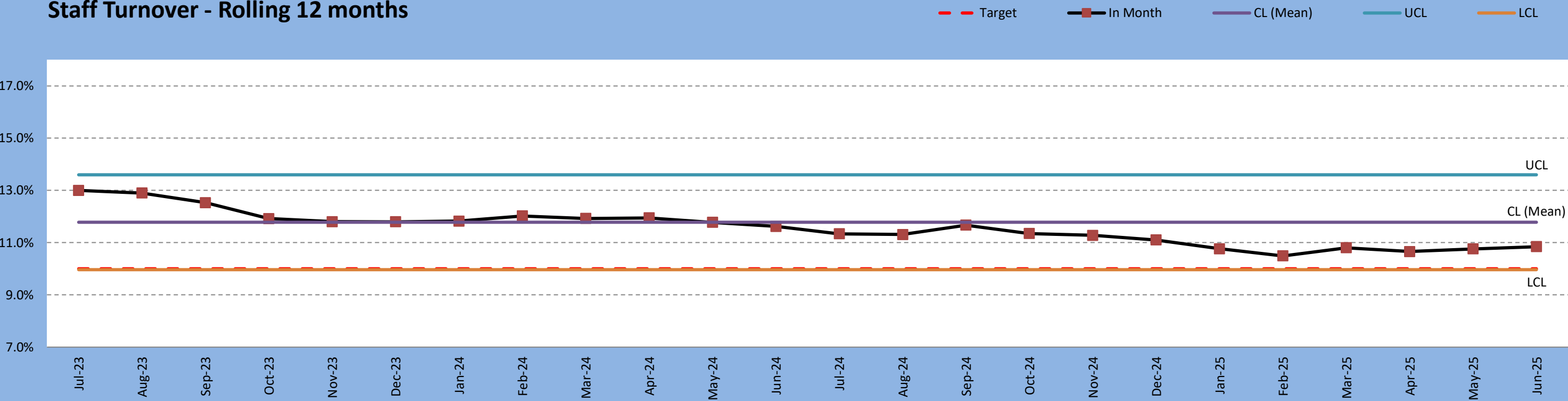
| Indicator Title | Description/Rationale                                                                                                                                                                                                                                                                   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

Executive Lead  
Karen Phillips

Staff Turnover - Monthly



Staff Turnover - Rolling 12 months



# Humber Teaching NHS Foundation Trust

## Trust Performance Report

### GLOSSARY

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





**Humber Teaching**  
NHS Foundation Trust



Executive Team:

Chief Executive: Michele Moran

Chair: Caroline Flint

Chief Operating Officer: Lynn Parkinson

Director of Finance: Peter Beckwith

Associate Director of People and Organisational Development: Karen Phillips

Medical Director: Kwame Fofie

Director of Nursing: Sarah Smyth

Issue Date: 23/07/2025

Financial Year  
2025-26

# NHS Prioritises Operational Planning Metrics

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

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

Reporting Month:

Jun-25

Chief Executive: Michele Moran

Prepared by: Business Intelligence Team



Mental Health  
Operational Planning  
Metrics

|                                      |
|--------------------------------------|
| NHS England                          |
| Humber Teaching NHS Foundation Trust |
| 2025/26                              |
| 23 July 2025                         |



| Entry  | Indicator Definition                                                                                                        | Target | Jul-24                      | Aug-24                      | Sep-24                      | Oct-24                      | Nov-24                      | Dec-24                      | Jan-25                      | Feb-25                      | Mar-25                      | Apr-25                      | May-25                      | Jun-25                      |
|--------|-----------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| E.A.5  | Inappropriate adult acute mental health <b>Out of Area Placement (OAP)</b> - SNAPSHOT at Reporting Month End                | 10     | <div><div></div></div> 8    | <div><div></div></div> 8    | <div><div></div></div> 20   | <div><div></div></div> 12   | <div><div></div></div> 8    | <div><div></div></div> 5    | <div><div></div></div> 14   | <div><div></div></div> 18   | <div><div></div></div> 13   | <div><div></div></div> 3    | <div><div></div></div> 5    | <div><div></div></div> 3    |
| E.A.4a | Access to <b>NHS talking therapies</b> for anxiety and depression - reliable recovery                                       | 59%    | <div><div></div></div> 58%  | <div><div></div></div> 58%  | <div><div></div></div> 58%  | <div><div></div></div> 56%  | <div><div></div></div> 61%  | <div><div></div></div> 59%  | <div><div></div></div> 54%  | <div><div></div></div> 55%  | <div><div></div></div> 58%  | <div><div></div></div> 62%  | <div><div></div></div> 58%  | <div><div></div></div> 55%  |
| E.A.4b | Access to <b>NHS talking therapies</b> for anxiety and depression - reliable improvement                                    | 75%    | <div><div></div></div> 73%  | <div><div></div></div> 74%  | <div><div></div></div> 74%  | <div><div></div></div> 74%  | <div><div></div></div> 78%  | <div><div></div></div> 79%  | <div><div></div></div> 71%  | <div><div></div></div> 73%  | <div><div></div></div> 75%  | <div><div></div></div> 78%  | <div><div></div></div> 75%  | <div><div></div></div> 75%  |
| E.H.15 | Women Accessing Specialist Community <b>Perinatal Mental Health Services</b><br><b>Rolling 12months</b> (ALL 4 PLACE AREAS) | 899    | <div><div></div></div> 814  | <div><div></div></div> 823  | <div><div></div></div> 830  | <div><div></div></div> 848  | <div><div></div></div> 862  | <div><div></div></div> 866  | <div><div></div></div> 859  | <div><div></div></div> 855  | <div><div></div></div> 859  | <div><div></div></div> 843  | <div><div></div></div> 836  | <div><div></div></div> 816  |
| E.H.9  | Access to <b>Children and Young People's</b> Mental Health Services<br><b>Rolling 12months</b>                              | 6680   | <div><div></div></div> 6662 | <div><div></div></div> 6639 | <div><div></div></div> 6606 | <div><div></div></div> 6574 | <div><div></div></div> 6528 | <div><div></div></div> 6524 | <div><div></div></div> 6537 | <div><div></div></div> 6545 | <div><div></div></div> 6743 | <div><div></div></div> 6830 | <div><div></div></div> 6999 | <div><div></div></div> 7165 |
| E.H.34 | <b>Individual Placement Support access</b><br><b>Rolling 12months</b>                                                       | 240    | 203                         | 220                         | 224                         | 216                         | 222                         | 231                         | 250                         | 257                         | 276                         | <div><div></div></div> 280  | <div><div></div></div> 292  | <div><div></div></div> 305  |



Community Services  
Operational Planning  
Metrics

|                                      |
|--------------------------------------|
| NHS England                          |
| Humber Teaching NHS Foundation Trust |
| 2025/26                              |
| 23 July 2025                         |



| Entry  | Indicator Definition                                                                                    | Target | Jul-24            | Aug-24            | Sep-24            | Oct-24            | Nov-24            | Dec-24            | Jan-25            | Feb-25            | Mar-25            | Apr-25            | May-25            | Jun-25            |
|--------|---------------------------------------------------------------------------------------------------------|--------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| E.T.5  | Virtual Wards - Number of Bed Occupancy                                                                 | 80%    | <div></div> 21%   | <div></div> 18%   | <div></div> 27%   | <div></div> 25%   | <div></div> 30%   | <div></div> 35%   | <div></div> 42%   | <div></div> 75%   | <div></div> 56%   | <div></div> 84%   | <div></div> 86%   | <div></div> 89%   |
| E.T.8  | UCR referrals (all). These are referrals to UCR services whether they require a 2-hour response or not. | 120    | <div></div> 100   | <div></div> 91    | <div></div> 80    | <div></div> 108   | <div></div> 113   | <div></div> 121   | <div></div> 116   | <div></div> 95    | <div></div> 97    | <div></div> 77    | <div></div> 81    | <div></div> 87    |
| E.T.10 | Count of all attended care contacts in the period                                                       | 43655  | <div></div> 40552 | <div></div> 36319 | <div></div> 37245 | <div></div> 40616 | <div></div> 38575 | <div></div> 37086 | <div></div> 42489 | <div></div> 38328 | <div></div> 40981 | <div></div> 40517 | <div></div> 42188 | <div></div> 42504 |
| E.T.9  | Number of Adults (18+ years) >52 weeks on community waiting lists per system                            | 5      | <div></div> 0     | <div></div> 1     | <div></div> 2     | <div></div> 4     | <div></div> 4     | <div></div> 4     | <div></div> 3     | <div></div> 8     | <div></div> 6     | <div></div> 15    | <div></div> 19    | <div></div> 23    |
| E.T.9  | Number of CYP (0-17 years) >52 weeks on community waiting lists                                         | 24     | <div></div> 30    | <div></div> 22    | <div></div> 28    | <div></div> 34    | <div></div> 20    | <div></div> 21    | <div></div> 25    | <div></div> 24    | <div></div> 30    | <div></div> 40    | <div></div> 41    | <div></div> 17    |

Mental Health  
Long Term Plan Targets  
Dashboard - PLACE data

|                                      |
|--------------------------------------|
| NHS Improvement                      |
| Humber Teaching NHS Foundation Trust |
| 2025/26                              |
| 23 July 2025                         |



| Entry  | Indicator Definition                                                                                                                   | Target | Jul-24                     | Aug-24                     | Sep-24                     | Oct-24                     | Nov-24                     | Dec-24                     | Jan-25                     | Feb-25                     | Mar-25                     | Apr-25                     | May-25                     | Jun-25                     |
|--------|----------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| E.A.5  | Inappropriate adult acute mental health <b>Out of Area Placement (OAP)</b> bed days<br><b>Rolling 3 months (HULL PLACE ONLY)</b>       | 6      | <div><div></div>5</div>    | <div><div></div>4</div>    | <div><div></div>14</div>   | <div><div></div>5</div>    | <div><div></div>4</div>    | <div><div></div>3</div>    | <div><div></div>7</div>    | <div><div></div>8</div>    | <div><div></div>7</div>    | <div><div></div>2</div>    | <div><div></div>2</div>    | <div><div></div>1</div>    |
|        | Inappropriate adult acute mental health <b>Out of Area Placement (OAP)</b> bed days<br><b>Rolling 3 months(EAST RIDING PLACE ONLY)</b> | 4      | <div><div></div>2</div>    | <div><div></div>2</div>    | <div><div></div>4</div>    | <div><div></div>5</div>    | <div><div></div>4</div>    | <div><div></div>2</div>    | <div><div></div>7</div>    | <div><div></div>10</div>   | <div><div></div>6</div>    | <div><div></div>1</div>    | <div><div></div>3</div>    | <div><div></div>2</div>    |
| E.H.9  | Access to <b>Children and Young People’s</b> Mental Health Services<br><b>Rolling 12months (HULL PLACE ONLY)</b>                       | 3735   | <div><div></div>3634</div> | <div><div></div>3629</div> | <div><div></div>3589</div> | <div><div></div>3568</div> | <div><div></div>3541</div> | <div><div></div>3572</div> | <div><div></div>3558</div> | <div><div></div>3552</div> | <div><div></div>3615</div> | <div><div></div>3635</div> | <div><div></div>3716</div> | <div><div></div>3816</div> |
|        | Access to <b>Children and Young People’s</b> Mental Health Services<br><b>Rolling 12months (East Riding PLACE ONLY)</b>                | 2945   | <div><div></div>2876</div> | <div><div></div>2851</div> | <div><div></div>2859</div> | <div><div></div>2861</div> | <div><div></div>2847</div> | <div><div></div>2804</div> | <div><div></div>2836</div> | <div><div></div>2844</div> | <div><div></div>2982</div> | <div><div></div>3041</div> | <div><div></div>3132</div> | <div><div></div>3200</div> |
| E.H.34 | <b>Individual Placement Support</b> access<br><b>Rolling 12months (HULL PLACE ONLY)</b>                                                | 96     | <div><div></div>67</div>   | <div><div></div>79</div>   | <div><div></div>89</div>   | <div><div></div>94</div>   | <div><div></div>105</div>  | <div><div></div>113</div>  | <div><div></div>121</div>  | <div><div></div>122</div>  | <div><div></div>137</div>  | <div><div></div>146</div>  | <div><div></div>156</div>  | <div><div></div>169</div>  |
|        | <b>Individual Placement Support</b> access<br><b>Rolling 12months (East Riding PLACE ONLY)</b>                                         | 144    | <div><div></div>133</div>  | <div><div></div>137</div>  | <div><div></div>131</div>  | <div><div></div>117</div>  | <div><div></div>115</div>  | <div><div></div>115</div>  | <div><div></div>123</div>  | <div><div></div>126</div>  | <div><div></div>127</div>  | <div><div></div>120</div>  | <div><div></div>120</div>  | <div><div></div>119</div>  |

Perinatal Dashboard -  
PLACE data

|                                      |
|--------------------------------------|
| NHS Improvement                      |
| Humber Teaching NHS Foundation Trust |
| 2025/26                              |
| 23 July 2025                         |



| Entry  | Indicator Definition                                                         | Target | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | Apr-25 | May-25 | Jun-25 |
|--------|------------------------------------------------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| E.H.15 | Women Accessing Specialist Community <b>Perinatal Mental Health Services</b> | 294    | 291    | 294    | 298    | 304    | 304    | 309    | 300    | 303    | 300    | 293    | 293    | 289    |
|        | Rolling 12months (HULL PLACE ONLY)                                           |        |        |        |        |        |        |        |        |        |        |        |        |        |
| E.H.15 | Women Accessing Specialist Community <b>Perinatal Mental Health Services</b> | 313    | 232    | 234    | 237    | 234    | 237    | 226    | 220    | 221    | 232    | 226    | 219    | 213    |
|        | Rolling 12months (EAST RIDING PLACE ONLY)                                    |        |        |        |        |        |        |        |        |        |        |        |        |        |
| E.H.15 | Women Accessing Specialist Community <b>Perinatal Mental Health Services</b> | 115    | 92     | 90     | 91     | 97     | 102    | 107    | 111    | 115    | 115    | 114    | 112    | 112    |
|        | Rolling 12months (NORTH LINCS PLACE ONLY)                                    |        |        |        |        |        |        |        |        |        |        |        |        |        |
| E.H.15 | Women Accessing Specialist Community <b>Perinatal Mental Health Services</b> | 177    | 199    | 205    | 204    | 213    | 219    | 224    | 228    | 216    | 212    | 210    | 212    | 202    |
|        | Rolling 12months (NORTH EAST LINCS PLACE ONLY)                               |        |        |        |        |        |        |        |        |        |        |        |        |        |

Executive Team:

Chief Executive: Michele Moran

Chair: Caroline Flint

Chief Operating Officer: Lynn Parkinson

Director of Finance: Peter Beckwith

Associate Director of People & Organisational Development: Karen Phillips

Medical Director: Kwame Fofie

Director of Nursing: Sarah Smyth



|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                               |            |            |   |            |  |         |  |           |  |               |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------|------------|---|------------|--|---------|--|-----------|--|---------------|--|--|--|
| Title & Date of Meeting:                                                                                                                                                                                                                                   | Trust Board Public Meeting – 30 July 2025                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                               |            |            |   |            |  |         |  |           |  |               |  |  |  |
| Title of Report:                                                                                                                                                                                                                                           | Risk Management Strategy                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                               |            |            |   |            |  |         |  |           |  |               |  |  |  |
| Author/s:                                                                                                                                                                                                                                                  | Executive Lead Sarah Smyth, Director of Nursing, Allied Health & Social Care Professionals<br><br>Oliver Sims<br>Corporate Risk and Incident Manager                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                               |            |            |   |            |  |         |  |           |  |               |  |  |  |
| Recommendation:                                                                                                                                                                                                                                            | <table border="1"> <tr> <td>To approve</td><td>✓</td><td>To discuss</td><td></td></tr> <tr> <td>To note</td><td></td><td>To ratify</td><td></td></tr> <tr> <td>For assurance</td><td></td><td></td><td></td></tr> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                               |            | To approve | ✓ | To discuss |  | To note |  | To ratify |  | For assurance |  |  |  |
| To approve                                                                                                                                                                                                                                                 | ✓                                                                                                                                                                                                                          | To discuss                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               |            |            |   |            |  |         |  |           |  |               |  |  |  |
| To note                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                            | To ratify                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                               |            |            |   |            |  |         |  |           |  |               |  |  |  |
| For assurance                                                                                                                                                                                                                                              |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                               |            |            |   |            |  |         |  |           |  |               |  |  |  |
| Purpose of Paper:<br><i>Please make any decisions required of Board clear in this section:</i>                                                                                                                                                             | The report provides the four-year Trust Risk Management Strategy for 2025-2029 and is included for Trust Board consideration and approval.                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                               |            |            |   |            |  |         |  |           |  |               |  |  |  |
| Key Issues within the report:                                                                                                                                                                                                                              |                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                               |            |            |   |            |  |         |  |           |  |               |  |  |  |
| <b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>The Risk Management Strategy document sets out clear ambitions to further strengthen and develop the Trust's risk management arrangement for the next four years.</li> </ul> |                                                                                                                                                                                                                            | <b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>No specific actions commissioned or additional areas of work underway further to the content of the strategy document.</li> </ul>                                                                                                                                                                                                                                                                                                                             |                                               |            |            |   |            |  |         |  |           |  |               |  |  |  |
| <b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"> <li>No key risks / specific areas of focus further those included in the report to escalate.</li> </ul>                                                                                |                                                                                                                                                                                                                            | <b>Decisions Made:</b> <ul style="list-style-type: none"> <li>The strategy document enclosed has been updated to incorporate the agreed risk appetite statements as agreed at the Strategic Board session in June 2025. Actions identified at the meeting have also been incorporated where appropriate within the Risk Ambition section of the strategy document.</li> <li>Recommendations identified as part of the 2025 Board Assurance Framework / Risk Management audit have also been incorporated into the Risk Ambition section.</li> </ul> |                                               |            |            |   |            |  |         |  |           |  |               |  |  |  |
| <b>Governance:</b><br><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                     | 08/07/2025 |            |   |            |  |         |  |           |  |               |  |  |  |
|                                                                                                                                                                                                                                                            | 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  |                                                                             |

# Risk Management Strategy

2025-2029



Caring, Learning  
& Growing Together

| <i>Document Configuration</i>       |                                                                                      | <i>Document Ref:</i> |
|-------------------------------------|--------------------------------------------------------------------------------------|----------------------|
| <i>Date: July 2025</i>              | <i>Version</i>                                                                       | <i>V1.1</i>          |
| <i>Author Name / Job Title</i>      | <i>Oliver Sims / Corporate Risk and Incident Manager</i>                             |                      |
| <i>Directorate Name</i>             | <i>Nursing, Allied Health and Social Care Professionals</i>                          |                      |
| <i>Clinical / Executive Sponsor</i> | <i>Sarah Smyth</i>                                                                   |                      |
| <i>Reporting Committee</i>          | <i>Executive Management Team</i>                                                     |                      |
| <i>Trust Board Ratification</i>     | <i>July 2025</i>                                                                     |                      |
| <i>Review Date</i>                  | <i>Two Yearly Review (Including annual review of risk appetite)</i>                  |                      |
| <i>Distribution Channels</i>        | <i>Trust communications<br/>Trust Intranet<br/>Risk management training sessions</i> |                      |
| <i>Regulator Link</i>               | <i>Not applicable</i>                                                                |                      |
| <i>Key Internal Documents</i>       | <i>Risk Management Policy</i>                                                        |                      |
| <i>Key External Documents</i>       | <i>Not applicable</i>                                                                |                      |



## Contents

|     |                                                            |    |
|-----|------------------------------------------------------------|----|
| 1.  | Introduction .....                                         | 4  |
| 2.  | Scope .....                                                | 4  |
| 3.  | Ambitions and implementation.....                          | 5  |
| 4.  | Risk Appetite .....                                        | 8  |
| 5.  | Duties and Responsibilities .....                          | 10 |
| 6.  | Risk Management Governance – Structural Arrangements ..... | 10 |
| 7.  | Process Overview .....                                     | 13 |
| 8.  | Training .....                                             | 18 |
| 9.  | Monitoring .....                                           | 18 |
| 10. | Communication .....                                        | 18 |
| 11. | Related Documents.....                                     | 18 |
| 12. | Definitions .....                                          | 19 |

## 1. Introduction

Humber Teaching NHS Foundation Trust is committed to embedding an integrated approach to managing risk and recognises that the proactive and continuous management of risk is essential to the efficient and effective delivery of its vision. This strategy describes the Trust approach to the identification, reporting and management of all risks facing the Trust.

The Risk Management Strategy will support wider strategies to achieve the risk management ambitions set out for the five years. Risk Management is an integral part of the trust's quality and governance management processes. All staff have a responsibility for the consideration of risk and helping to mitigate any potential impact the delivery of safe and high-quality services.

The management of risk is a key factor in achieving the provision of the highest quality care, requiring the identification, management and minimising of activities or events which could result in unnecessary risks to service users, staff and visitors/members of the public. These risks are present on a day-to-day basis throughout the organisation. Most cannot be avoided, but they can in most instances be managed to an acceptable level.

When implemented and maintained, the effective management of risk enables the Trust to:

- Maximise safety and reduce harm, improving care and service user experience.
- Increase the likelihood of achieving its goals and delivering outcomes.
- Improve the identification of opportunities and threats.
- Improve governance, stakeholder confidence and trust.
- Establish a reliable basis for decision making and formulation of plans.
- Effectively allocate and use resources for risk treatment.
- Improve organisational resilience.
- Increase organisational learning and continuous improvement.

These activities are undertaken in line with the Trust work programmes established to meet Trust objectives.

We achieve this by the identification, assessment, and systematic reduction and effective control of risks that threaten the delivery of safe and effective services. This includes the protection of:

- **People** – including patients, carers, staff (including students and volunteers), contractors, visitors, and the public.
- **Finances** – through value for money, reduction of losses and improved financial stability.
- **Reputation** – internally and externally to commissioners, public, media and the wider NHS.

Risks must be assessed in respect of the combination of the probability of an event happening and the severity of the impact which occurs.

At its simplest risk management is good management practice and should not be seen as an end, but as part of an overall management approach. This strategy provides the overarching framework within which risk is managed by the organisation.

## 2. Scope

This is a four-year strategy that aims to further develop a robust risk management framework and build additional capability across the Trust.

The Trust must ensure that its risk management arrangements meet the requirements of NHS Improvement and the Care Quality Commission (CQC). The Trust also adheres to standards

and guidance from the NHS Resolution (NHSR), Health and Safety Executive (HSE), to ensure good risk management practice.

The Department of Health requires the Chief Executive to sign an Annual Governance Statement on behalf of the Board. This outlines the governance processes in place to maintain a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives, whilst safeguarding quality standards and public funds. The risk management strategy forms part of the overall system of internal control by coordinating approach to risk management, and the Board Assurance Framework provides, and overview of the assurances received in line with risks to the achievement of the Trust's Strategy.

This strategy document and associated processes / procedures apply to all staff directly employed by the organisation, agency staff, as well contractors engaged in work for Humber Teaching NHS Foundation Trust. This includes staff on honorary contracts, students and volunteers. All staff in the trust have a responsibility in relation to risk management and are introduced to the concepts and requirement on induction to the Trust.

### 3. Ambitions and implementation

The Trust's continued ambition to have excellent systems and processes fully embedded across the organisation that support the delivery of the Trust's Strategic Goals requires that we support better decision making through a comprehensive understanding of potential risks and their likely impact on the Trust should they be realised. In this respect the Trust is committed to maintaining a systematic approach to the identification and management of all risks surrounding our activities. This strategy is based on achieving the ambitions identified below.

From 2025 - 2029 the Trust will aim to achieve the following Risk Management Ambitions:

1. Continued devolution of decision-making and accountability for the recognition and management of risk across the organisation from Trust Board to point of delivery (Board to Ward) in system and partnership working.
2. To continually refine existing systems and processes throughout the Trust to ensure they remain aligned to service delivery and support effective risk management, ensuring the management of risk is dynamic and integral to the day-to-day activities of Trust services including its commissioning responsibilities.
3. To support the Trust Board in being able to receive and provide assurance that the Trust is meeting all external compliance targets and legislation responsibilities, including standards of clinical quality and compliance requirements.

| Risk Management Ambition One                                                                                                                                                                                                                               | Alignment to Strategic Goals                                       |                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Continued devolution of decision-making and accountability for the recognition and management of risk across the organisation from Trust Board to point of delivery (Board to Ward) in system and partnership working.                                     | Strategic Goal 1 – Innovating quality and patient safety           |  |
|                                                                                                                                                                                                                                                            | Strategic Goal 2 – Enhancing prevention, wellbeing and recovery    |  |
|                                                                                                                                                                                                                                                            | Strategic Goal 6 – Promoting people, communities and social values |  |
| Why is it important?                                                                                                                                                                                                                                       |                                                                    |                                                                                       |
| It is important to create a culture in which all staff are able influence decisions, support process improvements and outcomes, to reduce risk and improve the quality of services. Bringing decision making as close as possible to the service delivery. |                                                                    |                                                                                       |

| What do we want to do?                                                                                                                                                                                                          | How will we do it?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| To promote a culture whereby staff are able to identify risks and make decisions and improvements to ensure risks to the delivery of the trust's ambitions are identified, managed dynamically and resolved in a timely manner. | <ol style="list-style-type: none"> <li>1. Continued implementation of risk management training sessions for all staff to further support risk management culture.</li> <li>2. Develop of a risk management annual report to further consider governance arrangements and to ensure that they are responsive and dynamic in their nature regarding the identification and management of all organisational risks.</li> <li>3. Development of risk appetite rationales in conjunction with Executive Leads which links to assurance mechanisms and already established early warning systems based on embedded processes.</li> <li>4. Development of process for utilizing risk appetite as part of the Trust standard board and committee paper cover document.</li> </ol> |

| <b>Risk Management Ambition Two</b>                                                                                                                                                                                                                                                                                     | Alignment to Strategic Goals                                       |                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| To continually refine existing systems and processes throughout the Trust to ensure they remain aligned to service delivery and support effective risk management, ensuring the management of risk is dynamic and integral to the day-to-day activities of Trust services including its commissioning responsibilities. | Strategic Goal 1 – Innovating quality and patient safety           |  |
|                                                                                                                                                                                                                                                                                                                         | Strategic Goal 4 – Developing an effective and empowered workforce |  |

#### Why is it important?

It is important that the risk management process is dynamic, has a clear purpose, reliable inputs, well-designed activities and value-added outputs. A well-articulated systematic approach to risk management allows us to provide a benchmark and ensure we are responsive to the Trust's risk management needs.

| What do we want to do?                                                                                                  | How will we do it?                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Define a Risk Management standard throughout the organisation ensuring a robust systematic approach to risk management. | <ol style="list-style-type: none"> <li>1. Development and implementation of a risk management e-learning training package available to all staff.</li> <li>2. Undertake quarterly review of any risks linked to ICB and incorporate pertinent risks into the Trust established risk management arrangements.</li> <li>3. Targeted work with inpatient settings for full implementation of robust risk management arrangements and regular</li> </ol> |

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <p>reporting / discussion at team meetings to include all frontline staff and ensure their full awareness of current risks and associated mitigations.</p> <p>4. Review format of annual risk appetite review to include rationale summary, work undertaken in year in line within appetite rating and planned / proposed actions for next financial year.</p> <p>5. Review Trust-developed resource for risk appetite summaries and update to reference all elements of financial / sustainability priorities.</p> |
|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Risk Management Ambition Three                                                                                                                                                                                                                                                |  | Alignment to Strategic Goals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| To support the Trust Board in being able to receive and provide assurance that the Trust is meeting all external compliance targets and legislation responsibilities, including standards of clinical quality and compliance requirements.                                    |  | Strategic Goal 1 – Innovating quality and patient safety                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |
|                                                                                                                                                                                                                                                                               |  | Strategic Goal 2 – Enhancing prevention, wellbeing and recovery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |
|                                                                                                                                                                                                                                                                               |  | Strategic Goal 5 – Maximising an efficient and sustainable organisation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| Why is it important?                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      |
| The system of internal control within the Trust is an important component in the successful management of its risks. Internal controls are concerned with the methods, procedures and checks that are in place to ensure that the organisation is able to meet its ambitions. |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      |
| What do we want to do?                                                                                                                                                                                                                                                        |  | How will we do it?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                      |
| Integrate risk management and ensure processes are in place to allow staff to identify, monitor and communicate risks that may affect the delivery of strategic ambitions.                                                                                                    |  | <ol style="list-style-type: none"><li>1. All staff to have access to training, guidance and support in the delivery of effective risk management systems.</li><li>2. Further development / refinement of the Board Assurance Framework and supporting review process via Trust Board and its assuring committees.</li><li>3. Trust-wide risk register to be cited within Board Assurance Framework template as part of development.</li><li>4. Review of Trust Board and Committee risk register extract reporting template to reflect changes since last review and ensure that date opened is included for all entries to demonstrate length of time risk has ben open to support review. This will include changes to linked actions and any associated timescales with rationale for change.</li><li>5. Quality committee to commence with</li></ol> |                                                                                      |

|  |                                                                                                                                                            |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | cyclical deep dives of aligned strategic goals and associated sections of the BAF alongside regular review arrangements of each iteration of the document. |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------|

#### 4. Risk Appetite

Risk appetite is the level of risk the Trust deems acceptable or unacceptable based on the specific risk category and the circumstances or situation facing the Trust. This allows the Trust to measure, monitor and adjust, as necessary, the actual risk position against the agreed risk appetite.

Expressing risk appetite can therefore enable the Trust to take decisions based on an understanding of the risks involved. It can be a useful method of communicating expectations for risk-taking to managers and improve oversight by the Board.

The Trust's Board most recently undertook a comprehensive review of the organisation's risk management appetite in June 2025 and the outcome of that review is included within this strategy document. The risk appetite for the Trust will be reviewed annually and the strategy document updated each year to reflect the agreed appetite ratings.

The Trust uses the Good Governance Institute's 'Risk Matrix for NHS organisations,' in assessing and expressing risk appetite, and has adopted a risk appetite statement which details the amount of risk it is willing to accept in seeking to achieve its Strategic Goals. As well as the overall risk appetite statement, separate statements are provided for each risk category in the tables below:

| Risk Appetite Statement – Strategic Goals                                                                                                                                                                            |                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Humber Teaching NHS Foundation Trust recognises that its long-term sustainability depends upon the delivery of its strategic goals and its relationships with its service users, carers, staff, public and partners. |                                                                                                                                              |
| Strategic Goal                                                                                                                                                                                                       | Risk Appetite                                                                                                                                |
| Innovating for Quality and Patient Safety                                                                                                                                                                            | <b>Seek</b> – eagerness to be innovative and to choose options offering potentially higher business rewards                                  |
| Enhancing Prevention, Wellbeing and Recovery                                                                                                                                                                         | <b>Mature</b> – Consistent in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust. |
| Fostering Integration, Partnerships and Alliances                                                                                                                                                                    | <b>Mature</b> – Consistent in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust. |
| Promoting People, Communities and Social Values                                                                                                                                                                      | <b>Mature</b> – Consistent in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust. |
| Developing an Effective and Empowered, Workforce                                                                                                                                                                     | <b>Mature</b> – Consistent in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust. |
| Optimising an Efficient and Sustainable Organisation                                                                                                                                                                 | <b>Seek</b> – eagerness to be innovative and to choose options offering potentially higher business rewards.                                 |

## Risk Appetite Statement – Risk Types

Humber Teaching NHS Foundation Trust recognises that its long-term sustainability depends upon the delivery of its strategic goals and its relationships with its service users, carers, staff, public and partners. The Trust Board considered the organisation's appetite for risk in June 2025 and agreed the following scores:

| Risk Type                                                | Risk Appetite                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Quality, Governance and Performance and Operational Risk | The quality of our services, measured by clinical outcome, patient safety and patient experience is at the heart of everything we do. Although we will support innovation, we will do so with equal improvements in management control. Therefore, our risk appetite is <b>Seek</b> , this level representing 'eagerness to be innovative and to choose options offering potentially higher business rewards.'                                                                                                                                                                                                                               |
| Financial Risk                                           | The Board is prepared to accept possibility of some limited initial financial loss. Value for money is still the primary concern, but the board will consider other benefits or constraints. Therefore, our risk appetite is <b>Seek</b> , this level representing 'eagerness to be innovative and to choose options offering potentially higher business rewards.'                                                                                                                                                                                                                                                                          |
| Regulation and Compliance                                | The Board acknowledges that healthcare and the NHS operates within a highly regulated environment, and that, as a Foundation Trust, it has to meet high levels of compliance expectations from a large number of regulatory sources. It will strive to meet those expectations within a framework of prudent controls, balancing the prospect of risk elimination against practical operational requirements. Therefore, our risk appetite is <b>Mature</b> , this level indicates that the Trust is ' <i>consistent in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.</i> ' |
| Business Risk                                            | The Trust is supportive of opportunity and innovation, with demonstration of equal improvements in management control. It supports a focus on growth and service development and innovation. Therefore, our risk appetite is <b>Mature</b> , this level indicates that the Trust is ' <i>consistent in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.</i> '                                                                                                                                                                                                                  |
| Continuity of Services                                   | The Trust is supportive of innovation and business development to support the continuity and transformation of services to meet the needs of our patients, carers, and wider community. Therefore, our risk appetite is <b>Mature</b> , this level indicates that the Trust is ' <i>consistent in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.</i> '                                                                                                                                                                                                                       |
| Reputational Risk                                        | The Board is prepared to take some decisions that have the potential to bring scrutiny of the organisation, provided that the benefits for the services outweigh the risks, and by prospectively managing any reputational consequences. Therefore, our risk appetite is <b>Mature</b> , this level indicates that the Trust is ' <i>consistent in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.</i> '                                                                                                                                                                      |

As a Trust we will continue to refine and develop our risk appetite, updating these statements on an annual basis.



## 5. Duties and Responsibilities

All staff in the Trust have a responsibility in relating to risk management. The key risk management responsibilities are documented below.

| Role                                                             | Responsibility                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Chief Executive (CE)                                             | Accountable for having effective risk management systems and internal controls in place and for achieving statutory requirements. The Chief Executive has delegated overall duty to ensure risk management is discharged appropriately to the Director of Nursing, Allied Health and Social Care Professionals.                                                                                                                                                     |
| Director of Nursing, Allied Health and Social Care Professionals | Has overall duty to ensure risk management is discharged appropriately and has responsibility for the implementation of the strategy.                                                                                                                                                                                                                                                                                                                               |
| Executive Directors and Senior Operational / Corporate Managers  | Responsible for identifying, communicating and managing the risks associated with their portfolios in accordance with the framework set out in this strategy. They are responsible for understanding the approach towards risk management of all key clients, contractors, suppliers and partners and mitigate where necessary, where gaps are found. They are responsible for identifying risks that should be escalated to and from the Trust-wide Risk Register. |
| Non-Executive Board Members                                      | Responsible for challenging and seeking assurance that integrated systems are in place within the organisations.                                                                                                                                                                                                                                                                                                                                                    |
| Specialist Managers / Leads                                      | Responsible for ensuring all risks within their specialist area are assessed and managed.                                                                                                                                                                                                                                                                                                                                                                           |
| Corporate Risk and Incident Manager                              | Responsible for the development and implementation of the Risk Management Strategy and framework, and for coordinating risk management across the Trust.                                                                                                                                                                                                                                                                                                            |
| All employees and contractors                                    | Expected to be familiar with the Trust's approach to risk management, take a risk-managed approach to their own work and take responsibility for the management of the risks they own.                                                                                                                                                                                                                                                                              |

## 6. Risk Management Governance – Structural Arrangements

Each Board Committee and its sub-groups has a collective responsibility to ensure effective risk management to ensure good governance as they discharge their duties, and this is reflected in their respective terms of reference. Through their work plans they will contribute towards reducing the organisation's exposure to risk. Risks identified by Committees and reporting groups will be communicated and recorded on the appropriate directorate / divisional risk register and subject to overview, monitoring and intervention by the Corporate Risk and Incident Manager, providing assurance to the Audit Committee (AC) and Trust Board.

| Committee / Forum | Responsibility                                                                                                                         |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Trust Board       | Has overarching responsibility for risk management throughout the Trust and currently considers the Trust-wide Risk Register and Board |



| Committee / Forum                                     | Responsibility                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                       | Assurance Framework on a regular basis. It considers the high-level Trust-wide operational risks facing the Trust as part of its routine business to satisfy itself collectively that risks are being managed appropriately and the risks to the achievement of the Trust's strategic goals via the Board Assurance Framework the Trust Board continuously strives to strengthen the culture of risk management throughout the organisation. Bi-monthly review will be undertaken for the Board Assurance Framework so that risk to the achievement of the Trust's strategic goals can be considered and steer discussion / areas for further review.                                                                                                                                                                                                           |
| Audit Committee (AC)                                  | Board Committee with overarching responsibility for risk. The role of the Committee is to scrutinise and review the Trust's systems of governance, risk management, and internal control. It seeks regular assurance on the Trust's risk management arrangements to enable it to review the organisation's approach to risk management as well as reviewing the Trust-wide risk register and Board Assurance Framework regularly. The Committee reviews the adequacy of all risk and control related disclosure statements (the Annual Governance Statement), together with any accompanying Head of Internal Audit statement, External Auditor opinion or other appropriate independent assurances. On occasion it will commission internal or external auditors to review and report on aspects of risk management or on the management of significant risks. |
| Finance and Investment Committee (FIC)                | Board Committee with overarching responsibility for oversight of the Trust's Finances and whose remit it is to conduct independent and objective review and oversight of the Trust's trading and commercial investment activities on behalf of the Board, and to ensure compliance with Investment Policy and Strategic Objectives. The role of the Committee is to scrutinise and review the Trust's financial position and activity. It seeks regular assurance on the Trust's risk management arrangements specifically related to finance risks and is responsible for one section of the Board Assurance Framework, which it also reviews as a standing agenda item at each meeting.                                                                                                                                                                       |
| Quality Committee (QC)                                | Board Committee with overarching responsibility for oversight of the Trust's quality and improvement agenda. The role of the Committee is to scrutinise the Trust's quality and improvement work programmes seeking assurance on all related areas covering the Trust's clinical risk management arrangements. This work includes CQC compliance, service improvements and redesign linked to quality improvement, research and clinical governance. The Quality Committee also reviews the quality-related risks held across the Trust's risk register and the relevant sections of the Board Assurance Framework.                                                                                                                                                                                                                                             |
| People and Organisational Development Committee (POD) | Board Committee with overarching responsibility for oversight of the Trusts' workforce and organisational development agenda. The committee scrutinises the Trust's workforce-related metrics and seeks regular assurance regarding the Trust's risk management arrangements specifically related to workforce. The committee is also responsible for the relevant section of the Board Assurance Framework.                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Mental Health                                         | Board Committee whose remit it is to provide strategic leadership                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

| Committee / Forum                       | Responsibility                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Legislation Committee (MHL)             | pertaining to the Mental Health Act, the Mental Capacity Act and their respective Codes of Practice and other mental health related legislation, as well as to monitor, provide challenge and seek assurance of compliance with external standards relating to Mental Health Legislation and approve and review Mental Health Legislation policies and protocols. The committee also regularly reviews the Trust's Board Assurance Framework as well key risks linked to mental health related legislation.                                                                                                                                                                        |
| Charitable Funds Group                  | Operational Group with overarching responsibility for oversight of the Trusts' charity agenda and management of charitable funds. The committee maintains a risk register in relation to charitable funds and associated processes.                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Executive Management Team (EMT)         | Involves all Executive Directors and is chaired by the Chief Executive. The Executive Management Team provides the leadership for risk management across the Trust, considering and approving the development of systems and processes, as well as championing risk management within their areas of responsibility. This Group is the lead for managing the Trust-wide Risk Register, monitoring the management of risk. They consider and accept new items on to the Trust-wide Risk Register, reviewing and revising risk entries on a regular basis, as well as the approval/removal of any risks from the Register at the request of the Corporate Risk and Incident Manager. |
| Operational Delivery Group (ODG)        | Chaired by the Chief Operating Officer considers the operational risk registers, as well as thematic risks from directorate risk registers. This group is responsible for ensuring that risk assessments are consistent, timely and appropriate actions to manage and mitigate risks are being taken, and that similar risks across the Trust are identified, cross-referenced and considered as a whole.                                                                                                                                                                                                                                                                          |
| Directorate Business meetings           | Held within each Directorate and are responsible for ensuring that appropriate risk registers are in place, risks are being effectively captured and appropriate mitigating actions are being taken. They are also responsible for highlighting risks for escalation/ de-escalation, based on the current risk score and perceived business impact for the Trust, to/from the Trust-wide risk register via the Executive Management Team.                                                                                                                                                                                                                                          |
| Operational Business meetings           | Held within each business division and are responsible for ensuring that appropriate risk registers are in place, risks are being effectively captured and appropriate mitigating actions are being taken. They are also responsible for highlighting risks for escalation/ de-escalation, based on the current risk score and perceived business impact for the Trust, to/from the Trust-wide risk register via the Executive Management Team.                                                                                                                                                                                                                                    |
| Quality and Patient Safety Group (QPAS) | It oversees and coordinates all aspects of quality improvement (patient experience, patient safety & clinical effectiveness), assurance and clinical governance activity and delivery. The group has responsibility to escalate any issues which may have a potential impact on the delivery of the organisational objectives to the Executive Management Team.                                                                                                                                                                                                                                                                                                                    |
| Clinical Risk                           | Has responsibility for ensuring clinical risk management systems,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

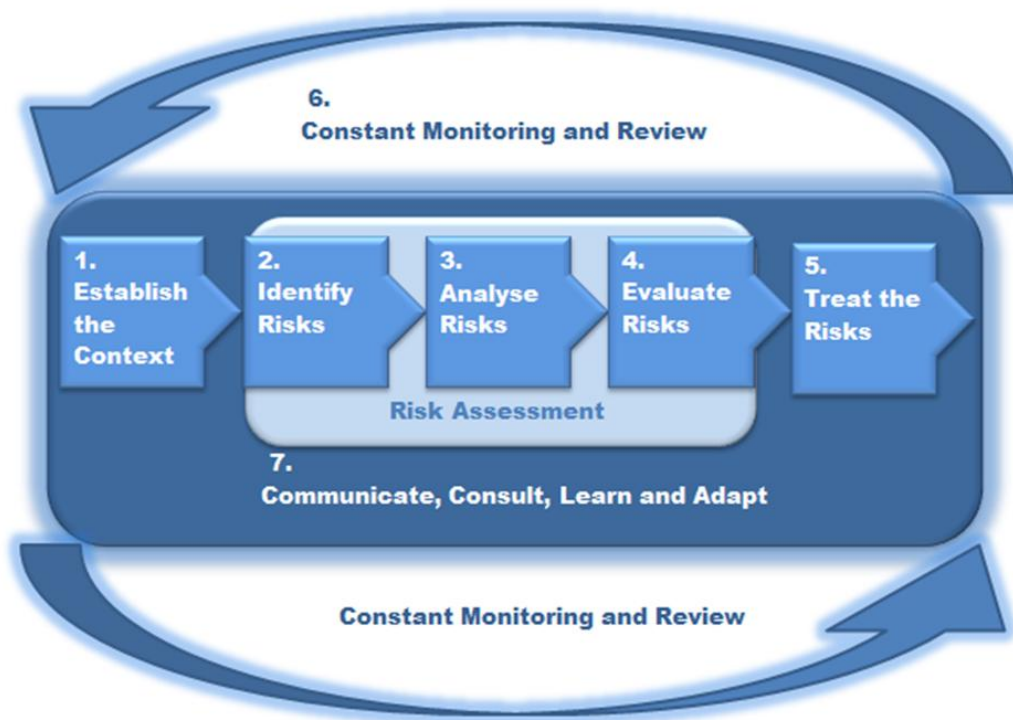
| Committee / Forum                                     | Responsibility                                                                                                                                                                                                                                                                                                                              |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Management Group (CRMG)                               | processes and related clinical risk management strategies and policies are regularly reviewed and implemented Trust-wide. They ensure systems and processes are developed and maintained to enable Trust-wide monitoring and review of all clinical risks to ensure appropriate investigation, and maximisation of learning from incidents. |
| Health and Safety Group                               | Receives updates from multiple infrastructure, safety and compliance related subgroups, ensuring that strategic decisions are made, and appropriate action taken to resolve, mitigate or appropriately escalate issues and risks.                                                                                                           |
| Emergency Preparedness Resilience and Response (EPRR) | Sub- group reporting to ODG on the delivery of the objectives of the sub-group including the identification, management and reporting of EPRR risks.                                                                                                                                                                                        |
| Estate Strategy and Capital Delivery Group            | Is responsible for oversight, direction and assurance against delivery of the Trust's Estate Strategy, with appropriate reporting of assurance to ODG and EMT.                                                                                                                                                                              |

## 7. Process Overview

Risk management activities undertaken within the Trust operate at a number of levels: for example, a health or social care professional creating a risk management plan for a service user; health and safety assessments of local facilities, incident reporting and organisational learning, corporate planning around the organisational response to a major incident; or risk assessment and mitigation for business expansion and development. This strategy and its related procedures serve to set these various risk management activities within a broader corporate framework and to identify consistent processes for risk management across the Trust.

The risk management process is detailed within the Risk Management Policy and supporting guidance documents and templates, all of which will undergo ongoing review and development as risk management is embedded across the organisation. The overall risk management process is shown pictorially below, there being 7 major elements in the process.

**Figure 1** below shows, risk management involves the identification, analysis, evaluation and treatment of risks or more specifically recognises which events may lead to harm and therefore minimising the likelihood (how often) and consequences (how bad) of these risks occurring.



## Identifying Risks

Risks facing the organisation will be identified from several sources, for example:

- Risk arises out of the delivery of day to day work related tasks or activities.
- The review of strategic or operational ambitions.
- As a result of an incident or the outcome of investigations.
- Following a complaint, claim or patient feedback.
- As a result of a health and safety inspection/assessment, external review or audit report.
- National requirements and guidance.

The identification, assessment, and control of risk is delegated to directors, managers, departments, wards and teams within Humber Teaching NHS Foundation Trust, together with the management and data entry onto the Trust's electronic risk management system (DATIX).

## Risk Registers

The Trust uses risk registers to record risks, scoring and ranking them, identifying who owns them, identifying controls that are in place, identifying whether the risk needs to be reduced further and, if so, recording what additional controls need to be put in place.

The Corporate Risk and Incident Manager supports with compilation of the trust wide risk register detailing significant risks identified across the Trust's risk registers, drawn from risks identified by the Trust's directorates and operational divisions.

Directorate and Operational Division Risk Registers are maintained by the relevant staff, being populated by risks that affect patient and staff safety, high quality care, service delivery and key objectives. Oversight of operationally identified risk is undertaken by the Trust's Operational Delivery Group and summary reports are also shared with the Trust's Executive Management Team monthly.

Local Service and Departmental risk registers are to be further strengthened through the implementation of this strategy and the delivery of the identified ambitions, further building the upward flow of risks to the Operational Divisions and Directorates.

The Board Assurance Framework (BAF) provides the Board with a comprehensive method for the effective and focused management of the identified strategic risks that could affect the delivery of its principal objectives. Development of the template used for Board Assurance Framework is included as part of the risk ambitions identified for delivery through the implementation of the risk management strategy and will be subject to review and development through 2025/26.

All risk registers are viewed as 'live documents' and are routinely populated, updated and reviewed via the Trusts' local risk management system (Datix Web).

## Risk Methodology

The Trust uses the same risk methodology for assessing all types of risk whether these are clinical, non-clinical, financial, or organisational. It is vital that all risks are assessed in an objective and consistent manner, enabling prioritised management, and guiding operation, project and programme planning and resource allocation.

Risks are assessed on the likelihood of the risk happening (frequency or probability) and consequences (impact) should the risk occur.

The assessment is completed using a likelihood matrix (Table 1) and consequence matrix (Table 2). While the likelihood matrix offers an option of frequency or probability, the likelihood matrix offers options based on the type of consequence (impact) that will arise if the risk should occur.

**Table 1 – Likelihood Score**

| Likelihood Score                               | 1                                                                         | 2                                                                                                       | 3                                                                        | 4                                                                                                | 5                                                                                      |
|------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| Descriptor                                     | Rare                                                                      | Unlikely                                                                                                | Possible                                                                 | Likely                                                                                           | Almost certain                                                                         |
| Frequency<br>How often might it/does it happen | This will probably never happen/recur<br>Not expected to happen for years | Do not expect it to happen/recur but it is possible it may do so<br>Expected to occur at least annually | Might happen or recur occasionally<br>Expected to occur at least monthly | Will probably happen/recur but it is not a persisting issue<br>Expected to occur at least weekly | Will undoubtedly happen/recur, possibly frequently<br>Expected to occur at least daily |
| Probability                                    | <1%<br>Unlikely to occur                                                  | 1-5%<br>Unlikely to occur                                                                               | 6-20%<br>Reasonable chance of occurring                                  | 21-50%<br>Likely to occur                                                                        | >50%<br>More likely to occur than not                                                  |

**Table 2 – Consequence Score**

|                                                                                         | Consequence score (severity levels) and examples of descriptors                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                         | 1                                                                                                                                                                                                       | 2                                                                                                                                                                                                                                                                                                                                 | 3                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4                                                                                                                                                                                                                                                            | 5                                                                                                                                                                                                                                                                                                                                       |
| Consequence Type                                                                        | Negligible                                                                                                                                                                                              | Minor                                                                                                                                                                                                                                                                                                                             | Moderate                                                                                                                                                                                                                                                                                                                                                                                                                             | Severe                                                                                                                                                                                                                                                       | Catastrophic                                                                                                                                                                                                                                                                                                                            |
| <b>Impact on the safety of patients, staff or public (physical/ psychological harm)</b> | Minimal injury requiring no/minimal intervention or treatment.<br>No time off work                                                                                                                      | Minor injury or illness, requiring minor intervention<br>Requiring time off work for >3 days<br>Increase in length of hospital stay by 1-3 days                                                                                                                                                                                   | Moderate injury requiring professional intervention<br>Requiring time off work for 4-14 days<br>Increase in length of hospital stay by 4-15 days<br>RIDDOR/agency reportable incident<br>An event which impacts on a small number of patients                                                                                                                                                                                        | Major injury leading to long-term incapacity/disability<br>Requiring time off work for >14 days<br>Increase in length of hospital stay by >15 days<br>Mismanagement of patient care with long-term effects                                                   | Incident leading to death<br>Multiple permanent injuries or irreversible health effects<br>An event which impacts on a large number of patients                                                                                                                                                                                         |
| <b>Quality/ complaints/ audit</b>                                                       | Peripheral element of treatment or service suboptimal<br>Informal complaint/inquiry<br>Service delivery is not materially affected.                                                                     | Overall treatment or service suboptimal<br>Formal complaint (stage 1) / Local resolution<br>Single failure to meet internal standards<br>Minor implications for patient safety if unresolved / Reduced performance rating if unresolved<br>Some inconvenience/ difficulty in operational performance of a particular service area | Treatment or service has significantly reduced effectiveness<br>Formal complaint (stage 2) complaint<br>Local resolution (with potential to go to independent review)<br>Repeated failure to meet internal standards<br>Major patient safety implications if findings are not acted on<br>Operational performance of a particular service area is affected to the extent that revised planning is required to overcome difficulties. | Non-compliance with national standards with significant risk to patients if unresolved<br>Multiple complaints/ independent review<br>Low performance rating<br>Critical report<br>Operational performance of a particular service area is severely affected. | Totally unacceptable level or quality of treatment/service<br>Gross failure of patient safety if findings not acted on<br>Inquest/ombudsman inquiry<br>Gross failure to meet national standards<br>Operational performance is compromised to the extent that the organisation is unable to meet its obligations in core activity areas. |
| <b>Human resources/ organisational development/ staffing/ competence</b>                | Short-term low staffing level that temporarily reduces service quality (< 1 day)                                                                                                                        | Low staffing level that reduces the service quality                                                                                                                                                                                                                                                                               | Late delivery of key objective/ service due to lack of staff<br>Unsafe staffing level or competence (>1 day)<br>Low staff morale<br>Poor staff attendance for mandatory/key training                                                                                                                                                                                                                                                 | Uncertain delivery of key objective/service due to lack of staff<br>Unsafe staffing level or competence (>5 days)<br>Loss of key staff<br>Very low staff morale<br>No staff attending mandatory/ key training                                                | Non-delivery of key objective/service due to lack of staff<br>Ongoing unsafe staffing levels or competence<br>Loss of several key staff<br>No staff attending mandatory training / key training on an ongoing basis                                                                                                                     |
| <b>Statutory duty/ inspections</b>                                                      | No or minimal impact or breach of guidance/ statutory duty                                                                                                                                              | Breach of statutory legislation<br>Reduced performance rating if unresolved                                                                                                                                                                                                                                                       | Single breach in statutory duty<br>Challenging external recommendations/ improvement notice                                                                                                                                                                                                                                                                                                                                          | Enforcement action<br>Multiple breaches in statutory duty<br>Improvement notices<br>Low performance rating<br>Critical report                                                                                                                                | Multiple breaches in statutory duty<br>Prosecution<br>Complete systems change required<br>Zero performance rating<br>Severely critical report                                                                                                                                                                                           |
| <b>Adverse publicity/ reputation</b>                                                    | Rumours<br>Potential for public concern                                                                                                                                                                 | Local media coverage – short-term reduction in public confidence<br>Elements of public expectation not being met                                                                                                                                                                                                                  | Local media coverage – long-term reduction in public confidence                                                                                                                                                                                                                                                                                                                                                                      | National media coverage with <3 days service well below reasonable public expectation                                                                                                                                                                        | National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House)<br>Total loss of public confidence                                                                                                                                                                         |
| <b>Business objectives/ projects</b>                                                    | Insignificant cost increase/ schedule slippage                                                                                                                                                          | <5 per cent over project budget<br>Schedule slippage                                                                                                                                                                                                                                                                              | 5–10 per cent over project budget<br>Schedule slippage<br>Late delivery of key target.                                                                                                                                                                                                                                                                                                                                               | Non-compliance with national 10–25 per cent over project budget<br>Schedule slippage<br>Key objectives not met<br>Partial delivery of key targets                                                                                                            | Incident leading >25 per cent over project budget<br>Schedule slippage<br>Key objectives not met<br>Non-delivery of key targets.                                                                                                                                                                                                        |
| <b>Finance including claims</b>                                                         | Small loss (less than 0.1% of budget)<br>Risk of claim remote                                                                                                                                           | Loss of 0.1–0.25 per cent of budget<br>Claim less than £10,000                                                                                                                                                                                                                                                                    | Loss of 0.25–0.5 per cent of budget<br>Claim(s) between £10,000 and £100,000                                                                                                                                                                                                                                                                                                                                                         | Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget<br>Claim(s) between £100,000 and £1 million<br>Purchasers failing to pay on time                                                                                                      | Non-delivery of key objective/ Loss of >1 per cent of budget<br>Failure to meet specification/ slippage<br>Loss of contract / payment by results<br>Claim(s) >£1 million                                                                                                                                                                |
| <b>Service/business interruption<br/>Environmental impact</b>                           | Loss/interruption of >1 hour<br>No impact on ability to meet internal and external reporting requirements even though a particular service area is affected.<br>Minimal or no impact on the environment | Loss/interruption of >8 hours<br>Inability to meet a specific reporting requirement.<br>Minor impact on environment                                                                                                                                                                                                               | Loss/interruption of >1 day<br>Difficulty in complying with key reporting requirements.<br>Moderate impact on environment                                                                                                                                                                                                                                                                                                            | Loss/interruption of >1 week<br>Unable to comply with the majority of reporting requirements.<br>Major impact on environment                                                                                                                                 | Permanent loss of service or facility<br>Unable to access any service user or corporate information.<br>Catastrophic impact on environment                                                                                                                                                                                              |

The two numerical assessment scores are then multiplied to give a risk rating and level of risk as shown in table 3.

**Table 3 – Risk Scoring and Levels**

|            |   |                | Severity of Impact/ Consequence |               |                   |                   |                   |
|------------|---|----------------|---------------------------------|---------------|-------------------|-------------------|-------------------|
|            |   |                | 1                               | 2             | 3                 | 4                 | 5                 |
|            |   |                | Negligible                      | Minor         | Moderate          | Severe            | Catastrophic      |
| Likelihood | 5 | Almost certain | 5<br>Moderate                   | 10<br>High    | 15<br>Significant | 20<br>Significant | 25<br>Significant |
|            | 4 | Likely         | 4<br>Moderate                   | 8<br>High     | 12<br>High        | 16<br>Significant | 20<br>Significant |
|            | 3 | Possible       | 3<br>Low                        | 6<br>Moderate | 9<br>High         | 12<br>High        | 15<br>Significant |
|            | 2 | Unlikely       | 2<br>Low                        | 4<br>Moderate | 6<br>Moderate     | 8<br>High         | 10<br>High        |
|            | 1 | Rare           | 1<br>Low                        | 2<br>Low      | 3<br>Low          | 4<br>Moderate     | 5<br>Moderate     |

We undertake assessment of risk at three stages:

- **Initial risk** (inherent or gross risk) is an assessment of the risk score on identification before any control/mitigating action is proposed.
- **Residual risk** (current risk) is an assessment of the risk score with current controls/actions in place.
- **Target risk** is an assessment of the anticipated risk score after improvement actions have been achieved and controls successfully implemented. The target risk score enables managers to fully understand the impact of the actions to be taken, as well as whether these actions alone will reduce (mitigate) the risk to an acceptable level.

The assessment undertaken is the same at each stage, enabling consistency and demonstration as to how well risks are being managed by current controls.

### Residual Risk Scores

All risks with a residual score that results in a classification of 'High' or 'Significant' will require a supporting action plan that describes the activities and actions being taken to mitigate the risk.

Residual risks with a level of moderate may be required to have action plans in place to further mitigate the risk. Low residual risks do not usually need any further actions.

The level of risk the controls are managing is important in considering the type and frequency of assurances required to be fully assured that the systems and process continue to work effectively to mitigate the risk. The Trust will use this information to inform the internal audit and clinical audit plans, as well as management reviews.

## 8. Training

Guidance on populating risk registers and managing risks is available to all staff via the Trust intranet. Risk Management training is open to all Trust staff monthly and is delivered by the Corporate Risk and Incident Manager. Bespoke training for teams / services is also provided upon request to ensure that the training needs in relation to risk management are met across the Trust. Risk management is also introduced to all staff as part of the Trust's induction training.

All staff employed by the Trust, are required to attend the mandatory and statutory training that is relevant to their role and to ensure they meet their own continuous professional development requirements.

## 9. Monitoring

Cyclical review of Operational Division and Directorate Risk Registers are undertaken by the Audit Committee (AC) to ensure that appropriate risk registers are being maintained, risks are being effectively captured and assessed, scoring is appropriate and consistent, appropriate mitigating actions are being taken, and risks escalated/ de-escalated in line with Trust policy. The committee will continue seek regular assurance on the Trust's risk management arrangements to enable it to review the organisation's approach to risk management as well as reviewing the Trust-wide risk register and Board Assurance Framework regularly

The Trust Board committees will receive quarterly reports on risks relevant to their areas of focus and will also consider relevant sections of the Board Assurance Framework to provide further assurance to the Board around the Trust's risk management approach and its effectiveness.

The Risk Management Strategy, policy and related guidance and documentation will be reviewed and updated two-yearly considering the assessment, as well as any changes to external and internal factors. This review process will be undertaken by the Trust's Executive Management Team and assurance regarding the implementation of the risk management strategy and its contained ambitions will also be provided to the Trust Board.

## 10. Communication

The Risk Management Strategy and supporting policies and guidance will be made available to all staff via the Trust Intranet. The strategy document will also be made available to stakeholders and the public via publication on the Trust Internet.

## 11. Related Documents

The Trust's approach to risk management is embedded within its business and governance processes. This is the overarching strategy for risk management, interlinking to all Trust strategies and policies. The following documents directly support this strategy:

- Risk Management Policy
- Risk Management guidance documents (via Trust Intranet)

More information on risk management, and specific areas of risk management including related policies are available on the [Trust's Risk Management intranet](#) page along with links to additional guidance and information.



## 12. Definitions

|                           |                                                                                                                                                                                                                                                            |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Board Assurance Framework | A method for presenting effective and focused assurances over the key risks to meeting strategic objectives.                                                                                                                                               |
| Likelihood                | Used as a general description of probability or frequency.                                                                                                                                                                                                 |
| Probability               | The likelihood of a specified event or outcome occurring. This is measured by the ratio of specific events or outcomes to the total number of possible events or outcomes. Probability is expressed along a scale ranging from 'rare' to 'almost certain'. |
| Risk                      | Defined as uncertainty/ possibility of loss, damage, missed opportunity, injury or failure to achieve objectives or deliver our plans because of an uncertain action or event.                                                                             |
| Risk Appetite             | Statement of intent from the organisation about the level risk it is prepared to accept, tolerate, or be exposed to at any point in time.                                                                                                                  |
| Risk Assessment           | The evaluation of risk with regard to the impact should the risk be realised, and the likelihood of the risk being realised.                                                                                                                               |
| Risk Identification       | This is the process of determining what, where, when, why and how something could happen.                                                                                                                                                                  |
| Risk Management           | The systematic identification of risk within a system or process and the implementation of actions to minimise harm arising. A key aspect of risk management is learning from events, errors, or near misses to reduce the risk of them recurring.         |
| Risk Management Strategy  | The overall organisational approach to risk management as defined by the Trust Board, which is documented and easily available throughout the organisation.                                                                                                |
| Risk Maturity             | Overall quality and embeddedness of the risk management arrangements.                                                                                                                                                                                      |
| Risk Mitigation           | The action that can be taken to reduce either the probability or impact of a risk.                                                                                                                                                                         |
| Risk Reduction            | Actions taken to lessen the <i>likelihood</i> , negative <i>consequences</i> or both associated with <i>risk</i> .                                                                                                                                         |
| Risk Register             | A tool for recording identified risks, the results of their analysis and evaluation, and monitoring actions and plans against them. The Risk Register is an important component of the organisation's risk management framework.                           |
| Risk Treatment            | Process of selection and implementation of measures to modify risk.                                                                                                                                                                                        |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        |                                                                                                                                                                                       |   |            |  |            |   |         |  |           |  |               |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------------|--|------------|---|---------|--|-----------|--|---------------|--|--|--|
| Title & Date of Meeting:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Trust Board Public Meeting – 30 July 2025                                                                                                                                                                                              |                                                                                                                                                                                       |   |            |  |            |   |         |  |           |  |               |  |  |  |
| Title of Report:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Risk Register Update                                                                                                                                                                                                                   |                                                                                                                                                                                       |   |            |  |            |   |         |  |           |  |               |  |  |  |
| Author/s:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Executive Lead Sarah Smyth, Director of Nursing, Allied Health & Social Care Professionals<br><br>Oliver Sims<br>Corporate Risk and Incident Manager                                                                                   |                                                                                                                                                                                       |   |            |  |            |   |         |  |           |  |               |  |  |  |
| Recommendation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td>✓</td> </tr> <tr> <td>To note</td> <td></td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table> |                                                                                                                                                                                       |   | To approve |  | To discuss | ✓ | To note |  | To ratify |  | For assurance |  |  |  |
| To approve                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                        | To discuss                                                                                                                                                                            | ✓ |            |  |            |   |         |  |           |  |               |  |  |  |
| To note                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                        | To ratify                                                                                                                                                                             |   |            |  |            |   |         |  |           |  |               |  |  |  |
| For assurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                        |                                                                                                                                                                                       |   |            |  |            |   |         |  |           |  |               |  |  |  |
| Purpose of Paper:<br><i>Please make any decisions required of Board clear in this section:</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | The report provides the Board with an update on the Trust-wide risk register (15+ risks) including the detail of any additional or closed risks since last reported to Trust Board in March 2025.                                      |                                                                                                                                                                                       |   |            |  |            |   |         |  |           |  |               |  |  |  |
| Key Issues within the report:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                        |                                                                                                                                                                                       |   |            |  |            |   |         |  |           |  |               |  |  |  |
| <b>Positive Assurances to Provide:</b><br><br><b>WF38 – As a result of the current level of consultant vacancies, agency solutions are being used to ensure that services are kept safe which has financial impact for the Trust and may also affect our ability to maintain an effective and engaged workforce.</b><br><br>Ongoing retention work within the Trust across hard to recruit roles and Trust staff retention plan in place. Recruitment plan in place for consultant vacancies which is monitored by the Executive Management Team and the People and OD Committee. There has been a continued reduction in the total vacancy rate and the risk will continue to be monitored via Executive Management Team and Workforce and OD Committee.<br><br><b>OPS31 – Failure to effectively address waiting times within the Trust's Children's Neurodiversity services which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.</b><br><br>Recovery plans remain in place to reduce waiting times and achieve 52-week compliance (or below where that is applicable). Data demonstrates that progress is now being made in reducing over 52-week waiting times, particularly in the children's |                                                                                                                                                                                                                                        | <b>Key Actions Commissioned/Work Underway:</b><br><br><ul style="list-style-type: none"> <li>No additional key actions commissioned or further work underway to highlight.</li> </ul> |   |            |  |            |   |         |  |           |  |               |  |  |  |

autism service which previously had the highest number of patients waiting over 52 weeks.

**FII223 – Risk to longer-term financial sustainability if block contract values are insufficient to cover the Trust Cost base.**

The ICB have initiated a Medium-Term Financial Plan with the Trust input. There has been agreement through the ICS to increase capital expenditure of £0.900m that was originally a revenue cost. The Trust maintains robust arrangements for the monitoring of its financial position via the Executive Management Team and Finance Committee.

**FII239 – As a result of difficulties within the ICS to meet challenging financial targets for 2025/26, there could be a financial impact for the Trust with loss of funding leading to potential impact to service delivery.**

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

**Matters of Concern or Key Risks:**

- No matters of concerns to highlight or key risks further to those included in the Trust wide risk register to escalate.

**Decisions Made:**

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

| Risk Description                                                                                                                                                                                                                                                       | Current Rating | Movement from prev. quarter                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------------------|
| <b>WF38</b> – As a result of the current level of consultant vacancies, agency solutions are being used to ensure that services are kept safe which has financial impact for the Trust and may also affect our ability to maintain an effective and engaged workforce. | <b>16</b>      |  |
| <b>FII239</b> - As a result of difficulties within the ICS to meet challenging financial targets for 2025/26, there could be a financial impact for the Trust with loss of funding leading to potential impact to service delivery.                                    | <b>15</b>      |  |
| <b>FII223</b> - Risk to longer-term financial sustainability if block contract values are insufficient to cover the Trust Cost base.                                                                                                                                   | <b>15</b>      |  |

|                                                                                                             |                                     |                                                                                                                                                                                                                             |                                               |                   |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------|
|                                                                                                             |                                     | <b>OPS31</b> – Failure to effectively address waiting times within the Trust's Children's Neurodiversity services which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain | 16                                            | Newly scoped risk |
| <b>Governance:</b><br>Please indicate which committee or group this paper has previously been presented to: |                                     | Date                                                                                                                                                                                                                        |                                               | Date              |
|                                                                                                             | Audit Committee                     | 05/2025                                                                                                                                                                                                                     | Remuneration & Nominations Committee          |                   |
|                                                                                                             | Quality Committee                   | 05/2025                                                                                                                                                                                                                     | People & Organisational Development Committee | 05/2025           |
|                                                                                                             | Finance Committee                   | 07/2025                                                                                                                                                                                                                     | Executive Management Team                     | 07/2025           |
|                                                                                                             | Mental Health Legislation Committee |                                                                                                                                                                                                                             | Operational Delivery Group                    | 06/2025           |
|                                                                                                             | Collaborative Committee             |                                                                                                                                                                                                                             | Other (please detail)                         |                   |

### Monitoring and assurance framework summary:

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

## Risk Register Update

### 1. Trust-wide Risk Register

There are currently **4** risks reflected on the Trust-wide risk register which records all risks currently scored at a rating of 15 or above and is reflected in **Table 1** below:

**Table 1 - Trust-wide Risk Register (current risk rating 15+)**

| Risk ID | Description of Risk                                                                                                                                                                                                                                      | Initial Risk Score | Current Risk Score | Target Risk Score | Movement from prev. quarter |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|-------------------|-----------------------------|
| WF38    | As a result of the current level of consultant vacancies, agency solutions are being used to ensure that services are kept safe which has financial impact for the Trust and may also affect our ability to maintain an effective and engaged workforce. | 20                 | 16                 | 8                 | ↔                           |
| FII223  | As a result of difficulties within the ICS to meet challenging financial targets for 2024/25, there could be a financial impact for the Trust with loss of funding leading to potential impact to service delivery.                                      | 20                 | 16                 | 8                 | ↔                           |
| FII239  | As a result of difficulties within the ICS to meet challenging financial targets for 2025/26, there could be a financial impact for the Trust with loss of funding leading to potential impact to service delivery.                                      | 20                 | 15                 | 5                 | ↔                           |
| OPS31   | Failure to effectively address waiting times within the Trust's Children's Neurodiversity services which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain                                             | 20                 | 16                 | 8                 | Newly Scoped Risk           |

### 2. Closed/ De-escalated Trust-wide Risks

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

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

| Risk ID | Description of Risk                                                                                                                                                                                                                                                                                 | Update                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OPS17   | Failure to effectively address waiting times within the Trust's Neurodiversity services (Adult and Children's) which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.                                                                           | Risk closed and replaced with separate entries for Adult and Children's Neurodiversity services respectively. Children's entry (OPS31) included on trust wide risk register. Adult service entry managed via Operations risk register at current score of 12 and currently below threshold for TWRR inclusion.                                                                                                                                                                                                                       |
| FII236  | Due to the lack of available of capital nationally, the Trust may be unable to redesign its mental health inpatient services which may impact Trust delivery of safe and effective services as there will be 5-6 sites that cannot be further developed due to building and regulatory constraints. | Risk reduced to current score of <b>12 (Possible x Severe)</b> and continues to be managed via directorate risk register arrangements and is monitored via the Health and Safety Group and Estate Strategy and Capital Delivery Group. The Trust is utilising annual capital allocation with ringfenced budget for inpatient Estates improvement. Over 4-year period, capital is being ring fenced to fund improvements, with EMT-agreed provisional focus on Westlands enabling start of programme despite national funding issues. |

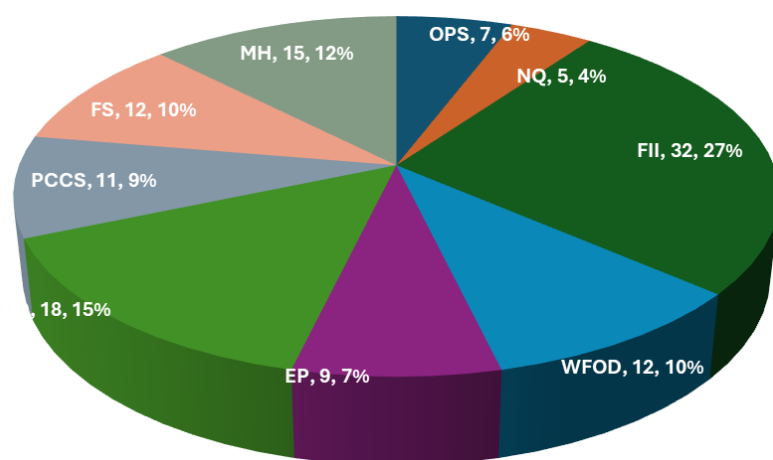
### 3. Wider Risk Register

There are currently **121** risks held across the Trust's risk registers. The current position represents an overall decrease of **28** risks from the **149** reported to Trust Board in March 20254. The table below shows the current number of risks at each risk rating:

**Table 3 - Total Risks by Current Risk level**

| Current Risk Level | Number of Risk – March 2025 | Number of Risk – July 2025 |
|--------------------|-----------------------------|----------------------------|
| 20                 | 0                           | 0                          |
| 16                 | 4                           | 3                          |
| 15                 | 1                           | 1                          |
| 12                 | 43                          | 30                         |
| 10                 | 6                           | 5                          |
| 9                  | 26                          | 25                         |
| 8                  | 31                          | 26                         |
| 6                  | 33                          | 25                         |
| 5                  | 0                           | 0                          |
| 4                  | 4                           | 5                          |
| 3                  | 1                           | 1                          |
| 2                  | 0                           | 0                          |
| <b>Total Risks</b> | <b>149</b>                  | <b>121</b>                 |

**Chart 1 – Total Risks by Division/ Directorate**



#### Key:

**OPS** – Operations Directorate  
**NQ** – Nursing & Quality  
**FII** – Finance, Infrastructure & Informatics Directorate  
**WFOD** – Workforce & OD Directorate  
**EP** - Emergency Preparedness, Resilience & Response  
**PCCS** – Primary Care and Community Services  
**CLD** – Children's and Learning Disabilities  
**FS** – Forensic Services  
**MH** – Mental Health Services

Trust-wide Risk Register 15+

| Row | Risk ID | Description of Risk                                                                                                                                                                                                                                       | Impact/ Consequence Type | Likelihood (Initial) | Impact (Initial) | Initial Risk Score | Initial Risk Rating | Key Controls                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Sources of Assurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Gaps in Controls                                                                                                                                                                                                                                    | Gaps in Assurance                                                                                                                                                                                                                                                                                | Likelihood (Current) | Impact (Current) | Current Risk Score | Current risk | What additional actions need to be completed?                                                                                                                                                                                                                                                                                                                                 | Date Reviewed | Lead Manager     | Lead Director  | Risk Monitoring Group                                    | Risk Oversight Group | Likelihood (Target) | Impact (Target) | Target risk score | Target risk |
|-----|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------|------------------|--------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------|--------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------|----------------|----------------------------------------------------------|----------------------|---------------------|-----------------|-------------------|-------------|
| 1   | WF38    | As a result of the current level of consultant vacancies, agency solutions are being used to ensure that services are kept safe which has financial impact for the Trust, and may also affect our ability to maintain an effective and engaged workforce. | Objectives               | Almost Certain       | Severe           | 20                 | Significant         | 1. Recruitment plan for Consultants in place (progress against which reported to EMT and Workforce and OD Committee).<br>2. 'Humbleivable' recruitment branding set up.<br>3. GMC sponsored International recruitment programme in place for Speciality Doctors (who may train to become Consultants).<br>4. Workforce planning process and overarching plan delivered for 23/24<br>5. Trust Workforce planning process in place for the past 4 years.<br>6. Additional investment in recruitment, marketing and communications targeted at Consultant recruitment<br>7. Talent Acquisition specialist role in place until March 2024 working on consultant posts with some success to date<br>8. Rolling adverts out for consultant posts<br>9. Medical Workforce Plan approved<br>10. All medical vacancies are covered with agency workers.<br>11. Humber representatives to attend the ICB ANCIPs recruitment event in India in January 2024, with 5 vacant consultant posts identified to be filled by SAS Drs / Two substantive appointments January 2024 | 1. Workforce and OD Committee (insight reports).<br>2. Divisional Business Meetings.<br>3. EMT<br>4. Trust Board<br>5. ODG<br>6. DATIX reports                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1. Not all vacancies currently advertised<br>2. Commencement of remaining international recruit.                                                                                                                                                    | 1. Consultant vacancy rate May 2025 – 21.17% reduced from 26.02% in December 2024                                                                                                                                                                                                                | Likely               | Severe           | 16                 | Significant  | 1. Advertisement and appointment of remaining consultant vacancies (31/03/2026).<br>2. Qualified consultants into HICTOP and the Prison service removing agency doctors to commence in roles (31/03/2026)                                                                                                                                                                     | 08/07/2025    | Kwame Fofoe      | Kwame Fofoe    | Directorate Business Meeting / Executive Management Team | Trust Board          | Unlikely            | Severe          | 8                 | High        |
| 2   | OPS31   | Failure to effectively address waiting times within the Trust's Children's Neurodiversity services which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain                                              | Objectives               | Almost Certain       | Severe           | 20                 | Significant         | 1. Targetted meetings with Division and service areas to address areas of challenge<br>2. Local Targets and KPIs.<br>3. Close contact being maintained with individual service users affected by ongoing issues.<br>4. Waiting Times Procedure in place<br>5. Waiting times review is key element of Divisional performance and accountability reviews.<br>6. Review completed of all services with high levels of waiting times and service-level recovery plans developed.<br>7. Capacity and Demand review includes a focus on productivity and development of plans detailing Recovery requirements<br>8. Planning round and discussions taking into acute waiting times position<br>9. Devised process for skill mixing / pathway review to use existing funding to address patient that require treatment that stay in system<br>10. ICB continuing to review how we can address neurodiversity services challenges and national taskforce implemented to consider these demands.                                                                         | 1. Reports to demonstrate waiting list performance to Trust Board, Quality Committee and Operational Delivery Group.<br>2. Quality impact on key identified areas monitored via Quality Committee.<br>3. Weekly divisional meetings with Performance & Access Mgr around waiting list performance.<br>4. Introduction of Monthly Performance & Productivity Group chaired by COO.<br>5. Capacity and Demand planning has either taken place or is scheduled to take place in all long waiting areas and improvement trajectories developed or proposals developed for improvement. | 1. Opportunities to revise pathways to increase productivity or reduce demand into services.<br>2. Insufficient funding available to support demand / service provision<br>3. Outcome of option review for ASD/ADHD                                 | 1. Children's ASD number of patient waiting >52 weeks - 1458 (May 2025)<br>2. Childrens ADHD number of patient waiting assessment >52 weeks -715 (May 2025)<br>3. Operational planning guidance does not provide instructions in relation to neuro services.<br>4. Limited over 52 week progress | Likely               | Severe           | 16                 | Significant  | 1. Neuro diversity services work at ICB level to determine how processes can be standardised / streamline to reduce system pressures (31/03/2026)<br>2. CYP ASD /ADHD Options paper approved by EMT to support potential Pause of the Waiting Lists encouraging Right to Choose (31/03/2026)<br>3. Confirmation on levels of funding available to support demand (31/03/2026) | 08/07/2025    | Claire Jenkinson | Lynn Parkinson | ODG / EMT                                                | Trust Board          | Unlikely            | Severe          | 8                 | High        |
| 3   | FI1239  | As a result of difficulties within the ICS to meet challenging financial targets for 2025/26, there could be a financial impact for the Trust with loss of funding leading to potential impact to service delivery .                                      | Objectives               | Likely               | Catastrophic     | 28                 | Significant         | 1. Contractual discussions with commissioners and Trust taking all necessary action to ensure receipt of appropriate funding.<br>2. Budget Reduction Strategy in place up to 2027-28 and small amount of contingency/risk cover provided for in plan..                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1. Monthly reporting to EMT<br>2. Quarterly Reporting to Finance Committee monitoring of performance against plans.<br>3. Monthly reports and Quarterly Accounts Returns to NHS I with quarterly feedback.<br>4. ODG and Divisional ODG reports monitoring financial position and performance against plans.<br>5. Accountability Review monitoring of financial position and discussed with budget holders (regular confirm and challenge).                                                                                                                                       | 1. The overarching ICS financial position and the ability for Commissioners to invest up to MHIS and the lack of full deployment of Mental Health Service Development Funding<br>2. Short term nature of Financial Planning from an ICS perspective | 1. Longer-term planning guidance is awaited.<br>2. Initial advice given by NHSE indicates that there will be a 1 year settlement for 2025/26 with no growth                                                                                                                                      | Possible             | Catastrophic     | 18                 | Significant  | 1. Ongoing maintenance of relationships with Commissioners (31/03/2026)<br>2. Continue to work with Commissioners to highlight the requirement for funding through MHIS and Service Development Funds (31/03/2026)<br>3. Continue to bid for national resource as and when it becomes available (31/03/2026)                                                                  | 08/07/2025    | Iain Omand       | Peter Beckwith | Directorate Business Meeting/ Executive Management Team  | Board                | Rare                | Catastrophic    | 6                 | Moderate    |

Trust-wide Risk Register 15+

| Row | Risk ID | Description of Risk                                                                                                  | Impact/ Consequence Type | Likelihood (Initial) | Impact (Initial) | Initial Risk Score | Initial Risk Rating | Key Controls                                                                                                                                                                                                                                                                                                                                                                        | Sources of Assurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Gaps in Controls                                                                                                                                                                                                                                                                                                                                                              | Gaps in Assurance                                                                                                                                          | Likelihood (Current) | Impact (Current) | Current Risk Score | Current risk | What additional actions need to be completed?                                                                                                                                     | Date Reviewed | Lead Manager | Lead Director  | Risk Monitoring Group                                   | Risk Oversight Group | Likelihood (Target) | Impact (Target) | Target risk score | Target risk |
|-----|---------|----------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------|------------------|--------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------|--------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------|----------------|---------------------------------------------------------|----------------------|---------------------|-----------------|-------------------|-------------|
| 4   | FI223   | Risk to longer-term financial sustainability if block contract values are insufficient to cover the Trust Cost base. | Objectives               | Almost Certain       | Severe           | 20                 | Significant         | 1. Draft Financial Plan in progress.<br>2. BRS 2025/26 developed<br>3. Monthly reporting, monitoring and discussion with budget holders.<br>4. Small contingency / risk cover provided in plan.<br>5. MTFP in development to inform plans.<br>6. Service and Operational plans.<br>7. Regular reviews with NHSE/I and relevant Commissioners<br>8. Non-recurrent savings identified | 1. Monthly reporting to EMT.<br>2. Bi monthly reporting to Board<br>3. Quarterly Reporting to Finance Committee<br>4. Monthly reporting to NHSE/I and feedback<br>5. ODG monitoring progress of Financial Position and BRS plans.<br>6. Budget Reduction Strategy policy and procedure agreed by Finance and Investment Committee and Trust Board.<br>7. External / Internal Audit on financial controls/systems.<br>8. Regular input through Humber and North Yorkshire ICS<br>9. Cash Position for the Trust is strong | 1. Current draft plan is a deficit for 2025/26 financial year<br>2. Current underlying position of the ICS is a risk of £78.5m<br>3. There has been no deployment of MHIS which was previously annual investment of £2m<br>4. There is Risk in the assumption of the receipt of 2024/25 Income from the ICS<br>5. The 2025/26 Pay Award has created an approx risk of £0.500m | 1. Longer-term planning guidance is awaited<br>2. Initial advice given by NHSE indicates that there will be a 1 year settlement for 2025/26 with no growth | Likely               | Severe           | 16                 | Significant  | Medium Term Financial Plan to be developed when guidance is issued (31/03/2026). The ICB have initiated a MTFP with the Trust inputting to. Agreement through the ICS to increase | 08/07/2025    | Iain Omand   | Peter Beckwith | Directorate business meeting/ Executive Management Team | Board                | Unlikely            | Severe          | 8                 | High        |



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                               |   |            |  |            |   |         |   |           |  |               |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------------|--|------------|---|---------|---|-----------|--|---------------|--|--|--|
| Title & Date of Meeting:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Trust Board Public Meeting – 30 July 2025                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                               |   |            |  |            |   |         |   |           |  |               |  |  |  |
| Title of Report:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Board Assurance Framework Update                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                               |   |            |  |            |   |         |   |           |  |               |  |  |  |
| Author/s:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Executive Lead: Michele Moran, Chief Executive<br><br>Oliver Sims<br>Corporate Risk and Incident Manager                                                                                                                    |                                                                                                                                                                                                                                                                                                                               |   |            |  |            |   |         |   |           |  |               |  |  |  |
| Recommendation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <table border="1"> <tr> <td>To approve</td><td></td><td>To discuss</td><td>√</td></tr> <tr> <td>To note</td><td>√</td><td>To ratify</td><td></td></tr> <tr> <td>For assurance</td><td></td><td></td><td></td></tr> </table> |                                                                                                                                                                                                                                                                                                                               |   | To approve |  | To discuss | √ | To note | √ | To ratify |  | For assurance |  |  |  |
| To approve                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                             | To discuss                                                                                                                                                                                                                                                                                                                    | √ |            |  |            |   |         |   |           |  |               |  |  |  |
| To note                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | √                                                                                                                                                                                                                           | To ratify                                                                                                                                                                                                                                                                                                                     |   |            |  |            |   |         |   |           |  |               |  |  |  |
| For assurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                               |   |            |  |            |   |         |   |           |  |               |  |  |  |
| Purpose of Paper:<br><i>Please make any decisions required of Board clear in this section:</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | The report provides the Trust Board with the most recent version of the Board Assurance Framework (BAF) allowing for the monitoring of progress against the Trust's six strategic goals.                                    |                                                                                                                                                                                                                                                                                                                               |   |            |  |            |   |         |   |           |  |               |  |  |  |
| Key Issues within the report:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                               |   |            |  |            |   |         |   |           |  |               |  |  |  |
| <b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>Progress against the identified risks to each of the Trust's strategic goals is reflected within the framework to allow for consideration to be given to assurances in place, which enables focused review and discussion of the challenges to the delivery of the organisational objectives.</li> <li>Each of the Board Assurance Framework sections continue to be reviewed by the assigned assuring committee alongside the recorded risks, to provide further assurance around the management of risks to achievement of the Trust's strategic goals.</li> <li>Overall assurance rating for each of the strategic goals is applied based on the review of the positive assurance, negative assurance and gaps in assurance identified against the individual goal. The overall rating is applied based on the overall assurance available to the Executive Lead at the time of review.</li> </ul> |                                                                                                                                                                                                                             | <b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>Following review of the newly developed Board Assurance Framework template by the Strategic Board meeting in April, the Trust has been transitioned to the new template for bi-monthly board reporting commencing July 2025.</li> </ul> |   |            |  |            |   |         |   |           |  |               |  |  |  |
| <b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"> <li>Trust Board is asked to review the current iteration of the Board Assurance Framework and to identify any further elements for consideration as part of the ongoing development of the new Board Assurance Framework 2025/26 reporting arrangements.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                             | <b>Decisions Made:</b><br>Current assurance ratings for each section of the Board Assurance Framework:<br><br><b>Strategic Goal – Innovating for Quality and Patient Safety</b> <ul style="list-style-type: none"> <li>Current rating 8 – High for July 2025.</li> </ul>                                                      |   |            |  |            |   |         |   |           |  |               |  |  |  |

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <p><b>Strategic Goal – Enhancing prevention, wellbeing, and recovery.</b></p> <ul style="list-style-type: none"> <li>- Current rating 12 - High for July 2025.</li> </ul> <p><b>Strategic Goal – Fostering integration, partnerships, and alliances.</b></p> <ul style="list-style-type: none"> <li>- Current rating 8 - High for July 2025.</li> </ul> <p><b>Strategic Goal – Promoting people, communities, and social values.</b></p> <ul style="list-style-type: none"> <li>- Current rating 6 - High for July 2025.</li> </ul> <p><b>Strategic Goal – Developing an effective and empowered workforce.</b></p> <ul style="list-style-type: none"> <li>- Current rating 8 - High for July 2025.</li> </ul> <p><b>Strategic Goal – Optimising an efficient and sustainable organisation.</b></p> <ul style="list-style-type: none"> <li>- Current rating 8 - High for July 2025.</li> </ul> |
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|-------------------------------------------------------------------------------------------------------------|-------------------------------------|---------|-----------------------------------------------|---------|
| <b>Governance:</b><br>Please indicate which committee or group this paper has previously been presented to: |                                     | Date    |                                               | Date    |
|                                                                                                             | Audit Committee                     | 05/2025 | Remuneration & Nominations Committee          |         |
|                                                                                                             | Quality Committee                   | 05/2025 | People & Organisational Development Committee | 05/2025 |
|                                                                                                             | Finance Committee                   | 07/2025 | Executive Management Team                     | 07/2025 |
|                                                                                                             | Mental Health Legislation Committee | 05/2025 | Operational Delivery Group                    | 06/2025 |
|                                                                                                             | Collaborative Committee             |         | Other (please detail)                         |         |

#### Monitoring and assurance framework summary:

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

# **Board Assurance Framework**

## July 2025

# Humber Teaching NHS Foundation Trust Strategic Goals / Objectives

| Innovating for quality and patient safety                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Enhancing prevention, wellbeing, and recovery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Fostering integration, partnerships, and alliances                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Promoting people, communities, and social values                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Developing an effective and empowered workforce                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Optimising an efficient and sustainable organisation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| <p>Attain a CQC rating of outstanding for safety to inform our ultimate aim of achieving a rating of outstanding in recognition of our success in delivering high-quality, safe, responsive and accessible care.</p> <p>Use patient experience and other forms of best available evidence to inform practice developments and service delivery models for the services we provide and commission.</p> <p>Work collaboratively with our stakeholders to co-produce models of service delivery and deliver transformation programmes that meet the needs of the communities we serve and address health inequalities, both in our provider role and in our role as lead commissioner.</p> <p>Continually strive to improve access to our services and minimise the impact of waiting times for our patients, their carers and families.</p> <p>Shape the future of our health services and treatments by building on our existing research capacity, taking part in high-quality local and national research, embedding research as a core component of our frontline clinical services and translating research into action.</p> | <p>Focus on putting recovery at the heart of our care. This means supporting people using our services to build meaningful and satisfying lives, based on their own strengths and personal aims. We will offer holistic services to optimise health and wellbeing including our Recovery College, Health Trainers, Social Prescribing and Peer Support Workers.</p> <p>Empower adults, young people, children and their families to take control by becoming experts in their own self-care, making decisions and advocating for their needs.</p> <p>Work in partnership with our staff, patients, service users, carers and families to co-produce integrated services which take a collaborative, holistic and person-centred approach to care.</p> <p>Embed a trauma informed approach to supporting the people who use our services. In doing this, we will acknowledge people's experiences of physical and emotional harm and deliver our services in a way that enables them to feel safe and addresses their physical, psychological and emotional needs.</p> | <p>Use our system-wide understanding of our local population's health needs and our knowledge of the impact and effectiveness of interventions to plan services.</p> <p>Work closely with all six Place-based partnerships across Humber and North Yorkshire to facilitate collaboration and empower local systems. Place-based partnerships have responsibility for improving the health and wellbeing outcomes for the population, preventing ill health and addressing health inequalities at a local level.</p> <p>Collaborate with system partners to maximise the efficient and effective use of resources across health and care services.</p> <p>Work alongside our partners in health, social care, the voluntary, community and social enterprise sector, Healthwatch, local government and other fields to develop integrated services as part of the Humber and North Yorkshire Health and Care Partnership.</p> <p>Take a collaborative approach to facilitating the provision of modern innovative services, building on our role as Lead Provider for perinatal mental health and aspects of specialised mental health commissioning.</p> <p>Empower Humber staff to work with partners across organisational boundaries, embracing a 'one workforce' approach to enable patients to access the right support, in the right place, at the right time.</p> | <p>Take action to address health inequalities and the underlying causes of inequalities, both in our role as a provider of integrated health services and our role as a developing anchor institution, supporting the long-term aim of increasing life expectancy for our most deprived areas and for population groups experiencing poorer than average health access, experience, and outcomes.</p> <p>Celebrate the increasing cultural diversity of Humber, offering opportunities for our staff, patients, families and the communities we support to safely express their views and shape and influence our services.</p> <p>Work collaboratively with our partners in the voluntary sector to build on our shared strengths - our deep knowledge of service users' needs and our ability to respond to changing circumstances.</p> <p>Strengthen Humber's relationships with statutory partners including housing, education and Jobcentre Plus to deepen our understanding of our communities.</p> <p>Work alongside economic development and health and care system partners to ensure that our investments in facilities and services benefit local communities.</p> <p>Offer simplified routes into good employment for local people. Provide opportunities to people with lived experience of mental and physical ill health, autism and learning disabilities and people from communities experiencing deprivation.</p> | <p>Grow a community of leaders and managers across Humber with the capability, confidence, and values to create a highly engaged, high performing and continually improving culture.</p> <p>Ensure all colleagues are highly motivated to achieve outstanding results by creating a great employer experience, so that they feel valued and rewarded for doing an outstanding job; individually and collectively.</p> <p>Attract, recruit, and retain the best people by being an anchor employer within the locality; with roles filled by staff that feel happy and proud to work for Humber.</p> <p>Prioritise the health and wellbeing of our staff by understanding that staff bring their whole self to work, so we place mental and physical wellbeing at the heart of the individual's experience of working at Humber.</p> <p>Enable new ways of working and delivering health care, anticipating future demands and planning accordingly.</p> <p>Engage with schools, colleges, and universities to create a highly skilled and engaged workforce who want to grow and develop to deliver high-quality care.</p> <p>Develop a culture of learning, high engagement, continuous improvement, and high performance that builds on our values and enables us to realise the potential of our people. Maximise a diverse and inclusive workforce representative of the communities we serve.</p> | <p>Embrace new, safe and secure technologies to enhance patient care, improve productivity and support our workforce across the health and social care system.</p> <p>We will design technologies around the person's needs and will make sure that people are not excluded from accessing services due to digital poverty or poor rural connectivity.</p> <p>Work with our partners to optimise the efficiency and sustainability of the Humber and North Yorkshire Health and Care Partnership in our role as lead provider.</p> <p>Continue to develop our estate to provide safe, environmentally sustainable, and clinically effective environments that support operational delivery.</p> <p>Work with our partners and communities to minimise our effect on the environment to meet the NHS climate change target.</p> <p>Empower all staff to contribute to the efficiency and sustainability of the organisation by making informed decisions about the efficient use of resources.</p> |

## RISK APPETITE

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

## RISK APPETITE DEFINITIONS

|                           |                                                                                                                                                                                                           |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Minimal (Low risk)        | Preference for ultra-safe business delivery options that have a low degree of inherent risk and only have a potential for limited reward.                                                                 |
| Cautious (Moderate risk)  | Preference for safe delivery options that have a low degree of residual risk and may only have limited potential for reward.                                                                              |
| Open (High risk)          | Willing to consider all potential delivery options and choose the one that is most likely to result in successful delivery while also providing an acceptable level of reward (and value for money etc.). |
| Seek (Significant risk)   | Eager to be innovative and to choose options offering potentially higher business rewards, despite greater inherent risk.                                                                                 |
| Mature (Significant risk) | Consistent in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.                                                                              |

## BOARD ASSURANCE FRAMEWORK SUMMARY

| Strategic Goal                                       | Risk                                                                                                                                                                                                                                                                                                          | Executive Lead               | Assuring Committee               | Initial Risk Rating (Before Mitigation) |   |                   | Current Risk Rating (After Mitigation) |   |               | Risk Appetite | Status (In / Out of Appetite) | Movement (From last Quarter) |
|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------|-----------------------------------------|---|-------------------|----------------------------------------|---|---------------|---------------|-------------------------------|------------------------------|
|                                                      |                                                                                                                                                                                                                                                                                                               |                              |                                  | I                                       | L | Rating I X L      | I                                      | L | Rating I X L  |               |                               |                              |
| Innovating for quality and patient safety            | Quality and patient safety underpins all that we do. Failure to innovate for quality improvement and patient safety could result in service delivery not meeting required quality standards resulting in substandard care which could impact on patient safety and outcomes, trust reputation and CQC rating. | Director of Nursing          | Quality Committee                | 4                                       | 3 | 12<br>HIGH        | 4                                      | 2 | 8<br>HIGH     | SEEK          | IN                            | ↔                            |
| Enhancing prevention, wellbeing, and recovery        | Failing to enhance prevention, wellbeing and recovery could result in patients not accessing support and services that will address their health and care needs leading to poorer health outcomes and adversely widening health inequalities for our populations.                                             | Chief Operating Officer      | Quality Committee                | 4                                       | 4 | 16<br>SIGNIFICANT | 4                                      | 3 | 12<br>HIGH    | MATURE        | IN                            | ↔                            |
| Fostering integration, partnerships, and alliances   | Failure to foster integration, partnerships and alliance could result in the Trust not being able to influence the delivery of health and social care regionally, which could impact on the development of system-wide solutions that enhance ability to deliver excellent services.                          | Chief Executive              | Audit Committee                  | 4                                       | 3 | 12<br>HIGH        | 4                                      | 2 | 8<br>HIGH     | MATURE        | IN                            | ↔                            |
| Promoting people, communities, and social values     | Failure to promote people, communities and social values may result in Trust services not having a measurable social impact which could affect the health of our population and cause increased demand for services.                                                                                          | Chief Executive              | Quality Committee                | 3                                       | 3 | 9<br>HIGH         | 3                                      | 2 | 6<br>MODERATE | MATURE        | IN                            | ↔                            |
| Developing an effective and empowered workforce      | Failure to recruit and retain high-quality workforce could result in service delivery not meeting national and local quality standards resulting in substandard care being delivered which could impact on patient safety and outcomes                                                                        | Director of Workforce and OD | Workforce and OD Committee       | 4                                       | 3 | 12<br>HIGH        | 4                                      | 2 | 8<br>HIGH     | MATURE        | IN                            | ↔                            |
| Optimising an efficient and sustainable organisation | Failure to optimise efficiencies in finances, technology and estates will inhibit the longer-term efficiency and sustainability of the Trust which will reduce any opportunities to invest in services where appropriate and put at risk the ability to meet financial targets set by our regulators.         | Director of Finance          | Finance and Investment Committee | 4                                       | 3 | 12<br>HIGH        | 4                                      | 2 | 8<br>HIGH     | SEEK          | IN                            | ↔                            |



Quality and patient safety underpins all that we do. Failure to innovate for quality improvement and patient safety could result in service delivery not meeting national and local quality standards resulting in substandard care being delivered which could impact on patient safety and outcomes.

Risk Score: 8

| Initial Risk Rating<br>(Before Mitigation) |   |              | Current Risk Rating<br>(After Mitigation) |   |              | Risk<br>Appetite | Status<br>(In / Out of<br>Appetite) |
|--------------------------------------------|---|--------------|-------------------------------------------|---|--------------|------------------|-------------------------------------|
| I                                          | L | Rating I X L | I                                         | L | Rating I X L |                  |                                     |
| 4                                          | 3 | 12 - HIGH    | 4                                         | 2 | 8 - HIGH     | 15               | IN APPETITE                         |

Positive Assurance – (Current Inputs)

**Strategic Objective 1 - Attain a CQC rating of outstanding for safety to inform our ultimate aim of achieving a rating of outstanding in recognition of our success in delivering high-quality, safe, responsive and accessible care.**

- Peer review process in place aligned to CQC fundamental standards.
- Quality Standards meeting established to oversee CQC inspection preparation including oversight of the divisional and directorate self-assessments.
- Programme of mock inspections in place – one undertaken to date (Hull CMHT) and further scheduled inspections during July 2025
- Well led compliance overseen by EMT and Trust Board
- PSIRF implemented successfully. Quarterly performance reports in place.

**Strategic Objective 2 - Use patient experience and other forms of best available evidence to inform practice developments and service delivery models for the services we provide and commission.**

- QI training increased with 1241 total places delivered.
- The Trust is currently delivering against its Clinical Audit Plan
- NHS National Staff Survey 2022
- Trust FFT process
- Transformation projects – co-production with patients and carers.

**Strategic Objective 3 - Work collaboratively with our stakeholders to co-produce models of service delivery and deliver transformation programmes that meet the needs of the communities we serve and address health.**

- QI training increased with 338 total places delivered 2024/25.

**Strategic Objective 4 - Continually strive to improve access to our services and minimise the impact of waiting times for our patients, their carers and families.**

- Waiting Times Procedure in place
- Waiting times review is key element of Divisional performance and accountability reviews.
- Review completed of all services with high levels of waiting times and service-level recovery plans developed.

**Strategic Objective 5 - Shape the future of our health services and treatments by building on our existing research capacity, taking part in high-quality local and national research, embedding research as a core component of our frontline clinical services and translating research into action.**

- Introduction to research included as part of staff training, e.g. Preceptorship programme, Medics teaching, student placements.
- Research Champions in clinical services.
- Performance management system (EDGE) used to monitor recruitment to studies and Assistant Director R&D and Research Support Manager maintain monitoring dashboard to review progress.
- Performance in Initiating and Delivering (PID) research is published on Trust website
- External research grant funding secured with our Trust as the lead NHS organisation.
- New research collaborations with external sponsors across the country where Trust staff are named and funded as co-applicants/collaborators.
- National Institute for Health and Social Care Research (NIHR) fellowship awards for clinical staff.

| Risk Analysis           | Q2<br>(2024/25) | Q3<br>(2024/25) | Q2<br>(2024/25) | July<br>2025 |
|-------------------------|-----------------|-----------------|-----------------|--------------|
| Current Risk Rating     | 8 HIGH          | 8 HIGH          | 8 HIGH          | 8 HIGH       |
| Risk Appetite Threshold | 15              | 15              | 15              | 15           |

Positive Assurance – (Current Outputs)

**Strategic Objective 1 - Attain a CQC rating of outstanding for safety to inform our ultimate aim of achieving a rating of outstanding in recognition of our success in delivering high-quality, safe, responsive and accessible care.**

- The Trust’s current CQC rating is ‘Good’ (2019 assessment)
- No incidents relating to medicine safety, safer staffing or relating to waiting lists that have caused harm moderate and above
- Significant assurance given by Audit Yorkshire for Trust Patient Safety Governance audit and Safer Staffing audit.
- Trust is rated green for 24 of 29 aspects of statutory and mandatory training and amber for the remaining 5.
- Inspection of Orion (Inspire) services rated as ‘Good’ 2025.
- Significant assurance received from 2025 Board Assurance Framework / Risk Management Audit.
- Trust PSIRF plan signed off by ICB.
- Staff Survey results around ‘Safe’ questions – Trust staff feel supported to report incidents
- Friends and Family Test ‘Safe’ question

**Strategic Objective 2 - Use patient experience and other forms of best available evidence to inform practice developments and service delivery models for the services we provide and commission.**

- 620 recorded Quality Improvement (QI) activities of which 377 were complete, 169 live and 74 not viable / closed.
- 176 (47%) Divisional QI activities underway or complete have indicated that they have included Patients and Carers in the planning and delivery of the work.
- FFT response rate and feedback mechanisms in place
- QI initiative linked to CQC domains and patient safety incidents identified.

**Strategic Objective 3 - Work collaboratively with our stakeholders to co-produce models of service delivery and deliver transformation programmes that meet the needs of the communities we serve and address health inequalities, both in our provider role and in our role as lead commissioner.**

- 38% QI activities have indicated that they have collaborated with organisations outside the Trust

**Strategic Objective 4 - Continually strive to improve access to our services and minimise the impact of waiting times for our patients, their carers and families.**

- Waiting Time position – Trust exceeding target for RTT – Early Interventions (77.8% against target of 60%), RTT – Talking Therapies 18 weeks (94.8% against target of 95%) and RTT – Talking Therapies 6 weeks (79% against Trust target of 75%)

**Strategic Objective 5 - Shape the future of our health services and treatments by building on our existing research capacity, taking part in high-quality local and national research, embedding research as a core component of our frontline clinical services and translating research into action.**

- Annual NICE implementation report and Clinical Audit Report indicates high level of compliance with NICE.
- Annual Research Report indicates high level of research activity in the Trust.



|                                                                                                                                                                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Increased numbers of participants recruited into NIHR Portfolio studies.</li> <li>New Chief Investigators and Principal Investigators in our Trust.</li> <li>New treatments/novel interventions evaluated as part of national trials for which our Trust is a site.</li> </ul> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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| Negative Assurance / Gaps in Assurance – Required Outputs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Strategic Objective 1 - Attain a CQC rating of outstanding for safety to inform our ultimate aim of achieving a rating of outstanding in recognition of our success in delivering high-quality, safe, responsive and accessible care</b></p> <ul style="list-style-type: none"> <li>Trust CQC rating for ‘Safe’ domain remains requires improvement (2019 assessment)</li> <li>Annual Medicine Administration compliance rate 70% (August 2024) improved from initial risk assessed position of 17.74% in May 2023, but with target of 85% Trust compliance (<i>Risk NQ56</i>)</li> <li>Internal audit to audit PSIRF implementation 2024/25</li> <li>Internal assessment against key inspection domains and evidence against quality standards.</li> </ul> <p><b>Strategic Objective 2 - Use patient experience and other forms of best available evidence to inform practice developments and service delivery models for the services we provide and commission.</b></p> <ul style="list-style-type: none"> <li>Patient surveys for community mental health services and services require actions to improve.</li> <li>High number of patient complaints in one primary care practice.</li> </ul> <p><b>Strategic Objective 4 - Continually strive to improve access to our services and minimise the impact of waiting times for our patients, their carers and families.</b></p> <ul style="list-style-type: none"> <li>Trust Waiting Time position for neurodiversity services remains high</li> </ul> |

| Mitigating Actions to Address Gaps                                                                                                                                             | Target Date | Action Lead    | Update on Actions                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Establishment of ‘Check and Challenge’ group to review directorate self-assessments.                                                                                           | July 2025   | Kate Baxendale |                                                                                                                                                                                   |
| Waiting list Capacity and Demand work ongoing to identify areas for further support. (Neuro diversity and Adult ADHD)                                                          | March 2026  | Lynn Parkinson | Adult ASD/ADHD Assessment waiting times are improving                                                                                                                             |
| Neuro diversity services work at ICB level to determine how processes can be standardised / streamline to reduce system pressures                                              | March 2026  | Lynn Parkinson | ICB aware of top priorities around waiting time and considering system pathways to remedy pressures.                                                                              |
| Adult ADHD Options paper to be developed to consider options as it is not a fully commissioned service for the Trust and to determine level of service delivery going forward. | July 2025   | Lynn Parkinson | Multi-disciplinary pathway for adult ADHD under development with pathway re-design. Waiting list for adult ADHD paused to limit current demand and halt additional referrals.     |
| Patient Safety Priorities 2025/2026 monitoring.                                                                                                                                | March 2026  | Kate Baxendale | Leads identified for each priority. Working group established and all have a project group underpinned by charter. Agreed for two-year period and work underway around reporting. |





**Failing to enhance prevention, wellbeing and recovery could result in patients not accessing support and services that will address their health and care needs leading to poorer health outcomes and adversely widening health inequalities for our populations.**

**Risk Score: 12**

| Initial Risk Rating<br>(Before Mitigation) |   |                  | Current Risk Rating<br>(After Mitigation) |   |              | Risk<br>Appetite | Status<br>(In / Out of<br>Appetite) |
|--------------------------------------------|---|------------------|-------------------------------------------|---|--------------|------------------|-------------------------------------|
| I                                          | L | Rating I X L     | I                                         | L | Rating I X L |                  |                                     |
| 4                                          | 4 | 16 - SIGNIFICANT | 4                                         | 3 | 12 - HIGH    | 15+              | IN APPETITE                         |

## Positive Assurance – (Current Inputs)

**Focus on putting recovery at the heart of our care. This means supporting people using our services to build meaningful and satisfying lives, based on their own strengths and personal aims. We will offer holistic services to optimise health and wellbeing including our Recovery College, Health Trainers, Social Prescribing and Peer Support Workers.**

- Work with ICB colleagues and provider collaboratives to improve local capacity to reduce the need for out of area placements. Targeted escalation meetings with place partners and provider collaboratives are in place to resolve the complex care packages of patients that are required.
- Work with social care providers to improve timely discharge of care which in turn should reduce OOA placements.
- We continue to review access and recovery data by ethnicity and deprivation decile.

**Empower adults, young people, children and their families to take control by becoming experts in their own self-care, making decisions and advocating for their needs.**

- Improved telephony infrastructure across all three Trust GP practices.
- Promotion of the NHS App supported by digital volunteers in practices increasing App utilisation, improved digital access to appointments, care navigation and Total Triage.
- Working with PCN colleagues to ensure that ARRS roles deliver additional capacity within practices via the PCN.
- Improve quality of life, effectiveness of treatment, and care for people with dementia by increasing the dementia diagnosis rate to 66.7%.
- Reduce inequalities by working towards 75% of people with severe mental illness receiving a full annual physical health check, with at least 60% of patients receiving one.
- Respond effectively to the NHS 111 option 2 calls.
- Build on the community mental health model of “no wrong door”.
- Continue to develop and expand the resources provided by the recovery college and deliver the objectives in the recovery strategic framework.

**Work in partnership with our staff, patients, service users, carers and families to co-produce integrated services which take a collaborative, holistic and person-centred approach to care.**

- The Trust continues to host several forums for patients, service users, carers, staff, and partner organisations to attend. The Trust continues to attend ‘A Good Experience’ steering group of which provides assurance to oversee the Communications Charter project. York St John University have produced a project proposal to support the initiative.
- Aim to achieve the Trust “co-production stamp” accreditation for all service change transformation programmes.
- The Trust currently has 2 Patient Safety Partners. The Involving Patients and Families Subgroup of the PSIRF has recently been set up; this is a new project which will help the Trust to look at ways it can recruit more Patient Safety Partners.
- The Trust currently has 17 panel volunteers. Data on panel volunteer representation at interviews is not currently collected, but this is being reviewed by HR.

| Risk Analysis           | Q2<br>(2024/25) | Q3<br>(2024/25) | Q4<br>(2024/25) | July<br>2025 |
|-------------------------|-----------------|-----------------|-----------------|--------------|
| Current Risk Rating     | 12<br>HIGH      | 12<br>HIGH      | 12<br>HIGH      | 12<br>HIGH   |
| Risk Appetite Threshold | 15              | 15              | 15              | 15+          |

## Positive Assurance – (Current Outputs)

**Focus on putting recovery at the heart of our care. This means supporting people using our services to build meaningful and satisfying lives, based on their own strengths and personal aims. We will offer holistic services to optimise health and wellbeing including our Recovery College, Health Trainers, Social Prescribing and Peer Support Workers.**

- Supporting improvements in the quality and safety of all-age inpatient care, by finalising and publishing system 3-year plans to localise and realign inpatient care in line with the mental health inpatient commissioning framework.
- The Trust has consistently delivered over 700 patients a month who complete 2+ contacts at discharge.
- The Trust have consistently delivered above the 48% reliable recovery objective over the last year and is demonstrating an increase against 23/24 figures.
- The Trust also demonstrates a 67% reliable improvement rate over the last year and is demonstrating an increase against 23/24 figures.
- The Trust continues to work with the ICB & Public Health to achieve 6 week and 18-week access targets.
- Waiting lists in Dietetics are reducing due to recent investment.
- Core CAMHS are almost <18 week compliant.

**Empower adults, young people, children and their families to take control by becoming experts in their own self-care, making decisions and advocating for their needs.**

- Improved FFT and patient satisfaction results.
- Ongoing provision of extended access appointments over and above PCN target.

**Work in partnership with our staff, patients, service users, carers and families to co-produce integrated services which take a collaborative, holistic and person-centred approach to care.**

- Service specification reviews for Children's Therapy Services to ensure that service specifications reflect the services that our workforce is being asked to deliver.

**Embed a trauma informed approach to supporting the people who use our services. In doing this, we will acknowledge people's experiences of physical and emotional harm and deliver our services in a way that enables them to feel safe and addresses their physical, psychological and emotional needs.**

- Trauma in Care Strategy Task and Finish group established and in the process of producing an action plan for key pieces of work.

#### Negative Assurance / Gaps in Assurance – Required Outputs

**Focus on putting recovery at the heart of our care. This means supporting people using our services to build meaningful and satisfying lives, based on their own strengths and personal aims. We will offer holistic services to optimise health and wellbeing including our Recovery College, Health Trainers, Social Prescribing and Peer Support Workers.**

- The Recovery College full review of courses and prospectus
- There are system challenges around patient flow and a lack of places to discharge patients is leading to a bottleneck which is increasing out of are placements due to reduced flow (**Open Risks – OPS30, OPS33**)

**Empower adults, young people, children and their families to take control by becoming experts in their own self-care, making decisions and advocating for their needs.**

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

**Work in partnership with our staff, patients, service users, carers and families to co-produce integrated services which take a collaborative, holistic and person-centred approach to care.**

- CYP and Adult ADHD and CYP Autism waiting lists are currently outstripping demand due to significant rise in referrals. Due to the size of the current ADHD medication waiting lists for CYP the current children's and adult services are not able to start anyone on medication as the services are at capacity (**Open Risks – OPS30, OPS31**)
- Reviewing the model of referral in to Contact Point CAMHS due to increased demand.

**Embed a trauma informed approach to supporting the people who use our services. In doing this, we will acknowledge people's experiences of physical and emotional harm and deliver our services in a way that enables them to feel safe and addresses their physical, psychological and emotional needs.**

- Mental Health Division to apply the principles to the Trauma Service.

| Mitigating Actions to Address Gaps                                                                                                             | Target Date | Action Lead    | Update on Actions                                                                                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The Recovery College is currently going through a full review of courses and prospectus, with a transition back to more face-to-face sessions. | March 2026  | Lynn Parkinson | Future reporting will capture both face-to-face and online attendance, and feedback will be captured more accurately. A new focus group is also being set up to help develop and co-produce future courses/sessions. |
| Review of patient flow system meetings where there is representation from Humber and therefore early opportunity to resolve                    | March 2026  | Lynn Parkinson |                                                                                                                                                                                                                      |
| Confirmation on levels of funding available to support demand - (LD, Eating Disorders, SLT)                                                    | March 2026  | Lynn Parkinson |                                                                                                                                                                                                                      |
| Neuro diversity services work at ICB level to determine how processes can be standardised / streamline to reduce system pressures              | March 2026  | Lynn Parkinson | ICB aware of top priorities around waiting time and considering system pathways to remedy pressures.                                                                                                                 |
| Reviewing the model of referral in to Contact Point CAMHS.                                                                                     | March 2026  | Lynn Parkinson |                                                                                                                                                                                                                      |
| Development of Trauma in Care Strategy and implementation in Mental Health                                                                     | March 2026  |                |                                                                                                                                                                                                                      |

Fostering integration, partnerships, and alliances



Lead Director:  
Chief Executive

Lead Committee:  
Audit Committee

Failure to foster integration, partnerships and alliance could result in the Trust not being able to influence the delivery of health and social care regionally, which could impact on the development of system-wide solutions that enhance ability to deliver excellent services.

Risk Score: 8

| Initial Risk Rating<br>(Before Mitigation) |   |              | Current Risk Rating<br>(After Mitigation) |   |              | Risk<br>Appetite | Status<br>(In / Out of<br>Appetite) |
|--------------------------------------------|---|--------------|-------------------------------------------|---|--------------|------------------|-------------------------------------|
| I                                          | L | Rating I X L | I                                         | L | Rating I X L |                  |                                     |
| 4                                          | 3 | 12 - HIGH    | 4                                         | 2 | 8 - HIGH     | 15+              | IN APPETITE                         |

Positive Assurance – (Current Inputs)

Use our system-wide understanding of our local population’s health needs and our knowledge of the impact and effectiveness of interventions to plan services.

- Mapping exercise looking at representation at Humber and North Yorkshire (HNY) Health and Care Partnership Boards and decision-making groups.
- Integration of services continues including working with community forensics subcontractors to reduce variation of provision between services and the delivery of virtual ward in collaboration with North Yorkshire

Work closely with all six Place-based partnerships across Humber and North Yorkshire to facilitate collaboration and empower local systems. Place-based partnerships have responsibility for improving the health and wellbeing outcomes for the population, preventing ill health and addressing health inequalities at a local level.

- The Trust's work with Place includes:
  - Continuing to provide Exec Lead and SRO for the East Riding Health and Care Committee Inclusion Groups programme. The programme launched an Inclusion Champions Scheme in Jan 2025.
  - Representation on the East Riding Place health inequalities funding panel
  - Trust staff are represented on the Hull Poverty Truth Commission as statutory commissioners.
  - Working with patient groups, North Yorkshire Council, HNY ICB and PCN to gather ideas for optimising utilisation of Whitby Community Hospital

Collaborate with system partners to maximise the efficient and effective use of resources across health and care services.

- The Trust continue to work jointly with our partners. Various collaborative projects include:
  - Hosting two specialist learning disability nurses who are embedded with PCNs to improve uptake of cancer screening among people with learning disability, commissioned by Cancer Alliance.
  - Joint working with TEWW and Rethink Mental Health to deliver mental health services in HMP Hull, Humber, Full Sutton and Milsike and improve integration with forensics pathways
  - Collaborative work to create a video to support the parents of children with nighttime bedwetting with patients and carers, primary care, North and North Yorkshire ICB Place, North Yorkshire Council, York and Scarborough Teaching NHS Foundation Trust and Harrogate and District Teaching NHS Foundation Trust.

Work alongside our partners in health, social care, the voluntary, community and social enterprise sector, Healthwatch, local government and other fields to develop integrated services as part of the Humber and North Yorkshire Health and Care Partnership.

- Contributions to Trust joint strategies include:
  - Engagement with system partners on the development of the Trust Health Inequalities Plan 2025-28
  - Supporting development of the HNY ICB Inclusion Health Plan through attendance at workshops and joint working with the ICB Inclusion Health lead

Empower Humber staff to work with partners across organisational boundaries, embracing a ‘one workforce’ approach to enable patients to access the right support, in the right place, at the right time.

- The Trust is part of a system wide collaboration to establish a HNY collaborative bank with LP as The SRO for the programme.

| Risk Analysis           | Q2<br>(2024/25) | Q3<br>(2024/25) | Q4<br>(2024/25) | July 2025 |
|-------------------------|-----------------|-----------------|-----------------|-----------|
| Current Risk Rating     | 8<br>HIGH       | 8<br>HIGH       | 8<br>HIGH       | 8<br>HIGH |
| Risk Appetite Threshold | 15+             | 15+             | 15+             | 15+       |

Positive Assurance – (Current Outputs)

Work closely with all six Place-based partnerships across Humber and North Yorkshire to facilitate collaboration and empower local systems. Place-based partnerships have responsibility for improving the health and wellbeing outcomes for the population, preventing ill health and addressing health inequalities at a local level.

- The Trust's work with Place includes:
  - Supporting the delivery of Integrated Neighbourhood Teams through operational and clinical representation.
  - Successfully gaining the UNICEF Gold Infant Feeding Award in partnership with Hull City Council and local businesses.
  - The Trust is represented at all strategic PLACE meetings, is a member of the relevant collaborative and influential within both these areas.
  - The Trust is leading the Mental Health and Learning Disability Collaborative work and is a member influences in the Community Collaborative

Collaborate with system partners to maximise the efficient and effective use of resources across health and care services.

- Collaborative work to create a video to support the parents of children with nighttime bedwetting with patients and carers, primary care, North and North Yorkshire ICB Place, North Yorkshire Council, York and Scarborough Teaching NHS Foundation Trust and Harrogate and District Teaching NHS Foundation Trust.
- Integration of services continues including working with community forensics subcontractors to reduce variation of provision between services and the delivery of virtual ward in collaboration with North Yorkshire Council, Nimbuscare Ltd CIC, York and Scarborough Teaching NHS Foundation Trust and primary care.

Empower Humber staff to work with partners across organisational boundaries, embracing a ‘one workforce’ approach to enable patients to access the right support, in the right place, at the right time.

- Joined up working across partners to respond to workforce planning requirements at a regional level.
- A system level dashboard has been developed that provides cross reporting on workforce and health inequalities metrics.

- The Trust has signed a portability MOU that we improve staff mobility across the system with all partners signed up in collaboration.
- Humber’s Associate Director of P&OD acts as chair of The MHLDA Culture and workforce steering group that oversees the delivery of collaborative workforce projects: current focus on reciprocal mentoring, collaborative Job evaluation and exploring feasibility of international talent pipelines.

| Negative Assurance / Gaps in Assurance – Required Outputs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Collaborate with system partners to maximise the efficient and effective use of resources across health and care services.</b></p> <p>The average % of delayed transfer of care patients were 8.5% for Adults/OP (9.0% if you include PICU) which is 1% below the 7.5% target threshold and 9.3% (1.8% below) in Children’s. OOA Patients</p> <p><b>Take a collaborative approach to facilitating the provision of modern innovative services, building on our role as Lead Provider for perinatal mental health and aspects of specialised mental health commissioning.</b></p> |

| Mitigating Actions to Address Gaps                                                                                                                                                                        | Target Date | Action Lead    | Update on Actions                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------|------------------------------------------------------------------------------------------------------------|
| Level of delayed Clinical Ready for Discharge / OOA placements and detail is included in a number of system meetings where there is representation from Humber and therefore early opportunity to resolve | March 2026  | Lynn Parkinson | Delays are improving but transitory position week to week. Board rounds / MADE work implementation action. |
| Work continues with Carnall Farrar regarding the future model and an external convener has been commissioned to work closely with the Trust                                                               |             |                |                                                                                                            |



Failure to promote people, communities and social values may result in Trust services not having a measurable social impact which could affect the health of our population and cause increased demand for services.

Risk Score: 6

| Initial Risk Rating<br>(Before Mitigation) |   |              | Current Risk Rating<br>(After Mitigation) |   |              | Risk Appetite | Status<br>(In / Out of Appetite) |
|--------------------------------------------|---|--------------|-------------------------------------------|---|--------------|---------------|----------------------------------|
| I                                          | L | Rating I X L | I                                         | L | Rating I X L |               |                                  |
| 3                                          | 3 | 9 - HIGH     | 3                                         | 2 | 6 - MODERATE | 15+           | IN APPETITE                      |

Positive Assurance – (Current Inputs)

Take action to address health inequalities and the underlying causes of inequalities, both in our role as a provider of integrated health services and our role as a developing anchor institution, supporting the long-term aim of increasing life expectancy for our most deprived areas and for population groups experiencing poorer than average health access, experience, and outcomes.

Trust Health Inequalities (HI) Programme:

HI Operational Group agreed a delivery plan for the coming year covering:

- Communications and Knowledge Transfer - Building on the successful launch of the HI intranet pages by delivering a programme of webinars and communications to increase staff awareness of HI
- Data analysis - Working with clinical/operational teams to develop action plans in response to data published in the annual report on HI in access to mental health services, use of the Mental Health Act and restrictive interventions. A clinical and operational workshop is scheduled for 26<sup>th</sup> June 2024.
- Supporting teams to address HI - Running reflective workshops to help teams identify potential inequalities of access, outcomes, and experience within their services.

Celebrate the increasing cultural diversity of Humber, offering opportunities for our staff, patients, families and the communities we support to safely express their views and shape and influence our services.

Inclusion Groups Programme of the East Riding Health and Care Committee:

- Work continues the ERYC inclusion health needs assessment and Smile VCSE mapping exercise. A delivery plan for 2024-25 has been agreed which focuses on completing the needs assessment and developing a system wide Inclusion Champions scheme.
- 17 VCSE organisation representatives are part of the Humber Co-production Network (June 2024)
- No significant change in the demographic ‘profiles (see table). EDI data for governors is still not yet collected as they are external to the organisation.
- EMT has reviewed the ToR for each staff network. Changes include a provision of an Executive Sponsor to support the group in escalating areas of concern. Additionally, network chairs have protected time to attend meetings. EMT now receive regular activities reports and will review their impact later in the year. Substantial budgets are allocated to each network to facilitate engagement and activities and are currently working on plans to support Hull PRIDE in July, and Black History Month in October.

Work collaboratively with our partners in the voluntary sector to build on our shared strengths - our deep knowledge of service users’ needs and our ability to respond to changing circumstances. Strengthen Humber’s relationships with statutory partners including housing, education and Jobcentre Plus to deepen our understanding of our communities.

- The Trust continues to host several forums for patients, service users, carers, staff, and partner organisations to attend. The Trust continues to attend ‘A Good Experience’ steering group of which provides assurance to oversee the Communications Charter project. York St John University have produced a project proposal to support the initiative.

Work alongside economic development and health and care system partners to ensure that our investments in facilities and services benefit local communities.

| Risk Analysis           | Q2<br>(2024/25) | Q3<br>(2024/25) | Q4<br>(2024/25) | July<br>2025  |
|-------------------------|-----------------|-----------------|-----------------|---------------|
| Current Risk Rating     | 6<br>MODERATE   | 6<br>MODERATE   | 6<br>MODERATE   | 6<br>MODERATE |
| Risk Appetite Threshold | 15              | 15              | 15              | 15+           |

Positive Assurance – (Current Outputs)

Take action to address health inequalities and the underlying causes of inequalities, both in our role as a provider of integrated health services and our role as a developing anchor institution, supporting the long-term aim of increasing life expectancy for our most deprived areas and for population groups experiencing poorer than average health access, experience, and outcomes.

Trust Health Inequalities (HI) Programme:

HI Operational Group agreed a delivery plan for the coming year covering:

- Integrating HI into Trust strategies/policies inc the new Access Policy and associated SOPs and EIAs.
- Ensuring that approaches to HI are embedded in clinical practice via the implementation of Person-Centred Planning and the Culture of Care standards for mental health inpatient services. Incorporating content on HI in revised service specs for CAMHS, Children’s Therapies and Mental Health services.
- System working to address the wider determinants of health including reviewing the impact of housing issues on service users, patients’, and Trust services.

Offer simplified routes into good employment for local people.

- There were 23 Band 2 to 4 roles recruited to from May 23 to May 24. 65 Band 2 to 4 roles were exempted, significantly lower than previous years. Our ‘apprenticeship first’ approach is not yet embedded in all areas. The career development team are working with H&NY careers hub to attract people to careers in our services.

Work collaboratively with our partners in the voluntary sector to build on our shared strengths - our deep knowledge of service users’ needs and our ability to respond to changing circumstances. Strengthen Humber’s relationships with statutory partners including housing, education and Jobcentre Plus to deepen our understanding of our communities.

- Since Jan 2024, the Trust has embraced new regulations of the Social Value Agenda. The PSR regulations require commissioning bodies to apply key criteria when assessing suppliers for their suitability to deliver health care. These criteria include an assessment as to whether what is proposed might improve economic, social, and environmental well-being in relevant the geographical area.
- The Trust now considers the extent to which suppliers have acted to increase social value within their own activities and how these can improve health outcomes. The Trust also procures a wide range of supplies, non-health care services and works. The introduction of the Procurement Act aims to streamline and improve procurement of these type of goods. When the Act comes into force in October 2024 the legal requirement for public sector buyers shifts from awarding contracts based on MEAT (Most Economically Advantageous Tender) to MAT (Most Advantageous Tender). This means considering the wider benefits for the community in which the contract will be delivered.
- The spend with local suppliers for 23/24 was £32.5million.

- The Trust's Five-Year Estate Strategy 2022-2025 continues and is shared with ICB members and informs the ICB Estate Strategy. Priorities include redesigning MH Inpatient Services. Estate Plans are refined on a locality basis. Current areas of focus are Hull, Beverley and Driffield. The Estate Strategy and CDG provides a forum at which progress is monitored and reviewed against service need. The Estate Strategy is influenced by the organisational Green Plan which focuses on carbon reduction and use of local suppliers where appropriate and within procurement guidelines. The Trust aids the ongoing delivery of healthcare to the region inc coordinating as a landlord organisation for partner Trusts and third sector organisations. This is evident in the ongoing Hull Place Pilot, following the One Public Estate projects.

**Offer simplified routes into good employment for local people.**

- A video was created that features students and staff promoting T Levels in Health, that we will be showcased across the Trust and at events. We introduced an "Induction into Health" week for students, which includes support, guidance, and careers advice for when attending work experience and help them to understand the variety of job roles within our Trust and how they can apply. There were 26 work experience placements for 2023/24 compared to 16 for 2022/23.

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

- At the end of Q1 24/25, there were 11 Peer Support Workers within the Trust compared to 10 in Q4 23/24. There were also 12 Expert by Experience staff and two Programme Facilitators. There was a total of 70 recorded shifts: 49 by B3 and 21 by programme facilitators.

**Negative Assurance / Gaps in Assurance – Required Outputs**

**Take action to address health inequalities and the underlying causes of inequalities, both in our role as a provider of integrated health services and our role as a developing anchor institution, supporting the long-term aim of increasing life expectancy for our most deprived areas and for population groups experiencing poorer than average health access, experience, and outcomes.**

- Review of representation at Humber and North Yorkshire (HNY) Health and Care Partnership Boards and decisions making groups.
- Stakeholder input into Trust involvement with Place and ICS level strategy

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



Developing an effective and empowered workforce



Lead Director:  
Associate Dir. of People  
and OD

Lead Committee:  
WFOD Committee

Failure to recruit and retain high-quality workforce could result in service delivery not meeting national and local quality standards resulting in substandard care being delivered which could impact on patient safety and outcomes

Risk Score: 8

| Initial Risk Rating<br>(Before Mitigation) |   |              | Current Risk Rating<br>(After Mitigation) |   |              | Risk<br>Appetite | Status<br>(In / Out of<br>Appetite) |
|--------------------------------------------|---|--------------|-------------------------------------------|---|--------------|------------------|-------------------------------------|
| I                                          | L | Rating I X L | I                                         | L | Rating I X L |                  |                                     |
| 4                                          | 3 | 12 - HIGH    | 4                                         | 2 | 8 - HIGH     | 15+              | IN APPETITE                         |

Positive Assurance – (Current Inputs)

Grow a community of leaders and managers across Humber with the capability, confidence, and values to create a highly engaged, high performing and continually improving culture.

- Trust workforce plan for 2025 in development as part of annual planning cycle.

Ensure all colleagues are highly motivated to achieve outstanding results by creating a great employer experience, so that they feel valued and rewarded for doing an outstanding job; individually and collectively.

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

Attract, recruit, and retain the best people by being an anchor employer within the locality; with roles filled by staff that feel happy and proud to work for Humber.

- Ongoing monitoring of hard to recruit roles in the recruitment and retention task and finish group.
- Refocus of the Recruitment Task and Finish Group to also focus on the retention of staff in light of Trust turnover being outside of target levels. In addition, the scope of the group broadened to focus on hard to recruit roles outside of nursing and consultant positions, now including Pharmacists.

Prioritise the health and wellbeing of our staff by understanding that staff bring their whole self to work, so we place mental and physical wellbeing at the heart of the individual's experience of working at Humber.

- Extensive programme of health and wellbeing support and initiatives delivered, advanced in 2024/25 by the launch of Your Health and Wellbeing Plus. Progress monitored through the HWB steering groups and deep dives provided for EMT and the People Committee.

Enable new ways of working and delivering health care, anticipating future demands and planning accordingly.

- Trust People Strategy ratified which sets strategic direction for next four years, underpinned by an accompanying delivery plan.
- Maintaining continued presence in strategic workforce settings regionally to influence decision making from a Humber perspective.
- Ongoing review and development of a sustainable Medical Workforce Plan to show improvement trajectories and feasible pipelines for recruitment/grow your own initiatives.

Engage with schools, colleges, and universities to create a highly skilled and engaged workforce who want to grow and develop to deliver high-quality care.

- The breadth of the apprenticeship standards we offer has increased to 50 currently being undertaken across the Trust and this is continually expanding.

Maximise a diverse and inclusive workforce representative of the communities we serve.

| Risk Analysis           | Q2<br>(2024/25) | Q3<br>(2024/25) | Q4<br>(2024/25) | July 2025 |
|-------------------------|-----------------|-----------------|-----------------|-----------|
| Current Risk Rating     | 8<br>HIGH       | 8<br>HIGH       | 8<br>HIGH       | 8<br>HIGH |
| Risk Appetite Threshold | 15+             | 15+             | 15+             | 15+       |

Positive Assurance – (Current Outputs)

Grow a community of leaders and managers across Humber with the capability, confidence, and values to create a highly engaged, high performing and continually improving culture.

- Appraisal completion rate at the end of the window 92.6% (30<sup>th</sup> June 2024) The rate is currently at 98.65%
- Overall statutory / mandatory training compliance 94.09% (March 2025).

Ensure all colleagues are highly motivated to achieve outstanding results by creating a great employer experience, so that they feel valued and rewarded for doing an outstanding job; individually and collectively.

- Appraisal completion rate at the end of the window 92.6% (30<sup>th</sup> June 2024) The rate is currently at 98.48%.
- In the 2024 NHS National Staff Survey.
  - The Trust positions better than the national average across all People Promise themes and subthemes areas.
  - The Trust positions better than the average for our benchmark group (50 MH and community Trusts) in all People Promise themes and subthemes areas.
  - The Trust improved across all people Promise themes compared to 2023

Attract, recruit, and retain the best people by being an anchor employer within the locality; with roles filled by staff that feel happy and proud to work for Humber.

- 6.72% vacancy rate (March 2025)
- A rolling 12 monthly turnover rate figure of 9.15% (March 2025), which is below the turnover rate this time last year (10.68% March 2024).
- Registered *Nursing* vacancy rate March 2025 – 6.72% (WF39 – High)

Prioritise the health and wellbeing of our staff by understanding that staff bring their whole self to work, so we place mental and physical wellbeing at the heart of the individual's experience of working at Humber.

- 731 (19.2%) Physical MOTs delivered since April 2024. Enhanced Menopause support and other initiatives launched in 2024/25.

Enable new ways of working and delivering health care, anticipating future demands and planning accordingly.

- Your Flex Plus initiative launched in November 2024 providing a recognisable brand to the Trusts Flexible Working offer. The launch saw flexible working saw requests increase from 483 (rolling 12 months) in November 24 -pre-launch to 579 (12 month rolling) in June 2025.
- Introduction of 'Loop' in January 2025. This is the new application to allow rostered staff to access their roster anytime via an app and manage their work life balance. It allows them to book annual leave, direct book bank shifts and maintain a flexible and dynamic work schedule ensuring staff are deployed safely, in a fair and equitable but also financially responsible way

Engage with schools, colleges, and universities to create a highly skilled and engaged workforce who want to grow and develop to deliver high-quality care.

- 52 apprenticeships have been completed in the previous rolling 12 months.
- 61 T Level Placements being supported at the Trust in previous rolling 12 months.

|                                                                                                                                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>No Excuse for Abuse Framework launched in December 2024, targeting unacceptable abuse form patients towards staff, won QI Charter of the Month for December 2024, well received by staff, further work being developed to analyse Datix information to offer bespoke support to areas affected.</li> </ul> |
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| <ul style="list-style-type: none"> <li>Year 10 Careers event hosted with 6 schools attending</li> <li>Humber supported at presented at a collaborative work experience event across the region hosted to year 10 students.</li> </ul> <p><b>Maximise a diverse and inclusive workforce representative of the communities we serve.</b></p> <ul style="list-style-type: none"> <li>Workforce representation - ethnic diversity 9.06% (March 2025) which is better than the regional demographic in East riding, Humber and NY</li> <li>Workforce representation - LGBTQ+ 4.89% (March 2025) which is better than the regional demographic in East Riding, Humber and NY</li> </ul> <p><b>Develop a culture of learning, high engagement, continuous improvement, and high performance that builds on our values and enables us to realise the potential of our people.</b></p> <ul style="list-style-type: none"> <li>Delivering a minimum of 3 themed PROUD Alumni sessions per year to support ongoing leadership development, focusing on leading change, compassionate leadership, and managing challenging teams, while fostering a collaborative leadership network across the Trust.</li> <li>Increased interaction with mentoring and coaching at the Trust</li> <li>PROUD programme continues with 88 employees currently enrolled on programme and 31 have completed the cohort in the previous rolling 12 months.</li> <li>Third cohort of the Humber Talent Programme currently underway</li> </ul> |
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| Negative Assurance / Gaps in Assurance – Required Outputs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| <p><b>Enable new ways of working and delivering health care, anticipating future demands and planning accordingly.</b></p> <ul style="list-style-type: none"> <li>Succession planning to be expanded for 2025/26 Operational and Workforce plan, with a focus on building the foundations of strong performance management, setting meaningful objectives in appraisals and mapping out potential of our future leaders.</li> </ul> <p><b>Maximise a diverse and inclusive workforce representative of the communities we serve.</b></p> <ul style="list-style-type: none"> <li>Representation of ethnically diverse staff in Band 7 or above roles has improved by 11% however remains an area of focus</li> <li>Representation of disabled staff in Band 8c-VSM roles has improved by 14% however remains an area of focus</li> <li>The 2024 staff survey saw a decrease in scores for 8 out of the 9 questions around discrimination on the grounds of a specific protected characteristic. (WF42, WF 45 – High)</li> <li>The 2024 staff survey saw 16.5% of ethnically diverse staff report higher rates of unwanted behaviour of a sexual nature in the workplace from patients / service users, their relatives or other members of the public compared to 7.9% of white staff.</li> <li>59.2% of staff with a disability or long-term condition compared to 68.1% without one report that the organisation acts fairly with regards to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age</li> <li>Workforce representation - Disability 10.22% (March 2025) which is lower than the regional demographic of between 16 and 20% in East Riding, Humber and North Yorkshire, but represents an improving position from 4.1% in 2019 to 10.22% in 2025.</li> </ul> <p><b>Attract, recruit, and retain the best people by being an anchor employer within the locality; with roles filled by staff that feel happy and proud to work for Humber.</b></p> <ul style="list-style-type: none"> <li>Consultant vacancy rate for March 2025 – 20.91% (WF38 – High)</li> </ul> <p><b>Prioritise the health and wellbeing of our staff by understanding that staff bring their whole self to work, so we place mental and physical wellbeing at the heart of the individual’s experience of working at Humber.</b></p> <ul style="list-style-type: none"> <li>The Workforce Scorecard (March 2025) reported a rolling sickness rate figure of 5.52% (Trust target 5%), and above national and regional benchmarks.</li> <li>The highest reason for sickness absence within the organisation remains stress, anxiety and mental ill health at 37.2%. The National Staff Survey identifies this as an area of focus.</li> </ul> |

| Mitigating Actions to Address Gaps | Target Date | Action Lead    | Update on Actions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------|-------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EDI                                | July 2025   | Karen Phillips | Actions currently being refreshed as part of the NSS, WRES, WDES and Gender pay gap action planning process.<br>Respect campaign being refreshed with new resources and No excuse for Abuse being embedded organisationally. Humber Talent programmes and leadership development ring fence spaces for staff networks and those with protected characteristics. Focus on Succession planning in band 7 + roles. EDI assurance report presented to EMT in April 2025 showed completion across all actions for 2024/25 with the exception of one which is ongoing. |
| Medical Vacancies -                | Sept 2025   | Kwame Fofie    | Significant progress being made with consultant vacancies, all of which are advertised. 7 consultant vacancies as at March 2025. 5 covered by locum medics. Medical Workforce Plan in action presently with targets monitored in the Recruitment and Retention Task and Finish Group with good progress being made.                                                                                                                                                                                                                                              |
| Sickness absence                   | July 2025   | Karen Phillips | Deep dive due in May 2025 with an overview of data for the 1 <sup>st</sup> of April 2024 – 31 <sup>st</sup> March 2025.<br><br>Divisional accountability reviews monitoring and exploring absence on a monthly basis. Reports continue to feed into EMT and People & OD Committee.<br><br>Report into EMT in May regarding progress against the bespoke sickness intervention.<br>Report being produced for ODG to explore TRIM training and other psychological support.                                                                                        |





Failure to optimise efficiencies in finances, technology and estates will inhibit the longer-term efficiency and sustainability of the Trust which will reduce any opportunities to invest in services where appropriate and put at risk the ability to meet financial targets set by our regulators.

Risk Score: 8

| Initial Risk Rating<br>(Before Mitigation) |   |              | Current Risk Rating<br>(After Mitigation) |   |              | Risk<br>Appetite | Status<br>(In / Out of<br>Appetite) |
|--------------------------------------------|---|--------------|-------------------------------------------|---|--------------|------------------|-------------------------------------|
| I                                          | L | Rating I X L | I                                         | L | Rating I X L |                  |                                     |
| 4                                          | 3 | 12 - High    | 4                                         | 2 | 8 - High     | 15               | IN APPETITE                         |

| Risk Analysis           | Q1<br>(2024/25) | Q2<br>(2024/25) | Q3<br>(2024/25) | Q4<br>(2024/25) |
|-------------------------|-----------------|-----------------|-----------------|-----------------|
| Current Risk Rating     | 8<br>HIGH       | 8<br>HIGH       | 8<br>HIGH       | 8<br>HIGH       |
| Risk Appetite Threshold | 15+             | 15              | 15              | 15              |

Related Strategic Goal (Inputs Overview)

Embrace new, safe and secure technologies to enhance patient care, improve productivity and support our workforce across the health and social care system.

- Trust has moved the tenant for Power BI and now has 20 users up and running.

We will design technologies around the person’s needs and will make sure that people are not excluded from accessing services due to digital poverty or poor rural connectivity.

- Trust has reviewed its Digital Governance Structures in 2025 to ensure appropriate oversight and assurance at Executive and Board Level

Work with our partners to optimise the efficiency and sustainability of the Humber and North Yorkshire Health and Care Partnership in our role as lead provider.

- The Trust is building on its role as Specialist Lead Provider and is currently exploring opportunities for core mental health services to follow a similar collaborative approach with the Trust identified as the preferred Host.

Continue to develop our estate to provide safe, environmentally sustainable, and clinically effective environments that support operational delivery.

- The Trust continues to prioritise its capital investment priorities based on available information to maximise impact across the Trust’s Estate

Work with our partners and communities to minimise our effect on the environment to meet the NHS climate change target.

- A new Green Plan, effective from 2025, is under development and a draft is scheduled for submission to the EMT in June 2025

Empower all staff to contribute to the efficiency and sustainability of the organisation by making informed decisions about the efficient use of resources.

- Planning Guidance requires the system to deliver a balanced net financial position for 2025/26.
- Agency Reduction Target of 30% for 2025/26 has been set
- The Trust has a breakeven financial plan that meets the ICS planning target set for it.

Positive Assurance – (Current Outputs)

Embrace new, safe and secure technologies to enhance patient care, improve productivity and support our workforce across the health and social care system.

- Trust Data Quality Maturity Index (DQMI) score at 99% above national average (95%).
- The mobile phone contract has been awarded in 2024 which provides a 50% reduction in spend and access to different mobile phone networks providing the best connectivity for our mobile workforce.
- Patient communication, electronic referral service, electronic prescription service, voice requisition and hand-held device app to be fully implemented in 25/26.
- Implementation of the new data lake/lake house business intelligence system which include artificial intelligence capabilities.
- Create a centre of excellences within the Interweave team to lead on user centred design the Yorkshire & Humber Care Record

We will design technologies around the person’s needs and will make sure that people are not excluded from accessing services due to digital poverty or poor rural connectivity.

- The Trust has successfully implemented a new Electronic Patient Record in 2024/25

Work with our partners to optimise the efficiency and sustainability of the Humber and North Yorkshire Health and Care Partnership in our role as lead provider.

- Overall, the Trust has a high level of sustainability with a good cash position.
- Trust has delivered a balanced position as part of the ICS 2024/25 Plan and has a breakeven 2025/26 plan
- Trust has delivered a 30% Agency cost compared to pay bill in 2024/25, current modelling suggests Agency Reduction of 2.1m in 2025/26, this equates to a 39% year on year reduction.

Continue to develop our estate to provide safe, environmentally sustainable, and clinically effective environments that support operational delivery.

- 2024 PLACE scores of 99.77% for Cleanliness (Avg 98.31%) and 97.39 for Food (Avg 91.32%)
- The Trust has plans for the redevelopment of Granville Court in 2025 and a longer-term plan for the reprovion of Westlands Inpatient Unit as part of its wider Inpatient Redesign project

Work with our partners and communities to minimise our effect on the environment to meet the NHS climate change target.

- Provision of virtual private network technology allow staff to work from any location (including home) enabling a reduction of the estate required for corporate staff and reducing our CO2 emissions from staff travel.
- The Trust is currently exceeding the carbon reduction targets outlined in the Green Plan (2022–2025), achieving an approximate 33% reduction in T/CO<sub>2</sub>e from the baseline year

Empower all staff to contribute to the efficiency and sustainability of the organisation by making informed decisions about the efficient use of resources.

- Humber Financial Times is issued to all staff

## Negative Assurance / Gaps in Assurance – Required Outputs

**Work with our partners to optimise the efficiency and sustainability of the Humber and North Yorkshire Health and Care Partnership in our role as lead provider.**

- Wider ICS Financial Position is showing to be on track to deliver the financial plan, but has an overall unmitigated risk of £78.5m.

**Continue to develop our estate to provide safe, environmentally sustainable, and clinically effective environments that support operational delivery.**

- The cost to eradicate high risk backlog maintenance is £327,988; and the cost to eradicate significant risk backlog maintenance is £6,303,032.
- A National Solution to Capital is required to address the Trust's ambition for the reprovision of its Mental Health Inpatient Estate
- Conditional survey being commissioned with a target for completion end on Month 6 2025/26
- 2024 PLACE scores of 94% for Condition Appearance and Maintenance compare against a National Average of 96%

**Empower all staff to contribute to the efficiency and sustainability of the organisation by making informed decisions about the efficient use of resources.**

- Details of staff understanding of Trust finance measures and controls.

| Mitigating Actions to Address Gaps                                                                                                                           | Target Date | Action Lead   | Update on Actions                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Medium Term Financial Planning has been initiated across the ICB                                                                                             | August 2025 | Pete Beckwith | Awaiting National Guidance, but a high level 3-year plan will be taken to the Finance Committee in July                                              |
| Deliver a balanced net system financial position for 2025/26.                                                                                                | March 2026  | Pete Beckwith | Trust has submitted a balanced plan to the ICS.                                                                                                      |
| Trust is commissioning an updated Conditional Survey of the estate which will establish an updated position. Backlog is addressed with the capital programme | July 2025   | Pete Beckwith | Survey results will be presented to the Capital and Estates Group, who report into EMT.                                                              |
| Reduce agency spending across the NHS, to a maximum of 3.2% of the total pay bill across 2025/26.                                                            | March 2026  | Pete Beckwith | Current plan delivers the expected reduction, Agency is monitored at Finance Committee, EMT, ODG and forms part of the Accountability Review process |

## RISK SCORING MATRIX

|            |                |   | IMPACT                |                       |                           |                           |                           |
|------------|----------------|---|-----------------------|-----------------------|---------------------------|---------------------------|---------------------------|
|            |                |   | Negligible            | Minor                 | Moderate                  | Severe                    | Catastrophic              |
|            |                |   | 1                     | 2                     | 3                         | 4                         | 5                         |
| LIKELIHOOD | Almost Certain | 5 | 5 x 1 = 5<br>Moderate | 5 x 2 = 10<br>High    | 5 x 3 = 15<br>Significant | 5 x 4 = 20<br>Significant | 5 x 5 = 25<br>Significant |
|            | Likely         | 4 | 4 x 1 = 4<br>Moderate | 4 x 2 = 8<br>High     | 4 x 3 = 12<br>High        | 4 x 4 = 16<br>Significant | 4 x 5 = 20<br>Significant |
|            | Possible       | 3 | 3 x 1 = 3<br>Low      | 3 x 2 = 6<br>Moderate | 3 x 3 = 9<br>High         | 3 x 4 = 12<br>High        | 3 x 5 = 15<br>Significant |
|            | Unlikely       | 2 | 2 x 1 = 2<br>Low      | 2 x 2 = 4<br>Moderate | 2 x 3 = 6<br>Moderate     | 2 x 4 = 8<br>High         | 2 x 5 = 10<br>High        |
|            | Rare           | 1 | 1 x 1 = 1<br>Low      | 1 x 2 = 2<br>Low      | 1 x 3 = 3<br>Low          | 1 x 4 = 4<br>Moderate     | 1 x 5 = 5<br>Moderate     |

## RISK TERMINOLOGY DEFINITIONS

## RISK SCORING MATRIX

|                            |                                                                                                                                                                                                                                                                      |
|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Initial Risk Rating</b> | The initial risk rating represents the inherent or gross risk. It is the assessment of the risk prior to the consideration of any controls or mitigations in place.                                                                                                  |
| <b>Current Risk Rating</b> | The current risk rating presents the residual risk level. It is the assessment of the risk after identification of controls, assurances and inherent gaps, reflecting how the risk is reduced in either likelihood of occurrence or impact should it occur.          |
| <b>Target Risk Rating</b>  | The assessment of the anticipated score following successful implementation of identified actions to create further controls. Target risk ratings must also be considered with regards to risk appetite and the level of risk the organisation is willing to accept. |
| <b>Control</b>             | Risk controls represent any action that has been taken to mitigate the level risk. Controls can reduce the likelihood of a risk being realised or the impact of risk should it occur.                                                                                |
| <b>Assurance</b>           | Sources of evidence used to demonstrate the effectiveness of identified controls. Assurances sources also allow for monitoring of risk controls to ensure that they are appropriate.                                                                                 |

**Agenda Item 22**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                          |  |            |   |            |  |         |  |           |  |               |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--|------------|---|------------|--|---------|--|-----------|--|---------------|--|--|--|
| Title & Date of Meeting:                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Trust Board Public Meeting – 30 July 2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                          |  |            |   |            |  |         |  |           |  |               |  |  |  |
| Title of Report:                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Constitution Review 2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                          |  |            |   |            |  |         |  |           |  |               |  |  |  |
| Author/s:                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Name: Stella Jackson<br>Title: Head of Corporate Affairs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                          |  |            |   |            |  |         |  |           |  |               |  |  |  |
| Recommendation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <table border="1"> <tr> <td>To approve</td><td>✓</td><td>To discuss</td><td></td></tr> <tr> <td>To note</td><td></td><td>To ratify</td><td></td></tr> <tr> <td>For assurance</td><td></td><td></td><td></td></tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                          |  | To approve | ✓ | To discuss |  | To note |  | To ratify |  | For assurance |  |  |  |
| To approve                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ✓                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | To discuss                                                                                               |  |            |   |            |  |         |  |           |  |               |  |  |  |
| To note                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | To ratify                                                                                                |  |            |   |            |  |         |  |           |  |               |  |  |  |
| For assurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                          |  |            |   |            |  |         |  |           |  |               |  |  |  |
| <b>Purpose of Paper:</b><br><i>Please make any decisions required of Board clear in this section:</i>                                                                                                                                                                                                                                                                                                                                                                               | <p>This paper contains a recommendation to amend paragraph 43.2 of the Constitution regarding the affixing of the Trust seal (to reflect changes to the Standing Orders/Standing Financial Instructions/Scheme of Delegation).</p> <p>The Constitution is attached at Appendix 1 and the proposed change is shown via track changes.</p> <p>Trust Board is asked to:</p> <ul style="list-style-type: none"> <li>• Approve the proposed change.</li> <li>• Note the proposed change reflects the recommended changes by Hill Dickinson to the Standing Orders, Standing Financial Instructions, Scheme of Delegation regarding the affixing of the Seal. These changes were approved at the Trust Board meeting on 28 May 2025.</li> <li>• Note the proposed change to the constitution was agreed by the Executive Management Team on 20 May 2025.</li> <li>• Note changes to the Constitution require approval of the Council of Governors and Board of Directors and the Council of Governors approved the proposed change at a meeting on 17 July 2025. No other changes were proposed by Governors at that meeting.</li> </ul> |                                                                                                          |  |            |   |            |  |         |  |           |  |               |  |  |  |
| Key Issues within the report:                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                          |  |            |   |            |  |         |  |           |  |               |  |  |  |
| <b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>• The changes approved in 2023 ensure the Constitution remains fit for purpose by addressing requirements brought about by the Health and Care Act 2022.</li> <li>• The further proposed amendment reflects the proposed amendments to the Standing Orders, Scheme of Delegation and Standing Financial Instructions following a review by Hill Dickinson regarding use of the Trust Seal.</li> </ul> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>• None.</li> </ul> |  |            |   |            |  |         |  |           |  |               |  |  |  |
| <b>Matters of Concern or Key Risks:</b> <ul style="list-style-type: none"> <li>• None.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Decisions Made:</b> <ul style="list-style-type: none"> <li>• n/a</li> </ul>                           |  |            |   |            |  |         |  |           |  |               |  |  |  |

|                                                                                                             |                                     |      |                                               |                                                                   |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------|------|-----------------------------------------------|-------------------------------------------------------------------|
| <b>Governance:</b><br>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                     | 20.5.2025                                                         |
|                                                                                                             | Mental Health Legislation Committee |      | Operational Delivery Group                    |                                                                   |
|                                                                                                             | Collaborative Committee             |      | Other (please detail)                         | Council of Governors<br>17.7.2025<br><br>Trust Board<br>30.7.2025 |

### Monitoring and assurance framework summary:

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

## **Proposed Changes to the Constitution July 2025**

### **1. Introduction**

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

### **2. Proposed change to Paragraph 43.2 of the Constitution**

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

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

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

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

### **3. The Approval Process**

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

### **4. Recommendation**

Trust Board is asked to:

- Note the Council of Governors approved the proposed change at its meeting on 17 July 2025.
- Approve the proposed change.

# Constitution

## Humber Teaching NHS Foundation Trust Constitution

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### TABLE OF CONTENTS

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| <u>Paragraph Number</u> |                                                                                                   | <u>Page</u> |
|-------------------------|---------------------------------------------------------------------------------------------------|-------------|
| 1.                      | Interpretation and Definitions                                                                    | 4           |
| 2.                      | Name                                                                                              | 5           |
| 3.                      | Principle Purpose                                                                                 | 5           |
| 4.                      | Powers                                                                                            | 5           |
| 5.                      | Membership and Constituencies                                                                     | 7           |
| 6.                      | Application for Membership                                                                        | 7           |
| 7.                      | Public Constituency                                                                               | 7           |
| 8.                      | Staff Constituency                                                                                | 7           |
| 9.                      | Service User and Carer Constituency                                                               | 8           |
| 10.                     | Restriction of Membership                                                                         | 8           |
| 11.                     | Annual Members' Meeting                                                                           | 9           |
| 12.                     | Council of Governors – Composition                                                                | 9           |
| 13.                     | Council of Governors – Election of Governors                                                      | 9           |
| 14.                     | Council of Governors – Tenure                                                                     | 9           |
| 15.                     | Council of Governors – Disqualification and Removal                                               | 10          |
| 16.                     | Council of Governors – General Duties                                                             | 10          |
| 17.                     | Council of Governors – Meetings of Governors                                                      | 11          |
| 18.                     | Council of Governors – Standing Orders                                                            | 11          |
| 19.                     | Council of Governors – Referral to the Panel                                                      | 11          |
| 20.                     | Council of Governors – Conflicts of Interest of Governors                                         | 11          |
| 21.                     | Council of Governors – Travel Expenses                                                            | 12          |
| 22.                     | Council of Governors – Further Provisions                                                         | 12          |
| 23.                     | Board of Directors Composition                                                                    | 12          |
| 24.                     | Board of Directors – General Duty                                                                 | 13          |
| 25.                     | Board of Directors – Qualification for Appointment as a Non-Executive Director                    | 13          |
| 26.                     | Board of Directors – Appointment of Chair and other Non-Executive Directors                       | 13          |
| 27.                     | Board of Directors – Appointment of Deputy Chair                                                  | 13          |
| 28.                     | Board of Directors – Appointment and Removal of the Chief Executive and other Executive Directors | 13          |



|         |                                                                              |    |
|---------|------------------------------------------------------------------------------|----|
| 29.     | Board of Directors – Disqualification                                        | 13 |
| 30.     | Board of Directors – Meetings                                                | 14 |
| 31.     | Board of Directors – Standing Orders                                         | 14 |
| 32.     | Board of Directors – Conflicts of Interest of Directors                      | 14 |
| 33.     | Board of Directors – Remuneration and Terms of Office                        | 15 |
| 34.     | Registers                                                                    | 15 |
| 35.     | Admission to and Removal from the Registers                                  | 16 |
| 36.     | Registers – Inspection and Copies                                            | 16 |
| 37.     | Documents Available for Public Inspection                                    | 16 |
| 38.     | Auditor                                                                      | 17 |
| 39.     | Audit Committee                                                              | 17 |
| 40.     | Accounts                                                                     | 18 |
| 41.     | Annual Report and Forward Plans and Non NHS Work                             | 18 |
| 42.     | Presentation of the Annual Accounts and Reports to the Governors and Members | 19 |
| 43.     | Instruments                                                                  | 19 |
| 44.     | Amendment of the Constitution                                                | 19 |
| 45.     | Mergers etc. and Significant Transactions                                    | 20 |
| Annex 1 | The Public Constituency                                                      | 21 |
| Annex 2 | The Staff Constituency                                                       | 22 |
| Annex 3 | The Service User and Carer Constituency                                      | 23 |
| Annex 4 | Composition of the Council of Governors                                      | 24 |
| Annex 5 | The Model Election Rules                                                     | 25 |
| Annex 6 | Additional Provisions – Council of Governors                                 | 72 |
| Annex 7 | Standing Orders – Council of Governors                                       | 74 |
| Annex 8 | Standing Orders – Board of Directors                                         | 78 |
| Annex 9 | Further Provisions                                                           | 84 |

## 1. Interpretation and Definitions

Unless otherwise stated, words or expressions contained in this Constitution shall bear the same meaning as in the National Health Service Act 2006 as amended by the Health & Social Care Act 2012 and Health and Care Act 2022.

Unless expressly provided otherwise, a reference to legislation or legislative provision shall be to that legislation as it is in force, amended or re-enacted from time to time.

The 2006 Act is the National Health Service Act 2006.

The 2012 Act is the Health and Social Care Act 2012.

The 2022 Act is the Health and Care Act 2022.

**Accounting Officer** is the person who from time to time discharges the functions specified in paragraph 25(5) of Schedule 7 to the 2006 Act.

**Annual Members' Meeting** is defined in paragraph 11 of the Constitution.

**Appointed Governors** are those Governors appointed by the appointing organisation listed in Annex 4.

**Constitution** means this Constitution and all annexes to it.

**Director** means a member of the Board of Directors.

**Elected Governors** are those Governors elected by the public and staff constituencies.

**Member** means a member of the Trust.

**NHS England (NHSE)** is the statutory entity as provided by section 1H of the 2006 Act that regulates NHS Foundation Trusts.

**Senior Independent Director** means the person appointed by the Board of Directors, in consultation with the Council of Governors, to provide a sounding board for the Chair, to serve as an intermediary for the other Directors when necessary and to be available to Governors if they have concerns that contact through normal channels has failed to resolve.

**Service User and Carer Constituency** means (collectively) the members of the service user and carer constituency which is referred to as the 'patients' constituency' in the 2006 Act.

**Service User and Carer Governor** means a Governor elected by the members of the Service User and Carer Constituency.

**Trust Secretary** means the Secretary of the Trust or any person appointed to perform the duties of the Secretary of the Trust

**Voluntary Organisation** is a body, other than a public or local authority, the activities of which are carried on not for profit.

## **2. Name**

The name of the Foundation Trust is Humber Teaching NHS Foundation Trust (the Trust).

## **3. Principal Purpose**

- 3.1 The principal purpose of the Trust is the provision of goods and services for the purposes of the health service in England.

The Trust undertakes both provision and commissioning functions, as the Lead Provider for the Humber Coast and Vale Provider Collaboration in the delivery of Child and Adolescent Mental Health In-Patient, Adult Low and Medium Secure and Adult Eating Disorder Services.

- 3.2 The Trust does not fulfil its principal purpose unless, in each financial year, its total income from the provision of goods and services for the purposes of the health service in England is greater than its total income from the provision of goods and services for any other purposes.

- 3.3 The Trust may provide goods and services for any purposes related to

3.3.1 the provision of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness, and

3.3.2 the promotion and protection of public health.

- 3.4 The Trust may also carry on activities other than those mentioned in the above paragraph for the purpose of making additional income available in order to better carry on its principal purpose.

- 3.5 The Trust's vision is to be a leading provider of integrated health services, recognised for the care, compassion, and commitment of our staff and known as a great employer and valued partner.

## **4. Powers**

- 4.1 The powers of the Trust are set out in the 2006 Act.

- 4.2 All the powers of the Trust shall be exercised by the Board of Directors on behalf of the Trust.

The Board has a delegated responsibility from NHSE for the commissioning, contractual and quality and safety oversight of the entirety of the contracts awarded to the Trust as the Lead Provider of the Humber Coast and Vale Provider Collaboration in the delivery of Child and Adolescent Mental Health In-Patient, Adult Low and Medium Secure and Adult Eating Disorder Services.

- 4.3 The Board of Directors may authorise any three or more persons each of whom is neither:

- 4.3.1 an executive Director of the Trust; nor
- 4.3.2 an employee of the Trust;

To exercise the powers conferred on the Trust by Section 25 of the Mental Health Act (MHA)

- 4.4 The Trust may enter into arrangements for the carrying out, on such terms as the Trust considers appropriate, of any of its functions jointly with any other person.
- 4.5 The Trust may arrange for any of the functions exercisable by the Trust to be exercised by or jointly with any one or more of the following:
  - 4.5.1 A relevant body;
  - 4.5.2 A local authority within the meaning of section 2B of the 2006 Act;
  - 4.5.3 A combined authority.
- 4.6 The Trust may also enter into arrangements to carry out the functions of another relevant body, whether jointly or otherwise.
- 4.7 Where a function is exercisable by the Trust jointly with one or more of the other organisations mentioned at paragraph 4.6, those organisations and the Trust may:
  - 4.7.1 Arrange for the function to be exercised by a joint committee of theirs;
  - 4.7.2 Arrange for the Trust, one or more of those other organisations, or a joint committee of them, to establish and maintain a pooled fundin accordance with section 65Z6 of the 2006 Act.
- 4.8 The Trust must exercise its functions effectively, efficiency and economically.
- 4.9 In making a decision about the exercise of its functions, the Trust must have regard to all likely effects of the decision in relation to:
  - 4.9.1 The health and well-being of (including inequalities between) the people of England;
  - 4.9.2 The quality of services provided to (including inequalities between benefits obtained by) individuals by or in pursuance of arrangements made by relevant bodies for or in connection with the prevention, diagnosis or treatment of illness, as part of the health service in England;
  - 4.9.3 Efficiency and sustainability in relation to the use of resources by relevant bodies for the purposes of the health service in England.
- 4.10 In the exercise of its functions, the Trust must have regard to its duties under section 63B of the 2006 Act (complying with targets under section 1 of the Climate Change Act 2008 and section 5 of the Environment Act 2021, and to adapt any current or predicted impacts of climate change in the most recent report under section 56 of the Climate Change Act 2008).
- 4.11 For the purposes of this section, "relevant body" means NHSE, an integrated care board, an NHS trust, a NHS foundation trust (including the Trust) or such other body as may be prescribed under section 65Z5(2). "Relevant bodies" means two or more of these organisations as the context requires.

4.12 The arrangements under this paragraph 4 shall be in accordance with:

- 4.12.1 any applicable requirements imposed by the 2006 Act or regulations made under that Act;
- 4.12.2 any applicable statutory guidance that has been issued and
- 4.12.3 otherwise on such terms as the Trust sees fit.

## **5 Membership and Constituencies**

The Trust shall have members, each of whom shall be a member of one of the following constituencies:

- 5.1 a Public Constituency
- 5.2 a Staff Constituency
- 5.3 a Service User and Carer Constituency

## **6 Application for Membership**

An individual who is eligible to become a member of the Trust may do so on application to the Trust.

## **7 Public Constituency**

- 7.1 An individual who lives in an area specified in Annex 1 as an area for a Public Constituency may become or continue as a member of the Trust.
- 7.2 Those individuals who live in an area specified for a public constituency are referred to collectively as a Public Constituency.
- 7.3 The minimum number of members in each area for the Public Constituency is specified in Annex 1.

## **8 Staff Constituency**

8.1 An individual who is employed by the Trust under a contract of employment with the Trust may become or continue as a staff member of the Trust provided:

- 8.1.1 He/she is employed by the Trust under a contract of employment which has no fixed term or has a fixed term of at least 12 months; or
- 8.1.2 He/she has been continuously employed by the Trust under a contract of employment for at least 12 months.

8.2 Individuals who exercise functions for the purposes of the Trust otherwise than under a contract of employment with the Trust, may become or continue as members of the staff constituency provided such individuals have exercised these functions continuously for a period of at least 12 months.

8.3 Those individuals who are eligible for membership of the Trust by reason of the previous provisions are referred to collectively as the Staff Constituency.

8.4 The minimum number of members in the Staff Constituency is specified in Annex 2.

#### **Automatic Membership by Default –Staff**

8.5 An individual who is:

- 8.5.1 eligible to become a member of the Staff Constituency;  
and
- 8.5.2 invited by the Trust to become a member of the Staff Constituency

shall become a member of the Trust as a member of the Staff Constituency without an application being made, unless he/she informs the Trust that they do not wish to do so.

### **9. Service User and Carer Constituency**

9.1 An individual who has, within the period specified below, attended any of the Trust's services as either a patient or as the carer of a patient may become a member of the Trust.

9.2 The period referred to above shall be the period of 3 years immediately preceding the date of an application by the patient or carer to become a member of the Trust.

9.3 Those individuals who are eligible for membership of the Trust by reason of the previous provisions are referred to collectively as the Service User and Carer Constituency.

9.4 An individual providing care in pursuance of a contract (including a contract of employment) with a voluntary organisation, or as a volunteer for a voluntary organisation, does not come within the category of those who qualify for membership of the Service User and Carer Constituency.

9.5 The minimum number of members in the Service User and Carer Constituency is specified in Annex 3.

### **10. Restriction on Membership**

10.1 An individual who is a member of a constituency, or of any class within a constituency, may not while membership of that constituency or class continues, be a member of any other constituency or class.

10.2 An individual who satisfies the criteria for membership of the Staff Constituency may not become or continue as a member of any constituency other than the Staff Constituency.

10.3 An individual must be at least 14 years old to become a member of the Trust.

10.4 Further provisions as to the circumstances in which an individual may not become or continue as a member of the Trust are set out in Annex 9 – Further Provisions.

## **11. Annual Members' Meeting**

The Trust shall hold an annual meeting of its members ('Annual Members' Meeting'). The Annual Members' Meeting shall be open to members of the public.

## **12 Council of Governors – Composition**

- 12.1 The Trust is to have a Council of Governors, which shall comprise both elected and appointed Governors.
- 12.2 The composition of the Council of Governors is specified in Annex 4.
- 12.3 The members of the Council of Governors, other than the appointed members, shall be chosen by election by their constituency or, where there are classes within that constituency, by their class within the constituency. The number of Governors to be elected by each constituency, or, where appropriate, by each class of each constituency, is specified in Annex 4.

## **13. Council of Governors – Election of Governors**

- 13.1 Elections for elected members of the Council of Governors shall be conducted in accordance with the Model Election Rules.
- 13.2 The Model Election Rules as published from time to time by NHS Providers form part of this Constitution. The Model Election Rules are attached at Annex 5.
- 13.3 A subsequent variation of the Model Election Rules by NHS Providers shall not constitute a variation of the terms of this Constitution for the purposes of paragraph 44 of the Constitution.
- 13.4 An election, if contested, shall be by secret ballot.
- 13.5 Governors must be at least 16 years of age at the closing date for nominations for their election or appointment.

## **14. Council of Governors - Tenure**

- 14.1 An elected Governor may hold office for a period of up to 3 years.
- 14.2 An elected Governor shall cease to hold office if he/she ceases to be a member of the constituency or class by which he/she was elected.
- 14.3 An elected Governor shall be eligible for re-election at the end of their term. However, no Governor may stand for re-election having served 3 terms or a maximum of 9 years.
  - 14.3.1 Where a vacancy arises on the Council of Governors for any reason other than expiry of term of office, the following provisions will apply:
  - 14.3.2 where the vacancy arises amongst the Appointed Governors, the Secretary shall request that the appointing organisation appoints a replacement to hold office for a three year term;

14.3.3 where the vacancy arises amongst the Elected Governors, the next highest polling candidate for that seat at the most recent election (who is willing to take office) will be invited to fill the seat for the remainder of the current term.

14.4 Appointed Governors may hold office for a period of up to 3 years.

14.4.1 Appointed Governors shall cease to hold office if the appointing organisation withdraws its sponsorship of him/her.

14.4.2 An Appointed Governor shall be eligible for re-appointment at the end of his/her term, but, subject to paragraph 14.4.3 below, shall serve no more than 3 consecutive terms of office or a maximum of 9 years.

14.4.3 Where an appointing organisation considers that an individual who would not otherwise be eligible for appointment as an Appointed Governor because of the restriction in paragraph 14.4.2 above remains the most appropriate person to represent the organisation, it may seek the approval of the Chair and the Chief Executive to appointing the individual to serve a further term or terms of office.

14.5 Any Governor shall cease to hold office if he/she is disqualified for any of the reasons set out in this Constitution.

## **15. Council of Governors – Disqualification and Removal**

15.1 The following may not become or continue as a member of the Council of Governors:

15.1.1 a person who has been made bankrupt or whose estate has been sequestrated and (in either case) has not been discharged;

15.1.2 a person who has made a composition or arrangement (including a debt relief order under the Insolvency Act) or granted a Trust deed for, his/her creditors and has not been discharged in respect of it;

15.1.3 A person in relation to whom a moratorium period under a debt relief order applies (under Part 7A of the Insolvency Act 1986);

15.1.4 a person who within the preceding five years has been convicted in the British Islands of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him/her;

15.2 Governors must be at least 16 years of age at the closing date for nominations for their election or appointment.

15.3 Further provisions as to the circumstances in which an individual may not become or continue as a member of the Council of Governors and provision for the removal of Governors in certain circumstances are set out in Annex 6.

## **16. Council of Governors – General Duties**

16.1 The general duties of the Council of Governors are –



16.1.1 to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors, and

16.1.2 to represent the interests of the members of the Trust as a whole and the interests of the public at large.

16.2 The Trust must take steps to ensure that the Governors are equipped with the skills and knowledge they require in their capacity as such.

#### **17. Council of Governors – Meetings of Governors**

17.1 The Chair of the Trust (i.e. the Chair of the Board of Directors, appointed in accordance with the provisions of paragraph 26 below) or, in his/her absence the Deputy Chair (appointed in accordance with the provision of paragraph 27 below) or, in their absence, another non-executive director (as the Directors present shall choose), shall preside at meetings of the Council of Governors.

17.2 Meetings of the Council of Governors shall be open to members of the public. Members of the public may be excluded from a meeting, or part of a meeting, for special reasons.

17.3 For the purposes of obtaining information about the Trust's performance of its functions or the Directors' performance of their duties (and deciding whether to propose a vote on the Trust's or Directors' performance), the Council of Governors may require one or more of the Directors to attend a meeting.

#### **18. Council of Governors – Standing Orders**

The standing orders for the practice and procedure of the Council of Governors is attached at Annex 7.

#### **19 Council of Governors – Referral to the Panel**

19.1 In this paragraph, the "Panel" means a panel of persons appointed by NHS Improvement (NHSI) the organisation that incorporates Monitor, the statutory entity that remains the regulator of NHS foundation trusts to which a Governor of an NHS Foundation Trust may refer a question as to whether the Trust has failed or is failing:-

19.1.1 to act in accordance with its Constitution, or

19.1.2 to act in accordance with provision made by or under Chapter 5 of the 2006 Act.

19.2 A Governor may refer a question to the Panel only if more than half of the members of the Council of Governors voting approve the referral.

#### **20. Council of Governors - Conflicts of Interest of Governors**

If a Governor has a pecuniary, personal or family interest, whether that interest is actual or potential and whether that interest is direct or indirect, in any proposed contract or other

matter which is under consideration or is to be considered by the Council of Governors, the Governor shall disclose that interest to the members of the Council of Governors as soon as he/she becomes aware of it. The Standing Orders for the Council of Governors (Annex 7) shall make provision for the disclosure of interests and arrangements for the exclusion of a Governor declaring any interest from any discussion or consideration of the matter in respect of which an interest has been disclosed.

## **21. Council of Governors – Travel Expenses**

The Trust may pay travelling and other expenses to members of the Council of Governors at rates determined by the Trust.

## **22. Council of Governors – Further Provisions**

Further provisions with respect to the Council of Governors are set out in Annex 6.

## **23. Board of Directors – Composition**

23.1 The Trust is to have a Board of Directors, which shall comprise both Executive and Non-Executive Directors.

23.2 The Board of Directors is to comprise:

23.2.1 a Non-Executive Chair

23.2.2 up to 6 other Non-Executive Directors;

23.2.3 up to 6 Executive Directors

23.3 One of the Executive Directors shall be the Chief Executive.

23.4 The Chief Executive shall be the Accounting Officer.

23.5 One of the Executive Directors shall be the Finance Director.

The Executive Director of Finance shall also be the executive lead for the Trust's commissioning responsibilities through Provider Collaboratives and other contractual mechanisms.

23.6 One of the Executive Directors is to be a Registered Medical Practitioner

23.7 One of the Executive Directors is to be a Registered Nurse

23.8 The operation of 23.2 above shall be such that, at all times, at least half of the Board of Directors, excluding the Chair, shall be Non-Executive Directors

23.9 The Board of Directors shall, following consultation with the Council of Governors, appoint one of the Non-Executive Directors to be their Senior Independent Director, using the procedure set out in the Constitution.

#### **24. Board of Directors – General Duty**

The general duty of the Board of Directors and of each Director individually, is to act with a view to promoting the success of the Trust so as to maximise the benefits for the members of the Trust as a whole and for the public.

#### **25. Board of Directors – Qualification for Appointment as a Non-Executive Director**

A person may be appointed as a Non-Executive Director only if –

- 25.1 he/she is a member of the Public Constituency, or
- 25.2 he/she is a member of the Service User and Carer Constituency
- 25.3 he/she is not disqualified by virtue of paragraph 29 below
- 25.4 he/she is not disqualified by virtue of the further provisions as set out in Annex 9

#### **26. Board of Directors – Appointment and Removal of Chair and other Non-Executive Directors**

- 26.1 The Council of Governors at a general meeting of the Council of Governors shall appoint or remove the Chair of the Trust and the other Non-Executive Directors.
- 26.2 Removal of the Chair or another Non-Executive Director shall require the approval of three quarters of the members of the Council of Governors.

#### **27. Board of Directors – Appointment of Deputy Chair**

The Council of Governors at a general meeting of the Council of Governors may appoint one of the Non-Executive Directors as a Deputy Chair.

#### **28. Board of Directors - Appointment and Removal of the Chief Executive and other Executive Directors**

- 28.1 Non-Executive Directors shall appoint or remove the Chief Executive.
- 28.2 The appointment of the Chief Executive shall require the approval of the Council of Governors as per the Council's Standing Orders, Annex 7.
- 28.3 The Chief Executive is to be appointed in accordance with paragraph 28.2 above.
- 28.4 A Committee consisting of the Chair, the Chief Executive and the other Non-Executive Directors shall appoint or remove the other Executive Directors.

#### **29. Board of Directors – Disqualification**

The following may not become or continue as a member of the Board of Directors:

- 29.1 a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged;

- 29.2 a person in relation to whom a moratorium period under a debt relief order applies (under Part 7A of the Insolvency Act 1986);
- 29.3 a person who has made a composition or arrangement (including a debt relief order under the Insolvency Act) or granted a Trust deed for, his/her creditors and has not been discharged in respect of it;
- 29.4 a person who within the preceding five years has been convicted in the British Isles of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him/her;
- 29.5 he/she is a medical practitioner that has been removed from the professional register by the General Medical Council;
- 29.6 he/she has conducted his or herself in a way that has caused, or is likely to cause, material prejudice, to the best interests of the Trust or the proper conduct of the Board of Directors or otherwise in a manner inconsistent with continued membership of the Board of Directors.

### **30. Board of Directors – Meetings**

- 30.1 Meetings of the Board of Directors shall be held in public and open to members of the public. Members of the public may be excluded from a meeting for special reasons and having regard to the confidential or commercially sensitive nature of the business to be transacted, publicity of which would be prejudicial to the public interest (known as a 'Part II' meeting).
- 30.2 Before holding a meeting, the Board of Directors must send a copy of the agenda of the meeting to the Council of Governors. As soon as practicable after holding a meeting, the Board of Directors must send a copy of the minutes of the meeting to the Council of Governors. Board meetings held in public (known as 'Part I' meetings) will be published on the Trust's website.

### **31. Board of Directors – Standing Orders**

The Standing Orders for the practice and procedure of the Board of Directors are attached at Annex 8.

### **32. Board of Directors - Conflicts of Interest of Directors**

- 32.1 The duties that a Director of the Trust has by virtue of being a Director include in particular -
  - 32.1.1 A duty to avoid a situation in which the Director has (or can have) a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the Trust.
  - 32.1.2 A duty not to accept a benefit from a third party by reason of being a Director or doing (or not doing) anything in that capacity.
- 32.2 The duty referred to in sub-paragraph 32.1.1 is not infringed if –

32.2.1 The situation cannot reasonably be regarded as likely to give rise to a conflict of interest, or

31.2.2 The matter has been authorised in accordance with the Constitution.

32.3 The duty referred to in sub-paragraph 32.1.2 is not infringed if acceptance of the benefit reasonably be regarded as likely to give rise to a conflict of interest.

32.4 In sub-paragraph 32.1.2, "third party" means a person other than –

32.4.1 The Trust, or

32.4.2 A person acting on its behalf.

32.5 If a Director of the Trust has in any way a direct or indirect interest in a proposed transaction or arrangement with the Trust, the Director must declare the nature and extent of that interest to the other Directors.

32.6 If a declaration under this paragraph proves to be, or becomes, inaccurate or incomplete, a further declaration must be made.

32.7 Any declaration required by this paragraph must be made before the Trust enters into the transaction or arrangement.

32.8 This paragraph does not require a declaration of an interest of which the Director is not aware or where the Director is not aware of the transaction or arrangement in question.

32.9 A Director need not declare an interest –

32.9.1 If it cannot reasonably be regarded as likely to give rise to a conflict of interest;

32.9.2 If, or to the extent that, the Directors are already aware of it;

32.9.3 If, or to the extent that, it concerns terms of the Director's appointment that have been or are to be considered –

32.9.3.1 By a meeting of the Board of Directors, or

32.9.3.2 By a Committee of the Directors appointed for the purpose under the Constitution.

### **33. Board of Directors – Remuneration and Terms of Office**

33.1 The Council of Governors at a general meeting of the Council of Governors shall decide the remuneration and allowances, and the other terms and conditions of office, of the Chair and the other Non-Executive Directors.

33.2 The Trust shall establish a Committee of Non-Executive Directors to decide the remuneration and allowances, and the other terms and conditions of office, of the Chief Executive and other Executive Directors.

### **34. Registers**

The Trust shall have:

- 34.1 a register of members showing, in respect of each member, the constituency to which he/she belongs and, where there are classes within it, the class to which he/she belongs;
- 34.2 a register of members of the Council of Governors;
- 34.3 a register of interests of Governors;
- 34.4 a register of Directors; and
- 34.5 a register of interests of the Directors.

### **35 Admission to and Removal from the Registers**

- 35.1 The Trust Secretary shall add to the confidential register of members the name of any member who is accepted under the provisions of this Constitution
- 35.2 The Trust Secretary shall remove from the register the name of any member who ceases to be entitled to be a member under the provisions of this Constitution

### **36. Registers – Inspection and Copies**

- 36.1 The Trust shall make the registers specified in paragraph 35 above available for inspection by members of the public, except in the circumstances set out below or as otherwise prescribed by regulations.
- 36.2 The Trust shall not make any part of its registers available for inspection by members of the public which shows details of any member of the Trust, if the member so requests.
- 36.3 So far as the registers are required to be made available:
  - 36.3.1 they are to be available for inspection free of charge at all reasonable times; and
  - 36.3.2 a person who requests a copy of or extract from the registers is to be provided with a copy or extract.
- 36.4 If the person requesting a copy or extract is not a member of the Trust, the Trust may impose a reasonable charge for doing so.

### **37. Documents Available for Public Inspection**

- 37.1 The Trust shall make the following documents available for inspection by members of the public free of charge at all reasonable times:
  - 37.1.1 a copy of the current Constitution,
  - 37.1.2 a copy of the latest annual accounts and of any report of the auditor on them, and
  - 37.1.3 a copy of the latest annual report.

37.2 The Trust shall also make the following documents relating to a special administration of the Trust available for inspection by members of the public free of charge at all reasonable times:

37.2.1 a copy of any order made under section 65D (appointment of Trust special administrator), 65J (power to extend time), 65KC (action following Secretary of State's rejection of final report), 65L (Trusts coming out of administration) or 65LA (Trusts to be dissolved) of the 2006 Act.

37.2.2 a copy of any report laid under section 65D (appointment of Trust special administrator) of the 2006 Act.

37.2.3 a copy of any information published under section 65D (appointment of Trust special administrator) of the 2006 Act.

37.2.4 a copy of any draft report published under section 65F (administrator's draft report) of the 2006 Act.

37.2.5 a copy of any statement provided under section 65F (administrator's draft report) of the 2006 Act.

37.2.6 a copy of any notice published under section 65F (administrator's draft report), 65G (consultation plan), 65H (consultation requirements), 65J (power to extend time), 65KA (NHSE's decision), 65KB (Secretary of State's response to NHSE's decision), 65KC (action following Secretary of State's rejection of final report) or 65KD (Secretary of State's response to re-submitted final report) of the 2006 Act.

37.2.7 a copy of any statement published or provided under section 65G (consultation plan) of the 2006 Act.

37.2.8 a copy of any final report published under section 65I (administrator's final report).

37.2.9 a copy of any statement published under section 65J (power to extend time) or 65KC (action following Secretary of State's rejection of final report) of the 2006 Act.

37.2.10 a copy of any information published under section 65M (replacement of Trust special administrator) of the 2006 Act.

37.3 Any person who requests a copy of or extract from any of the above documents is to be provided with a copy.

37.4 If the person requesting a copy or extract is not a member of the Trust, the Trust may impose a reasonable charge for doing so.

### **38. Auditor**

38.1 The Trust shall have an auditor.

38.2 The Council of Governors shall appoint or remove the auditor at a general meeting of the Council of Governors.

38.3 The Auditor is to carry out his duties in accordance with Schedule 10 to the 2006

Act and in accordance with any directions given by NHSE, the statutory entity that remains the regulator of NHS foundation trusts.

### **39. Audit Committee**

The Trust shall establish a Committee of Non-Executive Directors as an Audit Committee to perform such monitoring, reviewing and other functions as are appropriate.

### **40. Accounts**

- 40.1 The Trust must keep proper accounts and proper records in relation to the accounts.
- 40.2 NHSE may with the approval of the Secretary of State give directions to the Trust as to the content and form of its accounts.
- 40.3 The accounts are to be audited by the Trust's auditor.
- 40.4 The Trust shall prepare in respect of each financial year annual accounts in such form as NHSE ) may with the approval of the Secretary of State direct.
- 40.5 The functions of the Trust with respect to the preparation of the annual accounts shall be delegated to the Accounting Officer.

### **41. Annual Report and Forward Plans and Non NHS Work**

- 41.1 The Trust shall prepare an Annual Report and send it to NHSE .
- 41.2 The Trust shall give information as to its forward planning in respect of each financial year to NHSE (NHSE).
- 41.3 The document containing the information with respect to forward planning (referred to above) shall be prepared by the Directors.
- 41.4 In preparing the document, the Directors shall have regard to the views of the Council of Governors.
- 41.5 Each forward plan must include information about –
  - 41.5.1 the activities other than the provision of goods and services for the purposes of the health service in England that the Trust proposes to carry on, and
  - 41.5.2 the income it expects to receive from doing so.
- 41.6 Where a forward plan contains a proposal that the Trust carry on an activity of a kind mentioned in sub-paragraph 41.5.1 the Council of Governors must
  - 41.6.1 determine whether it is satisfied that the carrying on of the activity will not to any significant extent interfere with the fulfillment by the Trust of its principal purpose or the performance of its other functions, and
  - 41.6.2 notify the Directors of the Trust of its determination.
- 41.7 The Trust, if it proposes to increase by 5% or more the proportion of its total income in any financial year attributable to activities other than the provision of goods and services for the purposes of the health service in England, may implement the



proposal only if more than half of the members of the Council of Governors of the Trust voting approve its implementation.

#### **42. Presentation of the Annual Accounts and Reports to the Governors and Members**

- 42.1 The following documents are to be presented to the Council of Governors at a general meeting of the Council of Governors:
- 42.1.1 the annual accounts
  - 42.1.2 any report of the auditor on them
  - 42.1.3 the annual report.
- 42.2 The documents shall also be presented to the members of the Trust at the Annual Members' Meeting by at least one member of the Board of Directors in attendance.
- 42.3 The Trust may combine a meeting of the Council of Governors convened for the purposes of sub-paragraph 42.1 with the Annual Members' Meeting.

#### **43. Instruments**

- 43.1 The Trust shall have a seal.
- 43.2 The seal shall not be affixed except under the authority of the Chief Executive (or their nominated deputy) and the Director of Finance (or their nominated deputy) Board of Directors.

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#### **44. Amendment of the Constitution**

- 44.1 The Trust may make amendments to its Constitution only if:
- 44.1.1 More than half of the members of the Council of Governors of the Trust voting approve the amendments, and
  - 44.1.2 More than half of the members of the Board of Directors of the Trust voting approve the amendments.
- 44.2 Amendments made under paragraph 44 take effect as soon as the conditions in that paragraph are satisfied, but the amendment has no effect in so far as the Constitution would, as a result of the amendment, not accord with schedule 7 of the 2006 Act.
- 44.3 Where an amendment is made to the Constitution in relation to the powers or duties of the Council of Governors (or otherwise with respect to the role that the Council of Governors has as part of the Trust).
- 44.3.1 At least one member of the Council of Governors must attend the next Annual Members' Meeting and present the amendment, and
  - 44.3.1 The Trust must give the members an opportunity to vote on whether they approve the amendment.
- 44.4 If more than half of the members voting approve the amendment, the amendment

continues to have effect; otherwise, it ceases to have effect and the Trust must take such steps as are necessary as a result.

44.5 Amendments by the Trust of its Constitution are to be notified to NHSE . For the avoidance of doubt, NHSE's functions do not include a power or duty to determine whether or not the Constitution, as a result of the amendments, accords with Schedule 7 of the 2006 Act.

#### **45 Mergers etc. and Significant Transactions**

45.1 The Trust may only apply for a merger, acquisition, separation or dissolution (in accordance with the provisions of the 2006 Act) with the approval of more than half of the members of the Council of Governors.

45.2 The Trust may enter into a significant transaction only if more than half of the members of the Council of Governors of the Trust voting approve entering into the transaction.

45.3 A "significant transaction" means a transaction that equates to:

The income attributable to the assets or the contract associated with the transaction is greater than 25% of the current Trust income (i.e for £200m turnover, this would equate to new income above £50m); or

The gross assets subject to the transaction are greater than 25% of the total gross assets of the Trust (i.e for £90m of gross assets, this would equate to new assets valued above £22.5m); or

The gross capital of the company or business being acquired/divested is greater than 25% of the total capital for the Trust (i.e: for £70m total capital, capital for the transaction would exceed £17.5m). Total Capital for a foundation trust relates to taxpayers' and others equity in the statement of financial position within the annual accounts.

## ANNEX 1 – THE PUBLIC CONSTITUENCY

| Name of Areas within the Constituency | Area                                                                                                                               | Minimum Number of Members | Number of Governors |
|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------|
| East Riding of Yorkshire              | The electoral wards of East Riding of Yorkshire                                                                                    | 100                       | 6                   |
| Hull                                  | The electoral wards of Hull                                                                                                        | 100                       | 4                   |
| Rest of England                       | The electoral wards of the rest of England (excluding those electoral wards covered by the other areas of the Public Constituency) | 15                        | 1                   |
| Whitby, Ryedale and Scarborough       | The electoral wards of Whitby, Ryedale and Scarborough and surrounding areas                                                       | 15                        | 1                   |

## ANNEX 2 – THE STAFF CONSTITUENCY

| Name of Constituency | Class of Staff Membership       | Minimum number of members | No of Governors |
|----------------------|---------------------------------|---------------------------|-----------------|
| Staff                | Clinical                        | 200                       | 2               |
|                      | Non Clinical                    |                           | 2               |
|                      | Either Clinical or Non Clinical |                           | 1               |
|                      | Total                           |                           | 5               |

**ANNEX 3 – THE SERVICE USER AND CARER CONSTITUENCY**

| <b>Name of Constituency</b> | <b>Description of individuals eligible to become members</b>                                                                                                               | <b>Minimum number of Members</b> | <b>No of Elected Governors</b> |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------|
| Service User and Carer      | An individual who has attended any of the Trust's services as a patient or a carer in the 3 years preceding the date of their application to become a member of the trust. | 15                               | 2                              |

## ANNEX 4 – COMPOSITION OF COUNCIL OF GOVERNORS

### ELECTED GOVERNORS:

|                                            | NUMBER OF GOVERNORS |
|--------------------------------------------|---------------------|
| <b>Public Constituency</b>                 |                     |
| HULL                                       | 4                   |
| EAST RIDING OF YORKSHIRE                   | 6                   |
| REST OF ENGLAND                            | 1                   |
| WHITBY, RYEDALE AND SCARBOROUGH            | 1                   |
| <b>Service User and Carer Constituency</b> | 2                   |
| <b>Staff Constituency</b>                  | 5                   |
| Total Elected                              | 19                  |

### APPOINTED GOVERNORS:

| SPONSOR                                  | NUMBER OF GOVERNORS |
|------------------------------------------|---------------------|
| UNIVERSITY                               | 1                   |
| HUMBERSIDE POLICE                        | 1                   |
| VOLUNTARY PARTNER                        | 1                   |
| HULL LOCAL AUTHORITY                     | 1                   |
| EAST RIDING OF YORKSHIRE LOCAL AUTHORITY | 1                   |
| FIRE & RESCUE                            | 1                   |
| Total Appointed                          | 6                   |

## ANNEX 5 - THE MODEL ELECTION RULES

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### MODEL ELECTION RULES 2014

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#### PART 1: INTERPRETATION

1. Interpretation

#### PART 2: TIMETABLE FOR ELECTION

2. Timetable
3. Computation of time

#### PART 3: RETURNING OFFICER

4. Returning officer
5. Staff
6. Expenditure
7. Duty of co-operation

#### PART 4: STAGES COMMON TO CONTESTED AND UNCONTESTED ELECTIONS

8. Notice of election
9. Nomination of candidates
10. Candidate's particulars
11. Declaration of interests
12. Declaration of eligibility
13. Signature of candidate
14. Decisions as to validity of nomination forms
15. Publication of statement of nominated candidates
16. Inspection of statement of nominated candidates and nomination forms
17. Withdrawal of candidates
18. Method of election

#### PART 5: CONTESTED ELECTIONS

19. Poll to be taken by ballot
20. The ballot paper
21. The declaration of identity (public and patient constituencies)

##### *Action to be taken before the poll*

22. List of eligible voters
23. Notice of poll
24. Issue of voting information by returning officer
25. Ballot paper envelope and covering envelope
26. E-voting systems

##### *The poll*

- 27. Eligibility to vote
- 28. Voting by persons who require assistance
- 29. Spoilt ballot papers and spoilt text message votes
- 30. Lost voting information
- 31. Issue of replacement voting information
- 32. ID declaration form for replacement ballot papers (public and patient constituencies)
- 33. Procedure for remote voting by internet
- 34. Procedure for remote voting by telephone
- 35. Procedure for remote voting by text message

*Procedure for receipt of envelopes, internet votes, telephone vote and text message votes*

- 36. Receipt of voting documents
- 37. Validity of votes
- 38. Declaration of identity but no ballot (public and patient constituency)
- 39. De-duplication of votes
- 40. Sealing of packets

PART 6: COUNTING THE VOTES

- STV41. Interpretation of Part 6
- 42. Arrangements for counting of the votes
- 43. The count
- STV44. Rejected ballot papers and rejected text voting records
- FPP44. Rejected ballot papers and rejected text voting records
- STV45. First stage
- STV46. The quota
- STV47. Transfer of votes
- STV48. Supplementary provisions on transfer
- STV49. Exclusion of candidates
- STV50. Filling of last vacancies
- STV51. Order of election of candidates
- FPP51. Equality of votes

PART 7: FINAL PROCEEDINGS IN CONTESTED AND UNCONTESTED ELECTIONS

- FPP52. Declaration of result for contested elections
- STV52. Declaration of result for contested elections
- 53. Declaration of result for uncontested elections

PART 8: DISPOSAL OF DOCUMENTS

- 54. Sealing up of documents relating to the poll
- 55. Delivery of documents
- 56. Forwarding of documents received after close of the poll
- 57. Retention and public inspection of documents
- 58. Application for inspection of certain documents relating to election



## PART 9: DEATH OF A CANDIDATE DURING A CONTESTED ELECTION

- FPP59. Countermand or abandonment of poll on death of candidate
- STV59. Countermand or abandonment of poll on death of candidate

## PART 10: ELECTION EXPENSES AND PUBLICITY

### *Expenses*

- 60. Election expenses
- 61. Expenses and payments by candidates
- 62. Expenses incurred by other persons

### *Publicity*

- 63. Publicity about election by the corporation
- 64. Information about candidates for inclusion with voting information
- 65. Meaning of “for the purposes of an election”

## PART 11: QUESTIONING ELECTIONS AND IRREGULARITIES

- 66. Application to question an election

## PART 12: MISCELLANEOUS

- 67. Secrecy
- 68. Prohibition of disclosure of vote
- 69. Disqualification
- 70. Delay in postal service through industrial action or unforeseen event

1. Interpretation

1.1 In these rules, unless the context otherwise requires:

*"2006 Act"* means the National Health Service Act 2006;

*"corporation"* means the public benefit corporation subject to this constitution;

*"council of governors"* means the council of governors of the corporation;

*"declaration of identity"* has the meaning set out in rule 21.1;

*"election"* means an election by a constituency, or by a class within a constituency, to fill a vacancy among one or more posts on the council of governors;

*"e-voting"* means voting using either the internet, telephone or text message;

*"e-voting information"* has the meaning set out in rule 24.2;

*"ID declaration form"* has the meaning set out in Rule 21.1; *"internet voting record"* has the meaning set out in rule 26.4(d);

*"internet voting system"* means such computer hardware and software, data other equipment and services as may be provided by the returning officer for the purpose of enabling voters to cast their votes using the internet;

*"lead governor"* means the governor nominated by the corporation to fulfil the role described in Appendix B to The NHS Foundation Trust Code of Governance (Monitor, December 2013) or any later version of such code.

*"list of eligible voters"* means the list referred to in rule 22.1, containing the information in rule 22.2;

*"method of polling"* means a method of casting a vote in a poll, which may be by post, internet, text message or telephone;

*"numerical voting code"* has the meaning set out in rule 64.2(b)

*"polling website"* has the meaning set out in rule 26.1;

*"postal voting information"* has the meaning set out in rule 24.1;

*"telephone short code"* means a short telephone number used for the purposes of submitting a vote by text message;

*"telephone voting facility"* has the meaning set out in rule 26.2;

*"telephone voting record"* has the meaning set out in rule 26.5 (d);

*"text message voting facility"* has the meaning set out in rule 26.3;

*"text voting record"* has the meaning set out in rule 26.6 (d);

*“the telephone voting system”* means such telephone voting facility as may be provided by the returning officer for the purpose of enabling voters to cast their votes by telephone;

*“the text message voting system”* means such text messaging voting facility as may be provided by the returning officer for the purpose of enabling voters to cast their votes by text message;

*“voter ID number”* means a unique, randomly generated numeric identifier allocated to each voter by the Returning Officer for the purpose of e-voting,

*“voting information”* means postal voting information and/or e-voting information

- 1.2 Other expressions used in these rules and in Schedule 7 to the NHS Act 2006 have the same meaning in these rules as in that Schedule.

## PART 2: TIMETABLE FOR ELECTIONS

### 2. Timetable

- 2.1 The proceedings at an election shall be conducted in accordance with the following timetable:

| Proceeding                                                                   | Time                                                                           |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Publication of notice of election                                            | Not later than the fortieth day before the day of the close of the poll.       |
| Final day for delivery of nomination forms to returning officer              | Not later than the twenty eighth day before the day of the close of the poll.  |
| Publication of statement of nominated candidates                             | Not later than the twenty seventh day before the day of the close of the poll. |
| Final day for delivery of notices of withdrawals by candidates from election | Not later than twenty fifth day before the day of the close of the poll.       |
| Notice of the poll                                                           | Not later than the fifteenth day before the day of the close of the poll.      |
| Close of the poll                                                            | By 5.00pm on the final day of the election.                                    |

### 3. Computation of time

- 3.1 In computing any period of time for the purposes of the timetable:

- (a) a Saturday or Sunday;
- (b) Christmas day, Good Friday, or a bank holiday, or
- (c) a day appointed for public thanksgiving or mourning,

shall be disregarded, and any such day shall not be treated as a day for the purpose of any proceedings up to the completion of the poll, nor shall the returning officer be obliged to proceed with the counting of votes on such a day.

- 3.2 In this rule, "bank holiday" means a day which is a bank holiday under the Banking and Financial Dealings Act 1971 in England and Wales.

## PART 3: RETURNING OFFICER

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- 4. Returning Officer
  - 4.1 Subject to rule 69, the returning officer for an election is to be appointed by the corporation.
  - 4.2 Where two or more elections are to be held concurrently, the same returning officer may be appointed for all those elections.
- 5. Staff
  - 5.1 Subject to rule 69, the returning officer may appoint and pay such staff, including such technical advisers, as he or she considers necessary for the purposes of the election.
- 6. Expenditure
  - 6.1 The corporation is to pay the returning officer:
    - (a) any expenses incurred by that officer in the exercise of his or her functions under these rules,
    - (b) such remuneration and other expenses as the corporation may determine.
- 7. Duty of co-operation
  - 7.1 The corporation is to co-operate with the returning officer in the exercise of his or her functions under these rules.

#### PART 4: STAGES COMMON TO CONTESTED AND UNCONTESTED ELECTIONS

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8. Notice of election
- 8.1 The returning officer is to publish a notice of the election stating:
- (a) the constituency, or class within a constituency, for which the election is being held,
  - (b) the number of members of the council of governors to be elected from that constituency, or class within that constituency,
  - (c) the details of any nomination committee that has been established by the corporation,
  - (d) the address and times at which nomination forms may be obtained;
  - (e) the address for return of nomination forms (including, where the return of nomination forms in an electronic format will be permitted, the e-mail address for such return) and the date and time by which they must be received by the returning officer,
  - (f) the date and time by which any notice of withdrawal must be received by the returning officer
  - (g) the contact details of the returning officer
  - (h) the date and time of the close of the poll in the event of a contest.
9. Nomination of candidates
- 9.1 Subject to rule 9.2, each candidate must nominate themselves on a single nomination form.
- 9.2 The returning officer:
- (a) is to supply any member of the corporation with a nomination form, and
  - (b) is to prepare a nomination form for signature at the request of any member of the corporation,
- but it is not necessary for a nomination to be on a form supplied by the returning officer and a nomination can, subject to rule 13, be in an electronic format.
10. Candidate's particulars
- 10.1 The nomination form must state the candidate's:
- (a) full name,
  - (b) contact address in full (which should be a postal address although an e-mail address may also be provided for the purposes of electronic communication), and
  - (c) constituency, or class within a constituency, of which the candidate is a member.

11. Declaration of interests

11.1 The nomination form must state:

- (a) any financial interest that the candidate has in the corporation, and
- (b) whether the candidate is a member of a political party, and if so, which party,

and if the candidate has no such interests, the paper must include a statement to that effect.

12. Declaration of eligibility

12.1 The nomination form must include a declaration made by the candidate:

- (a) that he or she is not prevented from being a member of the council of governors by paragraph 8 of Schedule 7 of the 2006 Act or by any provision of the constitution; and,
- (b) for a member of the public or patient constituency, of the particulars of his or her qualification to vote as a member of that constituency, or class within that constituency, for which the election is being held.

13. Signature of candidate

13.1 The nomination form must be signed and dated by the candidate, in a manner prescribed by the returning officer, indicating that:

- (a) they wish to stand as a candidate,
- (b) their declaration of interests as required under rule 11, is true and correct, and
- (c) their declaration of eligibility, as required under rule 12, is true and correct.

13.2 Where the return of nomination forms in an electronic format is permitted, the returning officer shall specify the particular signature formalities (if any) that will need to be complied with by the candidate.

14. Decisions as to the validity of nomination

14.1 Where a nomination form is received by the returning officer in accordance with these rules, the candidate is deemed to stand for election unless and until the returning officer:

- (a) decides that the candidate is not eligible to stand,
- (b) decides that the nomination form is invalid,
- (c) receives satisfactory proof that the candidate has died, or
- (d) receives a written request by the candidate of their withdrawal from candidacy.

14.2 The returning officer is entitled to decide that a nomination form is invalid only on one of the following grounds:

- (a) that the paper is not received on or before the final time and date for return of nomination forms, as specified in the notice of the election,
  - (b) that the paper does not contain the candidate's particulars, as required by rule 10;
  - (c) that the paper does not contain a declaration of the interests of the candidate, as required by rule 11,
  - (d) that the paper does not include a declaration of eligibility as required by rule 12, or
  - (e) that the paper is not signed and dated by the candidate, if required by rule 13.
- 14.3 The returning officer is to examine each nomination form as soon as is practicable after he or she has received it, and decide whether the candidate has been validly nominated.
- 14.4 Where the returning officer decides that a nomination is invalid, the returning officer must endorse this on the nomination form, stating the reasons for their decision.
- 14.5 The returning officer is to send notice of the decision as to whether a nomination is valid or invalid to the candidate at the contact address given in the candidate's nomination form. If an e-mail address has been given in the candidate's nomination form (in addition to the candidate's postal address), the returning officer may send notice of the decision to that address.
15. Publication of statement of candidates
- 15.1 The returning officer is to prepare and publish a statement showing the candidates who are standing for election.
- 15.2 The statement must show:
- (a) the name, contact address (which shall be the candidate's postal address), and constituency or class within a constituency of each candidate standing, and
  - (b) the declared interests of each candidate standing,
- as given in their nomination form.
- 15.3 The statement must list the candidates standing for election in alphabetical order by surname.
- 15.4 The returning officer must send a copy of the statement of candidates and copies of the nomination forms to the corporation as soon as is practicable after publishing the statement.
16. Inspection of statement of nominated candidates and nomination forms
- 16.1 The corporation is to make the statement of the candidates and the nomination



forms supplied by the returning officer under rule 15.4 available for inspection by members of the corporation free of charge at all reasonable times.

- 16.2 If a member of the corporation requests a copy or extract of the statement of candidates or their nomination forms, the corporation is to provide that member with the copy or extract free of charge.

17. Withdrawal of candidates

- 17.1 A candidate may withdraw from election on or before the date and time for withdrawal by candidates, by providing to the returning officer a written notice of withdrawal which is signed by the candidate and attested by a witness.

18. Method of election

- 18.1 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is greater than the number of members to be elected to the council of governors, a poll is to be taken in accordance with Parts 5 and 6 of these rules.

- 18.2 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is equal to the number of members to be elected to the council of governors, those candidates are to be declared elected in accordance with Part 7 of these rules.

- 18.3 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is less than the number of members to be elected to be council of governors, then:

- (a) the candidates who remain validly nominated are to be declared elected in accordance with Part 7 of these rules, and
- (b) the returning officer is to order a new election to fill any vacancy which remains unfilled, on a day appointed by him or her in consultation with the corporation.

## PART 5: CONTESTED ELECTIONS

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19. Poll to be taken by ballot
- 19.1 The votes at the poll must be given by secret ballot.
- 19.2 The votes are to be counted and the result of the poll determined in accordance with Part 6 of these rules.
- 19.3 The corporation may decide that voters within a constituency or class within a constituency, may, subject to rule 19.4, cast their votes at the poll using such different methods of polling in any combination as the corporation may determine.
- 19.4 The corporation may decide that voters within a constituency or class within a constituency for whom an e-mail address is included in the list of eligible voters may only cast their votes at the poll using an e-voting method of polling.
- 19.5 Before the corporation decides, in accordance with rule 19.3 that one or more e-voting methods of polling will be made available for the purposes of the poll, the corporation must satisfy itself that:
- (a) if internet voting is to be a method of polling, the internet voting system to be used for the purpose of the election is:
    - (i) configured in accordance with these rules; and
    - (ii) will create an accurate internet voting record in respect of any voter who casts his or her vote using the internet voting system;
  - (b) if telephone voting to be a method of polling, the telephone voting system to be used for the purpose of the election is:
    - (i) configured in accordance with these rules; and
    - (ii) will create an accurate telephone voting record in respect of any voter who casts his or her vote using the telephone voting system;
  - (c) if text message voting is to be a method of polling, the text message voting system to be used for the purpose of the election is:
    - (i) configured in accordance with these rules; and
    - (ii) will create an accurate text voting record in respect of any voter who casts his or her vote using the text message voting system.
20. The ballot paper
- 20.1 The ballot of each voter (other than a voter who casts his or her ballot by an e-voting method of polling) is to consist of a ballot paper with the persons remaining validly nominated for an election after any withdrawals under these rules, and no others, inserted in the paper.

- 20.2 Every ballot paper must specify:
- (a) the name of the corporation,
  - (b) the constituency, or class within a constituency, for which the election is being held,
  - (c) the number of members of the council of governors to be elected from that constituency, or class within that constituency,
  - (d) the names and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,
  - (e) instructions on how to vote by all available methods of polling, including the relevant voter's voter ID number if one or more e-voting methods of polling are available,
  - (f) if the ballot paper is to be returned by post, the address for its return and the date and time of the close of the poll, and
  - (g) the contact details of the returning officer.
- 20.3 Each ballot paper must have a unique identifier.
- 20.4 Each ballot paper must have features incorporated into it to prevent it from being reproduced.
21. The declaration of identity (public and patient constituencies)
- 21.1 The corporation shall require each voter who participates in an election for a public or patient constituency to make a declaration confirming:
- (a) that the voter is the person:
    - (i) to whom the ballot paper was addressed, and/or
    - (ii) to whom the voter ID number contained within the e-voting information was allocated,
  - (b) that he or she has not marked or returned any other voting information in the election, and
  - (c) the particulars of his or her qualification to vote as a member of the constituency or class within the constituency for which the election is being held,
- ("declaration of identity")
- and the corporation shall make such arrangements as it considers appropriate to facilitate the making and the return of a declaration of identity by each voter, whether by the completion of a paper form ("ID declaration form") or the use of an electronic method.
- 21.2 The voter must be required to return his or her declaration of identity with his or her ballot.

- 21.3 The voting information shall caution the voter that if the declaration of identity is not duly returned or is returned without having been made correctly, any vote cast by the voter may be declared invalid.

*Action to be taken before the poll*

22. List of eligible voters

- 22.1 The corporation is to provide the returning officer with a list of the members of the constituency or class within a constituency for which the election is being held who are eligible to vote by virtue of rule 27 as soon as is reasonably practicable after the final date for the delivery of notices of withdrawals by candidates from an election.

22.2 The list is to include, for each member:

(a) a postal address; and,

(b) the member's e-mail address, if this has been provided

to which his or her voting information may, subject to rule 22.3, be sent.

- 22.3 The corporation may decide that the e-voting information is to be sent only by e-mail to those members in the list of eligible voters for whom an e-mail address is included in that list.

23. Notice of poll

23.1 The returning officer is to publish a notice of the poll stating:

- (a) the name of the corporation,
- (b) the constituency, or class within a constituency, for which the election is being held,
- (c) the number of members of the council of governors to be elected from that constituency, or class with that constituency,
- (d) the names, contact addresses, and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,
- (e) that the ballot papers for the election are to be issued and returned, if appropriate, by post,
- (f) the methods of polling by which votes may be cast at the election by voters in a constituency or class within a constituency, as determined by the corporation in accordance with rule 19.3,
- (g) the address for return of the ballot papers,
- (h) the uniform resource locator (url) where, if internet voting is a method of polling, the polling website is located;
- (i) the telephone number where, if telephone voting is a method of polling, the telephone voting facility is located,
- (j) the telephone number or telephone short code where, if text message voting is a method of polling, the text message voting facility is located,
- (k) the date and time of the close of the poll,

- (l) the address and final dates for applications for replacement voting information, and
- (m) the contact details of the returning officer.

24. Issue of voting information by returning officer

24.1 Subject to rule 24.3, as soon as is reasonably practicable on or after the publication of the notice of the poll, the returning officer is to send the following information by post to each member of the corporation named in the list of eligible voters:

- (a) a ballot paper and ballot paper envelope,
  - (b) the ID declaration form (if required),
  - (c) information about each candidate standing for election, pursuant to rule 61 of these rules, and
  - (d) a covering envelope;
- ("postal voting information").

24.2 Subject to rules 24.3 and 24.4, as soon as is reasonably practicable on or after the publication of the notice of the poll, the returning officer is to send the following information by e-mail and/ or by post to each member of the corporation named in the list of eligible voters whom the corporation determines in accordance with rule 19.3 and/ or rule 19.4 may cast his or her vote by an e-voting method of polling:

- (a) instructions on how to vote and how to make a declaration of identity (if required),
- (b) the voter's voter ID number,
- (c) information about each candidate standing for election, pursuant to rule 64 of these rules, or details of where this information is readily available on the internet or available in such other formats as the Returning Officer thinks appropriate, (d) contact details of the returning officer,

("e-voting information").

24.3 The corporation may determine that any member of the corporation shall:

- (a) only be sent postal voting information; or
- (b) only be sent e-voting information; or
- (c) be sent both postal voting information and e-voting information;

for the purposes of the poll.

24.4 If the corporation determines, in accordance with rule 22.3, that the e-voting information is to be sent only by e-mail to those members in the list of eligible voters for whom an e-mail address is included in that list, then the returning officer shall only send that information by e-mail.

- 24.5 The voting information is to be sent to the postal address and/ or e-mail address for each member, as specified in the list of eligible voters.
25. Ballot paper envelope and covering envelope
- 25.1 The ballot paper envelope must have clear instructions to the voter printed on it, instructing the voter to seal the ballot paper inside the envelope once the ballot paper has been marked.
- 25.2 The covering envelope is to have:
- (a) the address for return of the ballot paper printed on it, and
  - (b) pre-paid postage for return to that address.
- 25.3 There should be clear instructions, either printed on the covering envelope or elsewhere, instructing the voter to seal the following documents inside the covering envelope and return it to the returning officer –
- (a) the completed ID declaration form if required, and
  - (b) the ballot paper envelope, with the ballot paper sealed inside it.
26. E-voting systems
- 26.1 If internet voting is a method of polling for the relevant election then the returning officer must provide a website for the purpose of voting over the internet (in these rules referred to as "the polling website").
- 26.2 If telephone voting is a method of polling for the relevant election then the returning officer must provide an automated telephone system for the purpose of voting by the use of a touch-tone telephone (in these rules referred to as "the telephone voting facility").
- 26.3 If text message voting is a method of polling for the relevant election then the returning officer must provide an automated text messaging system for the purpose of voting by text message (in these rules referred to as "the text message voting facility").
- 26.4 The returning officer shall ensure that the polling website and internet voting system provided will:
- (a) require a voter to:
    - (i) enter his or her voter ID number; and
    - (ii) where the election is for a public or patient constituency, make a declaration of identity;
 in order to be able to cast his or her vote;
  - (b) specify:
    - (i) the name of the corporation,
    - (ii) the constituency, or class within a constituency, for which the election is being held,
    - (iii) the number of members of the council of governors to be elected

- from that constituency, or class within that constituency,
- (iv) the names and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,
- (v) instructions on how to vote and how to make a declaration of identity,
- (vi) the date and time of the close of the poll, and
- (vii) the contact details of the returning officer;
- (c) prevent a voter from voting for more candidates than he or she is entitled to at the election;
- (d) create a record ("internet voting record") that is stored in the internet voting system in respect of each vote cast by a voter using the internet that comprises of-
  - (i) the voter's voter ID number;
  - (ii) the voter's declaration of identity (where required);
  - (iii) the candidate or candidates for whom the voter has voted; and
  - (iv) the date and time of the voter's vote,
- (e) if the voter's vote has been duly cast and recorded, provide the voter with confirmation of this; and
- (f) prevent any voter from voting after the close of poll.

26.5 The returning officer shall ensure that the telephone voting facility and telephone voting system provided will:

- (a) require a voter to
  - (i) enter his or her voter ID number in order to be able to cast his or her vote; and
  - (ii) where the election is for a public or patient constituency, make a declaration of identity;
- (b) specify:
  - (i) the name of the corporation,
  - (ii) the constituency, or class within a constituency, for which the election is being held,
  - (iii) the number of members of the council of governors to be elected from that constituency, or class within that constituency,
  - (iv) instructions on how to vote and how to make a declaration of identity,
  - (v) the date and time of the close of the poll, and
  - (vi) the contact details of the returning officer;
- (c) prevent a voter from voting for more candidates than he or she is entitled to at the election;

- (d) create a record ("telephone voting record") that is stored in the telephone voting system in respect of each vote cast by a voter using the telephone that comprises of:
  - (i) the voter's voter ID number;
  - (ii) the voter's declaration of identity (where required);
  - (iii) the candidate or candidates for whom the voter has voted; and
  - (iv) the date and time of the voter's vote
- (e) if the voter's vote has been duly cast and recorded, provide the voter with confirmation of this;
- (f) prevent any voter from voting after the close of poll.

26.6 The returning officer shall ensure that the text message voting facility and text messaging voting system provided will:

- (a) require a voter to:
  - (i) provide his or her voter ID number; and
  - (ii) where the election is for a public or patient constituency, make a declaration of identity;
 in order to be able to cast his or her vote;
- (b) prevent a voter from voting for more candidates than he or she is entitled to at the election;
- (d) create a record ("text voting record") that is stored in the text messaging voting system in respect of each vote cast by a voter by text message that comprises of:
  - (i) the voter's voter ID number;
  - (ii) the voter's declaration of identity (where required);
  - (ii) the candidate or candidates for whom the voter has voted; and
  - (iii) the date and time of the voter's vote
- (e) if the voter's vote has been duly cast and recorded, provide the voter with confirmation of this;
- (f) prevent any voter from voting after the close of poll.

#### *The poll*

27. Eligibility to vote

27.1 An individual who becomes a member of the corporation on or before the closing date for the receipt of nominations by candidates for the election, is eligible to vote in that election.

28. Voting by persons who require assistance

28.1 The returning officer is to put in place arrangements to enable requests for assistance to vote to be made.



- 28.2 Where the returning officer receives a request from a voter who requires assistance to vote, the returning officer is to make such arrangements as he or she considers necessary to enable that voter to vote.
29. Spoilt ballot papers and spoilt text message votes
- 29.1 If a voter has dealt with his or her ballot paper in such a manner that it cannot be accepted as a ballot paper (referred to as a "spoilt ballot paper"), that voter may apply to the returning officer for a replacement ballot paper.
- 29.2 On receiving an application, the returning officer is to obtain the details of the unique identifier on the spoilt ballot paper, if he or she can obtain it.
- 29.3 The returning officer may not issue a replacement ballot paper for a spoilt ballot paper unless he or she:
- (a) is satisfied as to the voter's identity; and
  - (b) has ensured that the completed ID declaration form, if required, has not been returned.
- 29.4 After issuing a replacement ballot paper for a spoilt ballot paper, the returning officer shall enter in a list ("the list of spoilt ballot papers"):
- (a) the name of the voter, and
  - (b) the details of the unique identifier of the spoilt ballot paper (if that officer was able to obtain it), and
  - (c) the details of the unique identifier of the replacement ballot paper.
- 29.5 If a voter has dealt with his or her text message vote in such a manner that it cannot be accepted as a vote (referred to as a "spoilt text message vote"), that voter may apply to the returning officer for a replacement voter ID number.
- 29.6 On receiving an application, the returning officer is to obtain the details of the voter ID number on the spoilt text message vote, if he or she can obtain it.
- 29.7 The returning officer may not issue a replacement voter ID number in respect of a spoilt text message vote unless he or she is satisfied as to the voter's identity.
- 29.8 After issuing a replacement voter ID number in respect of a spoilt text message vote, the returning officer shall enter in a list ("the list of spoilt text message votes"):
- (a) the name of the voter, and
  - (b) the details of the voter ID number on the spoilt text message vote (if that officer was able to obtain it), and
  - (c) the details of the replacement voter ID number issued to the voter.
30. Lost voting information
- 30.1 Where a voter has not received his or her voting information by the tenth day before the close of the poll, that voter may apply to the returning officer for

- replacement voting information.
- 30.2 The returning officer may not issue replacement voting information in respect of lost voting information unless he or she:
- (a) is satisfied as to the voter's identity,
  - (b) has no reason to doubt that the voter did not receive the original voting information,
  - (c) has ensured that no declaration of identity, if required, has been returned.
- 30.3 After issuing replacement voting information in respect of lost voting information, the returning officer shall enter in a list ("the list of lost ballot documents"):
- (a) the name of the voter
  - (b) the details of the unique identifier of the replacement ballot paper, if applicable, and
  - (c) the voter ID number of the voter.
31. Issue of replacement voting information
- 31.1 If a person applies for replacement voting information under rule 29 or 30 and a declaration of identity has already been received by the returning officer in the name of that voter, the returning officer may not issue replacement voting information unless, in addition to the requirements imposed by rule 29.3 or 30.2, he or she is also satisfied that that person has not already voted in the election, notwithstanding the fact that a declaration of identity if required has already been received by the returning officer in the name of that voter.
- 31.2 After issuing replacement voting information under this rule, the returning officer shall enter in a list ("the list of tendered voting information"):
- (a) the name of the voter,
  - (b) the unique identifier of any replacement ballot paper issued under this rule;
  - (c) the voter ID number of the voter.
32. ID declaration form for replacement ballot papers (public and patient constituencies)
- 32.1 In respect of an election for a public or patient constituency an ID declaration form must be issued with each replacement ballot paper requiring the voter to make a declaration of identity.

*Polling by internet, telephone or text*

33. Procedure for remote voting by internet
- 33.1 To cast his or her vote using the internet, a voter will need to gain access to the polling website by keying in the url of the polling website provided in the voting information.
- 33.2 When prompted to do so, the voter will need to enter his or her voter ID

number.

- 33.3 If the internet voting system authenticates the voter ID number, the system will give the voter access to the polling website for the election in which the voter is eligible to vote.
- 33.4 To cast his or her vote, the voter will need to key in a mark on the screen opposite the particulars of the candidate or candidates for whom he or she wishes to cast his or her vote.
- 33.5 The voter will not be able to access the internet voting system for an election once his or her vote at that election has been cast.
34. Voting procedure for remote voting by telephone
- 34.1 To cast his or her vote by telephone, the voter will need to gain access to the telephone voting facility by calling the designated telephone number provided in the voter information using a telephone with a touch-tone keypad.
- 34.2 When prompted to do so, the voter will need to enter his or her voter ID number using the keypad.
- 34.3 If the telephone voting facility authenticates the voter ID number, the voter will be prompted to vote in the election.
- 34.4 When prompted to do so the voter may then cast his or her vote by keying in the numerical voting code of the candidate or candidates, for whom he or she wishes to vote.
- 34.5 The voter will not be able to access the telephone voting facility for an election once his or her vote at that election has been cast.
35. Voting procedure for remote voting by text message
- 35.1 To cast his or her vote by text message the voter will need to gain access to the text message voting facility by sending a text message to the designated telephone number or telephone short code provided in the voter information.
- 35.2 The text message sent by the voter must contain his or her voter ID number and the numerical voting code for the candidate or candidates, for whom he or she wishes to vote.
- 35.3 The text message sent by the voter will need to be structured in accordance with the instructions on how to vote contained in the voter information, otherwise the vote will not be cast.

*Procedure for receipt of envelopes, internet votes, telephone votes and text message votes*

36. Receipt of voting documents
- 36.1 Where the returning officer receives:
- (a) a covering envelope, or
  - (b) any other envelope containing an ID declaration form if required, a ballot paper envelope, or a ballot paper,

before the close of the poll, that officer is to open it as soon as is practicable; and rules 37 and 38 are to apply.

- 36.2 The returning officer may open any covering envelope or any ballot paper envelope for the purposes of rules 37 and 38, but must make arrangements to ensure that no person obtains or communicates information as to:
- (a) the candidate for whom a voter has voted, or
  - (b) the unique identifier on a ballot paper.
- 36.3 The returning officer must make arrangements to ensure the safety and security of the ballot papers and other documents.
37. Validity of votes
- 37.1 A ballot paper shall not be taken to be duly returned unless the returning officer is satisfied that it has been received by the returning officer before the close of the poll, with an ID declaration form if required that has been correctly completed, signed and dated.
- 37.2 Where the returning officer is satisfied that rule 37.1 has been fulfilled, he or she is to:
- (a) put the ID declaration form if required in a separate packet, and
  - (b) put the ballot paper aside for counting after the close of the poll.
- 37.3 Where the returning officer is not satisfied that rule 37.1 has been fulfilled, he or she is to:
- (a) mark the ballot paper "disqualified",
  - (b) if there is an ID declaration form accompanying the ballot paper, mark it "disqualified" and attach it to the ballot paper,
  - (c) record the unique identifier on the ballot paper in a list of disqualified documents (the "list of disqualified documents"); and
  - (d) place the document or documents in a separate packet.
- 37.4 An internet, telephone or text message vote shall not be taken to be duly returned unless the returning officer is satisfied that the internet voting record, telephone voting record or text voting record (as applicable) has been received by the returning officer before the close of the poll, with a declaration of identity if required that has been correctly made.
- 37.5 Where the returning officer is satisfied that rule 37.4 has been fulfilled, he or she is to put the internet voting record, telephone voting record or text voting record (as applicable) aside for counting after the close of the poll.
- 37.6 Where the returning officer is not satisfied that rule 37.4 has been fulfilled, he or she is to:
- (a) mark the internet voting record, telephone voting record or text voting record (as applicable) "disqualified",
  - (b) record the voter ID number on the internet voting record, telephone voting

- record or text voting record (as applicable) in the list of disqualified documents; and
- (c) place the document or documents in a separate packet.
38. Declaration of identity but no ballot paper (public and patient constituency)<sup>1</sup>
- 38.1 Where the returning officer receives an ID declaration form if required but no ballot paper, the returning officer is to:
- (a) mark the ID declaration form “disqualified”,
  - (b) record the name of the voter in the list of disqualified documents, indicating that a declaration of identity was received from the voter without a ballot paper, and
  - (c) place the ID declaration form in a separate packet.
39. De-duplication of votes
- 39.1 Where different methods of polling are being used in an election, the returning officer shall examine all votes cast to ascertain if a voter ID number has been used more than once to cast a vote in the election.
- 39.2 If the returning officer ascertains that a voter ID number has been used more than once to cast a vote in the election he or she shall:
- (a) only accept as duly returned the first vote received that was cast using the relevant voter ID number; and
  - (b) mark as “disqualified” all other votes that were cast using the relevant voter ID number
- 39.3 Where a ballot paper is disqualified under this rule the returning officer shall:
- (a) mark the ballot paper “disqualified”,
  - (b) if there is an ID declaration form accompanying the ballot paper, mark it “disqualified” and attach it to the ballot paper,
  - (c) record the unique identifier and the voter ID number on the ballot paper in the list of disqualified documents;
  - (d) place the document or documents in a separate packet; and
  - (e) disregard the ballot paper when counting the votes in accordance with these rules.
- 39.4 Where an internet voting record, telephone voting record or text voting record is disqualified under this rule the returning officer shall:
- (a) mark the internet voting record, telephone voting record or text voting record (as applicable) “disqualified”,
  - (b) record the voter ID number on the internet voting record, telephone voting record or text voting record (as applicable) in the list of disqualified documents;

<sup>1</sup> It should not be possible, technically, to make a declaration of identity electronically without also submitting a vote.

- (c) place the internet voting record, telephone voting record or text voting record (as applicable) in a separate packet, and
- (d) disregard the internet voting record, telephone voting record or text voting record (as applicable) when counting the votes in accordance with these rules.

40. Sealing of packets

40.1 As soon as is possible after the close of the poll and after the completion of the procedure under rules 37 and 38, the returning officer is to seal the packets containing:

- (a) the disqualified documents, together with the list of disqualified documents inside it,
- (b) the ID declaration forms, if required,
- (c) the list of spoilt ballot papers and the list of spoilt text message votes,
- (d) the list of lost ballot documents,
- (e) the list of eligible voters, and
- (f) the list of tendered voting information

and ensure that complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 are held in a device suitable for the purpose of storage.

## PART 6: COUNTING THE VOTES

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### STV41. Interpretation of Part 6

#### STV41.1 In Part 6 of these rules:

*“ballot document”* means a ballot paper, internet voting record, telephone voting record or text voting record.

*“continuing candidate”* means any candidate not deemed to be elected, and not excluded,

*“count”* means all the operations involved in counting of the first preferences recorded for candidates, the transfer of the surpluses of elected candidates, and the transfer of the votes of the excluded candidates,

*“deemed to be elected”* means deemed to be elected for the purposes of counting of votes but without prejudice to the declaration of the result of the poll,

*“mark”* means a figure, an identifiable written word, or a mark such as “X”,

*“non-transferable vote”* means a ballot document:

(a) on which no second or subsequent preference is recorded for a continuing candidate,

or

(b) which is excluded by the returning officer under rule STV49,

*“preference”* as used in the following contexts has the meaning assigned below:

(a) *“first preference”* means the figure “1” or any mark or word which clearly indicates a first (or only) preference,

(b) *“next available preference”* means a preference which is the second, or as the case may be, subsequent preference recorded in consecutive order for a continuing candidate (any candidate who is deemed to be elected or is excluded thereby being ignored); and

(c) in this context, a *“second preference”* is shown by the figure “2” or any mark or word which clearly indicates a second preference, and a third preference by the figure “3” or any mark or word which clearly indicates a third preference, and so on,

*“quota”* means the number calculated in accordance with rule STV46,

*“surplus”* means the number of votes by which the total number of votes for any candidate (whether first preference or transferred votes, or a combination of both) exceeds the quota; but references in these rules to the transfer of the

surplus means the transfer (at a transfer value) of all transferable ballot documents from the candidate who has the surplus,

*“stage of the count”* means:

- (a) the determination of the first preference vote of each candidate,
- (b) the transfer of a surplus of a candidate deemed to be elected, or
- (c) the exclusion of one or more candidates at any given time,

*“transferable vote”* means a ballot document on which, following a first preference, a second or subsequent preference is recorded in consecutive numerical order for a continuing candidate,

*“transferred vote”* means a vote derived from a ballot document on which a second or subsequent preference is recorded for the candidate to whom that ballot document has been transferred, and

*“transfer value”* means the value of a transferred vote calculated in accordance with rules STV47.4 or STV47.7.

42. Arrangements for counting of the votes

42.1 The returning officer is to make arrangements for counting the votes as soon as is practicable after the close of the poll.

42.2 The returning officer may make arrangements for any votes to be counted using vote counting software where:

- (a) the board of directors and the council of governors of the corporation have approved:
  - (i) the use of such software for the purpose of counting votes in the relevant election, and
  - (ii) a policy governing the use of such software, and
- (b) the corporation and the returning officer are satisfied that the use of such software will produce an accurate result.

43. The count

43.1 The returning officer is to:

- (a) count and record the number of:
  - (iii) ballot papers that have been returned; and
  - (iv) the number of internet voting records, telephone voting records and/or text voting records that have been created, and
- (b) count the votes according to the provisions in this Part of the rules and/or the provisions of any policy approved pursuant to rule 42.2(ii) where vote counting software is being used.

43.2 The returning officer, while counting and recording the number of ballot papers, internet voting records, telephone voting records and/or text voting records and counting the votes, must make arrangements to ensure that no



person obtains or communicates information as to the unique identifier on a ballot paper or the voter ID number on an internet voting record, telephone voting record or text voting record.

43.3 The returning officer is to proceed continuously with counting the votes as far as is practicable.

STV44. Rejected ballot papers and rejected text voting records

STV44.1 Any ballot paper:

- (a) which does not bear the features that have been incorporated into the other ballot papers to prevent them from being reproduced,
- (b) on which the figure "1" standing alone is not placed so as to indicate a first preference for any candidate,
- (c) on which anything is written or marked by which the voter can be identified except the unique identifier, or
- (d) which is unmarked or rejected because of uncertainty,

shall be rejected and not counted, but the ballot paper shall not be rejected by reason only of carrying the words "one", "two", "three" and so on, or any other mark instead of a figure if, in the opinion of the returning officer, the word or mark clearly indicates a preference or preferences.

STV44.2 The returning officer is to endorse the word "rejected" on any ballot paper which under this rule is not to be counted.

STV44.3 Any text voting record:

- (a) on which the figure "1" standing alone is not placed so as to indicate a first preference for any candidate,
- (b) on which anything is written or marked by which the voter can be identified except the unique identifier, or
- (c) which is unmarked or rejected because of uncertainty,

shall be rejected and not counted, but the text voting record shall not be rejected by reason only of carrying the words "one", "two", "three" and so on, or any other mark instead of a figure if, in the opinion of the returning officer, the word or mark clearly indicates a preference or preferences.

STV44.4 The returning officer is to endorse the word "rejected" on any text voting record which under this rule is not to be counted.

STV44.5 The returning officer is to draw up a statement showing the number of ballot papers rejected by him or her under each of the subparagraphs (a) to (d) of rule STV44.1 and the number of text voting records rejected by him or her under each of the sub-paragraphs (a) to (c) of rule STV44.3.

FPP44. Rejected ballot papers and rejected text voting records

FPP44.1 Any ballot paper:

- (a) which does not bear the features that have been incorporated into the other ballot papers to prevent them from being reproduced,
- (b) on which votes are given for more candidates than the voter is entitled to vote,
- (c) on which anything is written or marked by which the voter can be identified except the unique identifier, or
- (d) which is unmarked or rejected because of uncertainty,

shall, subject to rules FPP44.2 and FPP44.3, be rejected and not counted.

FPP44.2 Where the voter is entitled to vote for more than one candidate, a ballot paper is not to be rejected because of uncertainty in respect of any vote where no uncertainty arises, and that vote is to be counted.

FPP44.3 A ballot paper on which a vote is marked:

- (a) elsewhere than in the proper place,
- (b) otherwise than by means of a clear mark,
- (c) by more than one mark,

is not to be rejected for such reason (either wholly or in respect of that vote) if an intention that the vote shall be for one or other of the candidates clearly appears, and the way the paper is marked does not itself identify the voter and it is not shown that he or she can be identified by it.

FPP44.4 The returning officer is to:

- (a) endorse the word "rejected" on any ballot paper which under this rule is not to be counted, and
- (b) in the case of a ballot paper on which any vote is counted under rules FPP44.2 and FPP 44.3, endorse the words "rejected in part" on the ballot paper and indicate which vote or votes have been counted.

FPP44.5 The returning officer is to draw up a statement showing the number of rejected ballot papers under the following headings:

- (a) does not bear proper features that have been incorporated into the ballot paper,
- (b) voting for more candidates than the voter is entitled to,
- (c) writing or mark by which voter could be identified, and
- (d) unmarked or rejected because of uncertainty,

and, where applicable, each heading must record the number of ballot papers rejected in part.

FPP44.6 Any text voting record:

- (a) on which votes are given for more candidates than the voter is entitled to vote,
- (b) on which anything is written or marked by which the voter can be identified except the voter ID number, or
- (c) which is unmarked or rejected because of uncertainty,

shall, subject to rules FPP44.7 and FPP44.8, be rejected and not counted.

FPP44.7 Where the voter is entitled to vote for more than one candidate, a text voting record is not to be rejected because of uncertainty in respect of any vote where no uncertainty arises, and that vote is to be counted.

FPP44.8 A text voting record on which a vote is marked:

- (a) otherwise than by means of a clear mark,
- (b) by more than one mark,

is not to be rejected for such reason (either wholly or in respect of that vote) if an intention that the vote shall be for one or other of the candidates clearly appears, and the way the text voting record is marked does not itself identify the voter and it is not shown that he or she can be identified by it.

FPP44.9 The returning officer is to:

- (a) endorse the word “rejected” on any text voting record which under this rule is not to be counted, and
- (b) in the case of a text voting record on which any vote is counted under rules FPP44.7 and FPP 44.8, endorse the words “rejected in part” on the text voting record and indicate which vote or votes have been counted.

FPP44.10 The returning officer is to draw up a statement showing the number of rejected text voting records under the following headings:

- (a) voting for more candidates than the voter is entitled to,
- (b) writing or mark by which voter could be identified, and
- (c) unmarked or rejected because of uncertainty,

and, where applicable, each heading must record the number of text voting records rejected in part.

STV45. First stage

STV45.1 The returning officer is to sort the ballot documents into parcels according to the candidates for whom the first preference votes are given.

STV45.2 The returning officer is to then count the number of first preference votes given on ballot documents for each candidate, and is to record those numbers.

STV45.3 The returning officer is to also ascertain and record the number of valid ballot documents.

- STV46. The quota
- STV46.1 The returning officer is to divide the number of valid ballot documents by a number exceeding by one the number of members to be elected.
- STV46.2 The result, increased by one, of the division under rule STV46.1 (any fraction being disregarded) shall be the number of votes sufficient to secure the election of a candidate (in these rules referred to as “the quota”).
- STV46.3 At any stage of the count a candidate whose total votes equals or exceeds the quota shall be deemed to be elected, except that any election where there is only one vacancy a candidate shall not be deemed to be elected until the procedure set out in rules STV47.1 to STV47.3 has been complied with.
- STV47. Transfer of votes
- STV47.1 Where the number of first preference votes for any candidate exceeds the quota, the returning officer is to sort all the ballot documents on which first preference votes are given for that candidate into sub- parcels so that they are grouped:
- (a) according to next available preference given on those ballot documents for any continuing candidate, or
  - (b) where no such preference is given, as the sub-parcel of non-transferable votes.
- STV47.2 The returning officer is to count the number of ballot documents in each parcel referred to in rule STV47.1.
- STV47.3 The returning officer is, in accordance with this rule and rule STV48, to transfer each sub-parcel of ballot documents referred to in rule STV47.1(a) to the candidate for whom the next available preference is given on those ballot documents.
- STV47.4 The vote on each ballot document transferred under rule STV47.3 shall be at a value (“the transfer value”) which:
- (a) reduces the value of each vote transferred so that the total value of all such votes does not exceed the surplus, and
  - (b) is calculated by dividing the surplus of the candidate from whom the votes are being transferred by the total number of the ballot documents on which those votes are given, the calculation being made to two decimal places (ignoring the remainder if any).
- STV47.5 Where at the end of any stage of the count involving the transfer of ballot documents, the number of votes for any candidate exceeds the quota, the returning officer is to sort the ballot documents in the sub-parcel of transferred votes which was last received by that candidate into separate sub-parcels so that they are grouped:
- (a) according to the next available preference given on those ballot documents for any continuing candidate, or
  - (b) where no such preference is given, as the sub-parcel of non-transferable

votes.

STV47.6 The returning officer is, in accordance with this rule and rule STV48, to transfer each sub-parcel of ballot documents referred to in rule STV47.5(a) to the candidate for whom the next available preference is given on those ballot documents.

STV47.7 The vote on each ballot document transferred under rule STV47.6 shall be at:

- (a) a transfer value calculated as set out in rule STV47.4(b), or
- (b) at the value at which that vote was received by the candidate from whom it is now being transferred,

whichever is the less.

STV47.8 Each transfer of a surplus constitutes a stage in the count.

STV47.9 Subject to rule STV47.10, the returning officer shall proceed to transfer transferable ballot documents until no candidate who is deemed to be elected has a surplus or all the vacancies have been filled.

STV47.10 Transferable ballot documents shall not be liable to be transferred where any surplus or surpluses which, at a particular stage of the count, have not already been transferred, are:

- (a) less than the difference between the total vote then credited to the continuing candidate with the lowest recorded vote and the vote of the candidate with the next lowest recorded vote, or
- (b) less than the difference between the total votes of the two or more continuing candidates, credited at that stage of the count with the lowest recorded total numbers of votes and the candidate next above such candidates.

STV47.11 This rule does not apply at an election where there is only one vacancy.

STV48. Supplementary provisions on transfer

STV48.1 If, at any stage of the count, two or more candidates have surpluses, the transferable ballot documents of the candidate with the highest surplus shall be transferred first, and if:

- (a) The surpluses determined in respect of two or more candidates are equal, the transferable ballot documents of the candidate who had the highest recorded vote at the earliest preceding stage at which they had unequal votes shall be transferred first, and
- (b) the votes credited to two or more candidates were equal at all stages of the count, the returning officer shall decide between those candidates by lot, and the transferable ballot documents of the candidate on whom the lot falls shall be transferred first.

STV48.2 The returning officer shall, on each transfer of transferable ballot documents under rule STV47:

- (a) record the total value of the votes transferred to each candidate,

- (b) add that value to the previous total of votes recorded for each candidate and record the new total,
- (c) record as non-transferable votes the difference between the surplus and the total transfer value of the transferred votes and add that difference to the previously recorded total of non-transferable votes, and
- (d) compare:
  - (i) the total number of votes then recorded for all of the candidates, together with the total number of non-transferable votes, with
  - (ii) the recorded total of valid first preference votes.

STV48.3 All ballot documents transferred under rule STV47 or STV49 shall be clearly marked, either individually or as a sub-parcel, so as to indicate the transfer value recorded at that time to each vote on that ballot document or, as the case may be, all the ballot documents in that sub-parcel.

STV48.4 Where a ballot document is so marked that it is unclear to the returning officer at any stage of the count under rule STV47 or STV49 for which candidate the next preference is recorded, the returning officer shall treat any vote on that ballot document as a non-transferable vote; and votes on a ballot document shall be so treated where, for example, the names of two or more candidates (whether continuing candidates or not) are so marked that, in the opinion of the returning officer, the same order of preference is indicated or the numerical sequence is broken.

STV49. Exclusion of candidates

STV49.1 If:

- (a) all transferable ballot documents which under the provisions of rule STV47 (including that rule as applied by rule STV49.11) and this rule are required to be transferred, have been transferred, and
- (b) subject to rule STV50, one or more vacancies remain to be filled,

the returning officer shall exclude from the election at that stage the candidate with the then lowest vote (or, where rule STV49.12 applies, the candidates with the then lowest votes).

STV9.2 The returning officer shall sort all the ballot documents on which first preference votes are given for the candidate or candidates excluded under rule STV49.1 into two sub-parcels so that they are grouped as:

- (a) ballot documents on which a next available preference is given, and
- (b) ballot documents on which no such preference is given (thereby including ballot documents on which preferences are given only for candidates who are deemed to be elected or are excluded).

STV49.3 The returning officer shall, in accordance with this rule and rule STV48, transfer each sub-parcel of ballot documents referred to in rule STV49.2 to the candidate for whom the next available preference is given on those ballot documents.

STV49.4 The exclusion of a candidate, or of two or more candidates together, constitutes a further stage of the count.

- STV49.5 If, subject to rule STV50, one or more vacancies still remain to be filled, the returning officer shall then sort the transferable ballot documents, if any, which had been transferred to any candidate excluded under rule STV49.1 into sub-parcels according to their transfer value.
- STV49.6 The returning officer shall transfer those ballot documents in the sub-parcel of transferable ballot documents with the highest transfer value to the continuing candidates in accordance with the next available preferences given on those ballot documents (thereby passing over candidates who are deemed to be elected or are excluded).
- STV49.7 The vote on each transferable ballot document transferred under rule STV49.6 shall be at the value at which that vote was received by the candidate excluded under rule STV49.1.
- STV9.8 Any ballot documents on which no next available preferences have been expressed shall be set aside as non-transferable votes.
- STV49.9 After the returning officer has completed the transfer of the ballot documents in the sub-parcel of ballot documents with the highest transfer value he or she shall proceed to transfer in the same way the sub-parcel of ballot documents with the next highest value and so on until he has dealt with each sub-parcel of a candidate excluded under rule STV49.1.
- STV49.10 The returning officer shall after each stage of the count completed under this rule:
- (a) record:
    - (i) the total value of votes, or
    - (ii) the total transfer value of votes transferred to each candidate,
  - (b) add that total to the previous total of votes recorded for each candidate and record the new total,
  - (c) record the value of non-transferable votes and add that value to the previous non-transferable votes total, and
  - (d) compare:
    - (i) the total number of votes then recorded for each candidate together with the total number of non-transferable votes, with
    - (ii) the recorded total of valid first preference votes.
- STV49.11 If after a transfer of votes under any provision of this rule, a candidate has a surplus, that surplus shall be dealt with in accordance with rules STV47.5 to STV47.10 and rule STV48.
- STV49.12 Where the total of the votes of the two or more lowest candidates, together with any surpluses not transferred, is less than the number of votes credited to the next lowest candidate, the returning officer shall in one operation exclude such two or more candidates.
- STV49.13 If when a candidate has to be excluded under this rule, two or more candidates each have the same number of votes and are lowest:

- (a) regard shall be had to the total number of votes credited to those candidates at the earliest stage of the count at which they had an unequal number of votes and the candidate with the lowest number of votes at that stage shall be excluded, and
- (b) where the number of votes credited to those candidates was equal at all stages, the returning officer shall decide between the candidates by lot and the candidate on whom the lot falls shall be excluded.

STV50. Filling of last vacancies

STV50.1 Where the number of continuing candidates is equal to the number of vacancies remaining unfilled the continuing candidates shall thereupon be deemed to be elected.

STV50.2 Where only one vacancy remains unfilled and the votes of any one continuing candidate are equal to or greater than the total of votes credited to other continuing candidates together with any surplus not transferred, the candidate shall thereupon be deemed to be elected.

STV50.3 Where the last vacancies can be filled under this rule, no further transfer of votes shall be made.

STV51. Order of election of candidates

STV51.1 The order in which candidates whose votes equal or exceed the quota are deemed to be elected shall be the order in which their respective surpluses were transferred, or would have been transferred but for rule STV47.10.

STV51.2 A candidate credited with a number of votes equal to, and not greater than, the quota shall, for the purposes of this rule, be regarded as having had the smallest surplus at the stage of the count at which he obtained the quota.

STV51.3 Where the surpluses of two or more candidates are equal and are not required to be transferred, regard shall be had to the total number of votes credited to such candidates at the earliest stage of the count at which they had an unequal number of votes and the surplus of the candidate who had the greatest number of votes at that stage shall be deemed to be the largest.

STV51.4 Where the number of votes credited to two or more candidates were equal at all stages of the count, the returning officer shall decide between them by lot and the candidate on whom the lot falls shall be deemed to have been elected first.



FPP51. Equality of votes

FPP51.1 Where, after the counting of votes is completed, an equality of votes is found to exist between any candidates and the addition of a vote would entitle any of those candidates to be declared elected, the returning officer is to decide between those candidates by a lot, and proceed as if the candidate on whom the lot falls had received an additional vote.

## PART 7: FINAL PROCEEDINGS IN CONTESTED AND UNCONTESTED ELECTIONS

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### FPP52. Declaration of result for contested elections

FPP52.1 In a contested election, when the result of the poll has been ascertained, the returning officer is to:

- (a) declare the candidate or candidates whom more votes have been given than for the other candidates, up to the number of vacancies to be filled on the council of governors from the constituency, or class within a constituency, for which the election is being held to be elected,
- (b) give notice of the name of each candidate who he or she has declared elected:
  - (i) where the election is held under a proposed constitution pursuant to powers conferred on the [insert name] NHS Trust by section 33(4) of the 2006 Act, to the Chair of the NHS Trust, or
  - (ii) in any other case, to the Chair of the corporation; and
- (c) give public notice of the name of each candidate whom he or she has declared elected.

FPP52.2 The returning officer is to make:

- (a) the total number of votes given for each candidate (whether elected or not), and
- (b) the number of rejected ballot papers under each of the headings in rule FPP44.5,
- (c) the number of rejected text voting records under each of the headings in rule FPP44.10,

available on request.

### STV52. Declaration of result for contested elections

STV52.1 In a contested election, when the result of the poll has been ascertained, the returning officer is to:

- (a) declare the candidates who are deemed to be elected under Part 6 of these rules as elected,
- (b) give notice of the name of each candidate who he or she has declared elected –
  - (i) where the election is held under a proposed constitution pursuant to powers conferred on the [insert name] NHS Trust by section 33(4) of the 2006 Act, to the Chair of the NHS Trust, or
  - (ii) in any other case, to the Chair of the corporation, and
- (c) give public notice of the name of each candidate who he or she has declared elected.

STV52.2 The returning officer is to make:

- (a) the number of first preference votes for each candidate whether elected or not,
- (b) any transfer of votes,
- (c) the total number of votes for each candidate at each stage of the count at which such transfer took place,
- (d) the order in which the successful candidates were elected, and
- (e) the number of rejected ballot papers under each of the headings in rule STV44.1,
- (f) the number of rejected text voting records under each of the headings in rule STV44.3,

available on request.

53. Declaration of result for uncontested elections

53.1 In an uncontested election, the returning officer is to as soon as is practicable after final day for the delivery of notices of withdrawals by candidates from the election:

- (a) declare the candidate or candidates remaining validly nominated to be elected,
- (b) give notice of the name of each candidate who he or she has declared elected to the Chair of the corporation, and
- (c) give public notice of the name of each candidate who he or she has declared elected.

## PART 8: DISPOSAL OF DOCUMENTS

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54. Sealing up of documents relating to the poll
- 54.1 On completion of the counting at a contested election, the returning officer is to seal up the following documents in separate packets:
- (a) the counted ballot papers, internet voting records, telephone voting records and text voting records,
  - (b) the ballot papers and text voting records endorsed with "rejected in part",
  - (c) the rejected ballot papers and text voting records, and
  - (d) the statement of rejected ballot papers and the statement of rejected text voting records,
- and ensure that complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 are held in a device suitable for the purpose of storage.
- 54.2 The returning officer must not open the sealed packets of:
- (a) the disqualified documents, with the list of disqualified documents inside it,
  - (b) the list of spoilt ballot papers and the list of spoilt text message votes,
  - (c) the list of lost ballot documents, and
  - (d) the list of eligible voters,
- or access the complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 and held in a device suitable for the purpose of storage.
- 54.3 The returning officer must endorse on each packet a description of:
- (a) its contents,
  - (b) the date of the publication of notice of the election,
  - (c) the name of the corporation to which the election relates, and
  - (d) the constituency, or class within a constituency, to which the election relates.
55. Delivery of documents
- 55.1 Once the documents relating to the poll have been sealed up and endorsed pursuant to rule 56, the returning officer is to forward them to the chair of the corporation.
56. Forwarding of documents received after close of the poll
- 56.1 Where:

- (a) any voting documents are received by the returning officer after the close of the poll, or
- (b) any envelopes addressed to eligible voters are returned as undelivered too late to be resent, or
- (c) any applications for replacement voting information are made too late to enable new voting information to be issued,

the returning officer is to put them in a separate packet, seal it up, and endorse and forward it to the Chair of the corporation.

57. Retention and public inspection of documents

57.1 The corporation is to retain the documents relating to an election that are forwarded to the chair by the returning officer under these rules for one year, and then, unless otherwise directed by the board of directors of the corporation, cause them to be destroyed.

57.2 With the exception of the documents listed in rule 58.1, the documents relating to an election that are held by the corporation shall be available for inspection by members of the public at all reasonable times.

57.3 A person may request a copy or extract from the documents relating to an election that are held by the corporation, and the corporation is to provide it, and may impose a reasonable charge for doing so.

58. Application for inspection of certain documents relating to an election

58.1 The corporation may not allow:

- (a) the inspection of, or the opening of any sealed packet containing –
  - (i) any rejected ballot papers, including ballot papers rejected in part,
  - (ii) any rejected text voting records, including text voting records rejected in part,
  - (iii) any disqualified documents, or the list of disqualified documents,
  - (iv) any counted ballot papers, internet voting records, telephone voting records or text voting records, or
  - (v) the list of eligible voters, or
- (b) access to or the inspection of the complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 and held in a device suitable for the purpose of storage,

by any person without the consent of the board of directors of the corporation.

58.2 A person may apply to the board of directors of the corporation to inspect any of the documents listed in rule 58.1, and the board of directors of the corporation may only consent to such inspection if it is satisfied that it is

necessary for the purpose of questioning an election pursuant to Part 11.

58.3 The board of directors of the corporation's consent may be on any terms or conditions that it thinks necessary, including conditions as to –

- (a) persons,
- (b) time,
- (c) place and mode of inspection,
- (d) production or opening,

and the corporation must only make the documents available for inspection in accordance with those terms and conditions.

58.4 On an application to inspect any of the documents listed in rule 58.1 the board of directors of the corporation must:

- (a) in giving its consent, and
- (b) in making the documents available for inspection

ensure that the way in which the vote of any particular member has been given shall not be disclosed, until it has been established –

- (i) that his or her vote was given, and
- (ii) that NHS Improvement (NHSI) the organisation that incorporates Monitor, the statutory entity that remains the regulator of NHS foundation trusts) has declared that the vote was invalid.

## PART 9: DEATH OF A CANDIDATE DURING A CONTESTED ELECTION

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- FPP59. Countermand or abandonment of poll on death of candidate
- FPP59.1 If at a contested election, proof is given to the returning officer's satisfaction before the result of the election is declared that one of the persons named or to be named as a candidate has died, then the returning officer is to:
- (a) countermand notice of the poll, or, if voting information has been issued, direct that the poll be abandoned within that constituency or class, and
  - (b) order a new election, on a date to be appointed by him or her in consultation with the corporation, within the period of 40 days, computed in accordance with rule 3 of these rules, beginning with the day that the poll was countermanded or abandoned.
- FPP59.2 Where a new election is ordered under rule FPP59.1, no fresh nomination is necessary for any candidate who was validly nominated for the election where the poll was countermanded or abandoned but further candidates shall be invited for that constituency or class.
- FPP59.3 Where a poll is abandoned under rule FPP59.1(a), rules FPP59.4 to FPP59.7 are to apply.
- FPP59.4 The returning officer shall not take any step or further step to open envelopes or deal with their contents in accordance with rules 38 and 39, and is to make up separate sealed packets in accordance with rule 40.
- FPP59.5 The returning officer is to:
- (a) count and record the number of ballot papers, internet voting records, telephone voting records and text voting records that have been received,
  - (b) seal up the ballot papers, internet voting records, telephone voting records and text voting records into packets, along with the records of the number of ballot papers, internet voting records, telephone voting records and text voting records and
- ensure that complete electronic copies of the internet voting records telephone voting records and text voting records created in accordance with rule 26 are held in a device suitable for the purpose of storage.
- FPP59.6 The returning officer is to endorse on each packet a description of:
- (a) its contents,
  - (b) the date of the publication of notice of the election,
  - (c) the name of the corporation to which the election relates, and
  - (d) the constituency, or class within a constituency, to which the election relates.
- FPP59.7 Once the documents relating to the poll have been sealed up and endorsed

pursuant to rules FPP59.4 to FPP59.6, the returning officer is to deliver them to the Chair of the corporation, and rules 57 and 58 are to apply.

STV59. Countermand or abandonment of poll on death of candidate

STV59.1 If, at a contested election, proof is given to the returning officer's satisfaction before the result of the election is declared that one of the persons named or to be named as a candidate has died, then the returning officer is to:

- (a) publish a notice stating that the candidate has died, and
- (b) proceed with the counting of the votes as if that candidate had been excluded from the count so that –
  - (i) ballot documents which only have a first preference recorded for the candidate that has died, and no preferences for any other candidates, are not to be counted, and
  - (ii) ballot documents which have preferences recorded for other candidates are to be counted according to the consecutive order of those preferences, passing over preferences marked for the candidate who has died.

STV59.2 The ballot documents which have preferences recorded for the candidate who has died are to be sealed with the other counted ballot documents pursuant to rule 54.1(a).



## PART 10: ELECTION EXPENSES AND PUBLICITY

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### *Election expenses*

60. Election expenses

60.1 Any expenses incurred, or payments made, for the purposes of an election which contravene this Part are an electoral irregularity, which may only be questioned in an application made to Monitor under Part 11 of these rules.

61. Expenses and payments by candidates

61.1 A candidate may not incur any expenses or make a payment (of whatever nature) for the purposes of an election, other than expenses or payments that relate to:

- (a) personal expenses,
- (b) travelling expenses, and expenses incurred while living away from home, and
- (c) expenses for stationery, postage, telephone, internet (or any similar means of communication) and other petty expenses, to a limit of £100.

62. Election expenses incurred by other persons

62.1 No person may:

- (a) incur any expenses or make a payment (of whatever nature) for the purposes of a candidate's election, whether on that candidate's behalf or otherwise, or
- (b) give a candidate or his or her family any money or property (whether as a gift, donation, loan, or otherwise) to meet or contribute to expenses incurred by or on behalf of the candidate for the purposes of an election.

62.2 Nothing in this rule is to prevent the corporation from incurring such expenses, and making such payments, as it considers necessary pursuant to rules 63 and 64.

### *Publicity*

63. Publicity about election by the corporation

63.1 The corporation may:

- (a) compile and distribute such information about the candidates, and
- (b) organise and hold such meetings to enable the candidates to speak and respond to questions,

as it considers necessary.

63.2 Any information provided by the corporation about the candidates, including

information compiled by the corporation under rule 64, must be:

- (a) objective, balanced and fair,
- (b) equivalent in size and content for all candidates,
- (c) compiled and distributed in consultation with all of the candidates standing for election, and
- (d) must not seek to promote or procure the election of a specific candidate or candidates, at the expense of the electoral prospects of one or more other candidates.

63.3 Where the corporation proposes to hold a meeting to enable the candidates to speak, the corporation must ensure that all of the candidates are invited to attend, and in organising and holding such a meeting, the corporation must not seek to promote or procure the election of a specific candidate or candidates at the expense of the electoral prospects of one or more other candidates.

64. Information about candidates for inclusion with voting information

64.1 The corporation must compile information about the candidates standing for election, to be distributed by the returning officer pursuant to rule 24 of these rules.

64.2 The information must consist of:

- (a) a statement submitted by the candidate of no more than 250 words,
- (b) if voting by telephone or text message is a method of polling for the election, the numerical voting code allocated by the returning officer to each candidate, for the purpose of recording votes using the telephone voting facility or the text message voting facility ("numerical voting code"), and
- (c) a photograph of the candidate.

65. Meaning of "for the purposes of an election"

65.1 In this Part, the phrase "for the purposes of an election" means with a view to, or otherwise in connection with, promoting or procuring a candidate's election, including the prejudicing of another candidate's electoral prospects; and the phrase "for the purposes of a candidate's election" is to be construed accordingly.

65.2 The provision by any individual of his or her own services voluntarily, on his or her own time, and free of charge is not to be considered an expense for the purposes of this Part.

## PART 11: QUESTIONING ELECTIONS AND THE CONSEQUENCE OF IRREGULARITIES

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66. Application to question an election
- 66.1 An application alleging a breach of these rules, including an electoral irregularity under Part 10, may be made to Monitor for the purpose of seeking a referral to the independent election arbitration panel ( IEAP).
- 66.2 An application may only be made once the outcome of the election has been declared by the returning officer.
- 66.3 An application may only be made to Monitor by:
- (a) a person who voted at the election or who claimed to have had the right to vote, or
  - (b) a candidate, or a person claiming to have had a right to be elected at the election.
- 66.4 The application must:
- (a) describe the alleged breach of the rules or electoral irregularity, and
  - (b) be in such a form as the independent panel may require.
- 66.5 The application must be presented in writing within 21 days of the declaration of the result of the election. Monitor will refer the application to the independent election arbitration panel appointed by Monitor.
- 66.6 If the independent election arbitration panel requests further information from the applicant, then that person must provide it as soon as is reasonably practicable.
- 66.7 Monitor shall delegate the determination of an application to a person or panel of persons to be nominated for the purpose.
- 66.8 The determination by the IEAP shall be binding on and shall be given effect by the corporation, the applicant and the members of the constituency (or class within a constituency) including all the candidates for the election to which the application relates.
- 66.9 The IEAP may prescribe rules of procedure for the determination of an application including costs.

67. Secrecy

67.1 The following persons:

- (a) the returning officer,
- (b) the returning officer's staff,

must maintain and aid in maintaining the secrecy of the voting and the counting of the votes, and must not, except for some purpose authorised by law, communicate to any person any information as to:

- (i) the name of any member of the corporation who has or has not been given voting information or who has or has not voted,
- (ii) the unique identifier on any ballot paper,
- (iii) the voter ID number allocated to any voter,
- (iv) the candidate(s) for whom any member has voted.

67.2 No person may obtain or attempt to obtain information as to the candidate(s) for whom a voter is about to vote or has voted, or communicate such information to any person at any time, including the unique identifier on a ballot paper given to a voter or the voter ID number allocated to a voter.

67.3 The returning officer is to make such arrangements as he or she thinks fit to ensure that the individuals who are affected by this provision are aware of the duties it imposes.

68. Prohibition of disclosure of vote

68.1 No person who has voted at an election shall, in any legal or other proceedings to question the election, be required to state for whom he or she has voted.

69. Disqualification

69.1 A person may not be appointed as a returning officer, or as staff of the returning officer pursuant to these rules, if that person is:

- (a) a member of the corporation,
- (b) an employee of the corporation,
- (c) a director of the corporation, or
- (d) employed by or on behalf of a person who has been nominated for election.

70. Delay in postal service through industrial action or unforeseen event

70.1 If industrial action, or some other unforeseen event, results in a delay in:

- (a) the delivery of the documents in rule 24, or
- (b) the return of the ballot papers,

the returning officer may extend the time between the publication of the notice of the poll and the close of the poll by such period as he or she considers appropriate.

## **ANNEX 6 – ADDITIONAL PROVISIONS – COUNCIL OF GOVERNORS**

### **Eligibility to be a Member of the Council of Governors**

#### **1. Council of Governors – Further Provisions on disqualification and removal:**

Further to the provisions set out in paragraph 15.1 the following may not become or continue as a Governor of the Council of Governors if they are:

- 1.1 a person who has been dismissed in the previous 5 years from any NHS body (except for redundancy or sickness);
- 1.2 a person whose tenure of office as a Chair, Non- Executive Director or Governor of an NHS body has previously been terminated on the grounds that his appointment is not in the interests of the NHS for non-attendance at meetings or for non-disclosure of a pecuniary interest;
- 1.3 a person who has previously been or is currently subject to a sex offender order or sexual harm prevention order and/or required to register under the Sex Offences Act 2003 or committed a sexual offence prior to the requirement to register under current legislation;
- 1.4 a person who is a vexatious complainant of the Trust;
- 1.5 a person who has had his name removed from any list prepared under the 2006 Act in accordance with section 91, 106, 123 and 272 of that Act or has otherwise been suspended or disqualified from any healthcare profession, and has not subsequently had his name included in such a list or had their suspension lifted or qualification re-instated;
- 1.6 a person who is currently a member of an independent scrutiny body whose role includes or will include independent scrutiny of Humber Teaching NHS Foundation Trust;
- 1.7 a person who is a spouse, partner, parent or child of a Director or the Chair of the Trust;
- 1.8 a person who is under 16 years of age;
- 1.9 a person who on the basis of disclosures obtained through an application to the Disclosure and Barring Scheme is not considered suitable by the Trust;
- 1.10 a person who has physically or verbally abused any NHS staff member and has been taken to Court, found guilty and convicted;
- 1.11 he/she is incapable of managing and administering his property and affairs because of mental disorder, illness or injury and will be suspended from their duties to undertake treatment. Duties will not resume until all the issues are resolved;
- 1.12 making false declaration for any purpose of this Constitution or the 2006 Act; and
- 1.13 he or she has conducted his or herself in a manner that has caused, or is likely to cause, material prejudice to the best interests of the Trust or the proper conduct of the Council of Governors or otherwise in a manner inconsistent with continued membership of the Council of Governors.

- 11.14 If the conduct or behaviour of a Governor is called into question, discussion with the Governor will take place and relevant support will be provided for the Governor to resume normal duties but under close supervision of the Chair. However, if the behaviour and conduct does not improve and is unacceptable a decision may be made in conjunction with the Lead Governor and Senior Independent Director to suspend the Governor from duties and ultimately could lead to a recommendation to the full Council of Governors to withdraw the Governor from the Council under paragraph 11.13 of this Annex.

This action will only be taken if previous attempts to resolve the situation informally have failed;

- 11.15 Removal under paragraph 11.13 of this Annex shall be on the recommendation of the Trust Chair and should require the approval of at least two-thirds of the voting Governors present, the Governor concerned not being eligible to participate in such a vote and being absent from the room whilst it takes place. If a Governor's tenure of office is terminated, then he/she should be ineligible to stand for re-election as a Governor for a period of three years. A decision for termination should be effective notwithstanding any reference to dispute resolution.

## **2 Termination of Tenure**

In addition to 14.2 and 15.1 and 15.3 the following apply;

- 2.1 A Governor may resign from that office at any time during the term of office by giving notice in writing to the Trust Secretary;
- 2.2 If a Governor fails to attend 3 consecutive meetings of the Council of Governors his/her tenure of office is to be terminated immediately unless the other Governors or Chair are satisfied that;
- the absence was due to reasonable cause; and
  - he/she will be able to start attending meetings of the Trust again within such a period as they consider reasonable.
- 2.3 The Council of Governors may terminate the tenure of a Governor by a three quarter majority of those voting if it is satisfied that he/she;
- fails to adhere to the Trust's 'Governors Code of Conduct'; and/or
  - persists in acting in a manner prejudicial to the best interests of the Trust.
- 2.4 An appointed Governor will cease to hold office if the appointing authority terminate their sponsorship of the individual.

## **ANNEX 7 – STANDING ORDERS FOR THE PRACTICE AND PROCEDURE OF THE COUNCIL OF GOVERNORS**

### **Standing Orders for Council of Governors Meetings**

#### **1. Calling Meetings**

- 1.1 The Council of Governors is to meet at least four times in each financial year.
- 1.2 One of these meetings will be an Annual Members' Meeting (AMM) which will be held prior to 31 October each year.
- 1.3 Ordinary meetings of the Council of Governors may be called at any time by the Chair.
- 1.4 One third or more of the Council of Governors may requisition a meeting in writing to the Chair specifying the business to be carried out. If the Chair refuses to organise a meeting, or within 14 days of the requisition being presented fails to organise a meeting, the Governors signing the requisition may forthwith call a meeting.

#### **2. Notice of Meetings and Business to be Transacted**

- 2.1 The Trust Secretary shall give at least 30 days' notice of the date and place of every meeting of the Council of Governors to each Governor. This notice should also specify the business proposed to be transacted.
- 2.2 General meetings may be called by the Chair if the subject matter does not allow for 30 days notice to be given.
- 2.3 In the case of a meeting called by Governors in default of the Chair calling the meeting the notice should be signed by those Governors.

#### **3. Agenda and Supporting Papers**

- 3.1 The Agenda will be sent out to Governors not less than 5 working days before the meeting and supporting papers, whenever possible, shall accompany the agenda, but will certainly be dispatched no later than 3 clear days before the meeting.
- 3.2 Before each meeting of the Council of Governors, a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed on the Trust's website at least 3 days before the meeting.

#### **4. Setting the Agenda**

- 4.1. A Governor or Director desiring a matter to be included on the agenda will make his/her request in writing to the Chair at least 20 days before the meeting. The request should state whether the item of business is proposed to be transacted in the presence of the public and should include appropriate supporting information. Requests made less than 10 days may be included at the discretion of the Chair.



## **5 Moving, Amending, Withdrawing and Rescinding Motions**

- 5.1 A Governor desiring to move or amend a motion should send a written notice thereof at least 14 working days before the meeting to the Chair, who will include it in the agenda (where permissible under the appropriate regulations). This includes motions on the possible termination of tenure of Governors as described in Annex 6. This does not prevent a motion being moved during a meeting without notice on any business mentioned on the agenda.
- 5.2 A motion or amendment once moved and seconded can be withdrawn by the proposer with the concurrence of the seconder and the consent of the Chair.
- 5.3 Notice of a motion to amend or rescind any resolution which has been passed within the preceding 6 calendar months shall bear the signature of the Governor who gives it and also the signature of 10 other Governors. When such a motion has been disposed of by the Council of Governors it cannot be proposed again to the same effect within the next 6 calendar months unless the Chair considers it appropriate.
- 5.4 The proposer of a motion shall have the right of reply at the close of any discussion on the motion or any proposed amendment.
- 5.5 When a motion is under discussion it shall be open to a governor to move
- An amendment to the motion
  - The adjournment of the discussion or the meeting
  - That the meeting proceed to the next business(\*)
  - The appointment of an ad hoc committee to deal with the specific item of business
  - That the motion now be put(\*)
  - That the public now be excluded
- (\*) denotes these motions may only be put by a Governor who has not previously taken part in the debate.
- 5.6 No amendment to a motion will be admitted if the Chair is of the opinion it negates the substance of the motion.

## **6 Declarations**

- 6.1 An elected Governor cannot vote at a meeting of the Council of Governors, unless immediately prior to the commencement of each meeting, he has made a declaration in the form specified by the Trust Secretary, of the particulars of their qualification to vote as a member of the Foundation Trust, and that they are not prevented from being a member of the Council of Governors by the conditions set out in paragraph 15 in this Constitution.

An elected Governor shall be deemed to have confirmed the declaration upon attending subsequent meetings of the Council of Governors, and every agenda for meetings of the Council of Governors will draw this to the attention of the elected Governors.

- 6.2 Each Governor is required to declare their interests in accordance with paragraph 20 of this Constitution and the Trust policy. In the event of a material interest which has been previously declared being pertinent to a discussion or decision of a meeting of the Council of Governors the Governor in question should
- Withdraw from the meeting and play no part in the relevant discussion or decision
  - Not vote on the issue
- 6.3 Any Governor who fails to disclose any interest required to be disclosed in accordance with paragraph 20 of this Constitution or the Trust policy will have his/her tenure automatically terminated if required to do so by two thirds of the Governors in accordance with paragraph 2.3 of Annex 6 of this Constitution.

## **7 Voting**

- 7.1 Every question at the meeting shall be determined by a majority of the votes of the Governors present except those issues referred to in the Constitution where other than a simple majority is required.
- 7.2 In the case of an equality of votes the Chair of the meeting will have the casting vote.
- 7.3 All questions put to the vote shall be determined by a show of hands. A paper ballot may also be used if a majority of Governors present request it.

## **8 Minutes**

- 8.1 Minutes of the meeting will be drawn up and submitted for approval at the next meeting where they will be signed by the Chair of that meeting. These will be circulated according to the Governors' wishes.
- 8.2 The names of the Chair of the meeting and the names of those present shall be recorded in the minutes.
- 8.3 Minutes of the meeting shall be available to the public except for minutes relating to business conducted when members of the public are excluded under the terms of paragraph 18.

## **9 Quorum**

- 9.1 No business shall be transacted at a meeting unless at least one third of those Governors holding one of the Council of Governors' currently occupied governor seats are present
- 9.2 If such a quorum is not present the meeting can stand adjourned to such time and place as the Trust Secretary may determine.
- 9.3 The Council of Governors can make decisions despite any vacancy in its membership or any defect in the appointment or election of any Governor.

## **10 Miscellaneous**

- 10.1 The Council of Governors may invite the Chief Executive, or any other member of the Board of Directors, or a representative of the financial auditor or other advisors to attend a meeting of the Council of Governors.

- 10.2 Council of Governor meetings will be held online to facilitate attendance unless the Chair deems otherwise or where the Chair is requested in writing by at least one-third of those Governors holding Council of Governors currently occupied Governor seats to hold a face-to-face meeting
- 10.3 The Council of Governors may not delegate any of its powers to a committee or sub-committee, but it may appoint Committees to assist the Council of Governors in carrying out its functions. The Council of Governors may appoint Governors and invite Directors and other persons, to serve on such committees. The Council of Governors may, through the Trust Secretary, request that external assessors assist them or any Committee they appoint in carrying out its duties.
- 10.4 If a meeting is called by Governors in default of the Chair calling a meeting, and the Chair or nominated deputy do not attend, a Governor can, with the agreement of the other Governors present, take on the role of Chair.

## **ANNEX 8 – STANDING ORDERS FOR THE PRACTICE AND PROCEDURE OF THE BOARD OF DIRECTORS**

### **Meetings of the Board**

#### **1. Calling Meetings**

- 1.1 Ordinary meetings of the Board of Directors shall be held at regular intervals at such times and places as the Board of Directors may determine.
- 1.2 The Chair of the Trust may call a meeting of the Board of Directors at any time.
- 1.3 One third or more members of the Board of Directors may requisition a meeting in writing. If the Chair refuses, or fails, to call a meeting within 7 days of a requisition being presented, the Directors signing the requisition may forthwith call a meeting.

#### **2 Notice of Meetings and the Business to be Transacted**

- 2.1 Before each meeting of the Board of Directors a written notice specifying the business proposed to be transacted shall be delivered to every Director, or sent by post to the usual place of residence of each Director, so as to be available at least 5 clear days before the meeting. The notice shall be signed by the Chair or by an officer authorised by the Chair to sign on their behalf. Lack of service of the notice on any Director shall not affect the validity of a meeting. Details of meetings and the public agenda will be published on the Trust's website.
- 2.2 In the case of a meeting called by Directors in default of the Chair calling the meeting, the notice shall be signed by those Directors.
- 2.3 No business shall be transacted at the meeting other than that specified on the agenda, or emergency motions allowed under Standing Order 7.
- 2.4 A Director desiring a matter to be included on an agenda shall make his/her request in writing to the Chair at least 10 clear days before the meeting. The request should state whether the item of business is proposed to be transacted in the presence of the public and should include appropriate supporting information. Requests made less than 10 days before a meeting may be included on the agenda at the discretion of the Chair.

#### **3 Agenda and Supporting Papers**

The agenda will be sent to Board members 5 working days before the meeting and supporting papers, whenever possible, shall accompany the agenda, but will certainly be dispatched no later than three clear days before the meeting, save in emergency, with the agreement of the Chair. . An agenda shall be presumed to have been served two days after posting.

#### **4. Petitions**

Where a petition has been received, the Chair shall include the petition as an item for the agenda of the next meeting.

#### **5 Chair of Meeting**

5.1 At any meeting of the Board of Directors, the Chair, if there is one present, shall preside. If the Chair is absent from the meeting, the Deputy Chair if present, shall preside.

5.2 If the Chair and Deputy Chair are absent, another Non-Executive Director as the Directors present shall choose shall preside.

## **6 Notice of Motion**

6.1 Subject to the provision of Standing Orders 8 'Motions: Procedure at and during a meeting' and 9 'Motions to rescind a resolution', a member of the Board of Directors wishing to move a motion shall send a written notice to the Chief Executive who will ensure that it is brought to the immediate attention of the Chair.

6.2 The notice shall be delivered at least 14 clear days before the meeting. The Chief Executive shall include in the agenda for the meeting all notices so received that are in order and permissible under governing regulations. This Standing Order shall not prevent any motion being withdrawn or moved without notice on any business mentioned on the agenda for the meeting.

## **7 Emergency Motions**

7.1 Subject to the agreement of the Chair, and subject also to the provision of Standing Order 8 'Motions: Procedure at and during a meeting', a member of the Board of Directors may give written notice of an emergency motion after the issue of the notice of meeting and agenda, up to one hour before the time fixed for the meeting. The notice shall state the grounds of urgency. If in order, it shall be declared to the Board of Directors at the commencement of the business of the meeting as an additional item included in the agenda. The Chair's decision on whether to include the item shall be final.

## **8 Motions: Procedure at and During a Meeting**

### **8.1 Who May Propose**

A motion may be proposed by the Chair of the meeting or any Director present. It must also be seconded by another Director.

### **8.2 Contents of Motions**

The Chair may exclude from the debate at their discretion any such motion of which notice was not given on the notice summoning the meeting other than a motion relating to:

- the receipt of a report;
- consideration of any item of business before the Board of Directors;
- the accuracy of minutes;
- that the Board of Directors proceed to next business;
- that the Board of Directors adjourn;
- that the question be now put.

### **8.3 Amendments to Motions**

A motion for amendment shall not be discussed unless it has been proposed and seconded.

Amendments to motions shall be moved relevant to the motion, and shall not have the effect of negating the motion before the Board of Directors.

If there are a number of amendments, they shall be considered one at a time. When a motion has been amended, the amended motion shall become the substantive motion before the meeting, upon which any further amendment may be moved.

#### 8.4 Rights of Reply to Motions

- Amendments

The mover of an amendment may reply to the debate on their amendment immediately prior to the mover of the original motion, who shall have the right of reply at the close of debate on the amendment, but may not otherwise speak on it.

- Substantive/original motion

The Director who proposed the substantive motion shall have a right of reply at the close of any debate on the motion.

#### 8.5 Withdrawing a Motion

A motion, or an amendment to a motion, may be withdrawn.

#### 8.6 Motions once under debate

When a motion is under debate, no motion may be moved other than:

- an amendment to the motion;
- the adjournment of the discussion, or the meeting;
- that the meeting proceed to the next business;
- that the question should be now put;
- the appointment of an 'ad hoc' committee to deal with a specific item of business;
- that a Director be not further heard;

In those cases where the motion is either that the meeting proceeds to the 'next business' or 'that the question be now put' in the interests of objectivity these should only be put forward by a member of the Board of Directors who has not taken part in the debate and who is eligible to vote.

If a motion to proceed to the next business or that the question be now put, is carried, the Chair should give the mover of the substantive motion under debate a right of reply, if not already exercised. The matter should then be put to the vote.

### 9 Motion to Rescind a Resolution

- 9.1 Notice of motion to rescind any resolution (or the general substance of any resolution which has been passed within the preceding six calendar months shall bear the signature of the Director who gives it and also the signature of 3 other Directors, and before considering any such motion of which notice shall have been given, the Board of Directors may refer the matter to any appropriate Committee or the Chief Executive for recommendation.
- 9.2 When any such motion has been dealt with by the Board of Directors it shall not be competent for any Director other than the Chair to propose a motion to the same effect within six months. This Standing Order shall not apply to motions moved in pursuance of a report or recommendations of a Committee or the Chief Executive.

## **10 Chair's Ruling**

The decision of the Chair of the meeting on questions of order, relevancy and regularity (including procedure on handling motions) and their interpretation of the Standing Orders and Standing Financial Instructions, at the meeting, shall be final.

## **11 Voting**

- 11.1 Save as provided in Standing Orders 13 - Suspension of Standing Orders and 14 - Variation and Amendment of Standing Orders, every question put to a vote at a meeting shall be determined by a majority of the votes of Directors present and voting on the question. In the case of an equal vote, the person presiding (ie: the Chair of the meeting) shall have a second, and casting vote.
- 11.1.1 Where more than one person is appointed jointly to a post in the Trust this shall count as one vote.
- 11.2 At the discretion of the Chair all questions put to the vote shall be determined by oral expression or by a show of hands, unless the Chair directs otherwise, or it is proposed, seconded and carried that a vote be taken by paper ballot.
- 11.3 If at least one third of the Directors present so request, the voting on any question may be recorded so as to show how each Director present voted or did not vote (except when conducted by paper ballot).
- 11.4 If a Director so requests, their vote shall be recorded by name.
- 11.5 In no circumstances may an absent director vote by proxy. Absence is defined as being absent at the time of the vote.
- 11.6 A manager who has been formally appointed to act up for an Executive Director during a period of incapacity or temporarily to fill an Executive Director vacancy shall be entitled to exercise all rights including the voting rights of the Executive Director.
- 11.7 A manager attending the Board of Directors meeting to represent an Executive Director during a period of incapacity or temporary absence without formal acting up status may not exercise the voting rights of the Executive Director. A manager's status when attending a meeting shall be recorded in the minutes.

## **12 Minutes**

The minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing meeting where they shall be signed by the person presiding at it.

No discussion shall take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate.

## **13 Suspension of Standing Orders**

- 13.1 Except where this would contravene any statutory provision or the rules relating to the Quorum (Standing Order 16), any one or more of the Standing Orders may be suspended at any meeting, provided that at least two-thirds of the whole number of the members of the Board of Directors are present (including at least one member who is an Executive Director and one member who is a Non-Executive Director) and that at least two-thirds of those Directors present signify their agreement to such suspension. The reason for the suspension shall be recorded in the Board of Directors' minutes.
- 13.2 A separate record of matters discussed during the suspension of Standing Orders shall be made and shall be available to the Chair and Directors of the Trust.
- 13.3 No formal business may be transacted while Standing Orders are suspended.
- 13.4 The Audit Committee shall review every decision to suspend Standing Orders.

## **14 Variation and Amendment of Standing Orders**

These Standing Orders can only be amended in accordance with paragraph 3 of Annex 9.

## **15 Record of Attendance**

The names of the Chair and Directors/managers present at the meeting shall be recorded.

## **16 Quorum**

- 16.1 No business shall be transacted at a meeting unless at least one-third of the whole number of the Chair and Board Members (including at least one Executive Director and one Non-Executive Director) is present.
- 16.2 An Officer in attendance for an Executive Director (Officer Member) but without formal acting up status may not count towards the quorum.
- 16.3 If the Chair or another Director has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a declaration of a conflict of interest (see Standing Order 17) that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.



## **17 Declarations**

- 17.1 Each Director is required to declare their interests in accordance with paragraph 32 of this Constitution and Trust policy. In the event of a material interest which has been previously declared being pertinent to a discussion or a decision of a meeting of the Board of Directors the director in question should
- Withdraw from the meeting and play no part in the relevant discussion or decision, and:
  - Not vote on the issue.
- 17.2 A report on any Non-Executive Director who fails to disclose any interest to be disclosed in accordance with paragraph 32 of this Constitution or the Trust policy will be considered by the Council of Governors in accordance with the process to remove a Non-Executive Director.
- 17.3 A report on any Executive Director who fails to disclose any interest to be disclosed in accordance with paragraph 32 of this Constitution or the Trust policy will be considered by a Committee consisting of the Chair, the Chief Executive and the Non-Executive Directors in accordance with the process to remove an Executive Director.

## **18 Admission of Public and the Press**

The Board of Directors meetings shall be held in public, at which members of the public and representatives of the press shall be permitted to attend. Members of the public are not permitted to ask questions during the meeting as it is a meeting held in public, not a public meeting. However questions can be submitted to the Chair at the end of a meeting. Responses to the questions may be given at that time or in writing within 5 days of the meeting. Members of the public may be excluded from a meeting for special reasons and having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.

## **ANNEX 9 – FURTHER PROVISIONS**

### **1 Restrictions on Membership**

- 1.1 An individual may not become or continue as a member of the Trust unless he/ she is aged 14 years or over when an application for membership is made and he/ she:
  - 1.1.1 lives in an area specified in Annex 1 as an area for a Public Constituency; or
  - 1.1.2 is eligible for membership of the Staff Constituency in accordance with paragraph 8.1 or paragraph 8.2 of the Constitution.
- 1.2 In addition:-
  - 1.2.1 no member should act in a manner which could associate the Trust with any personal opinions expressed by the member;
  - 1.2.2 other than staff members, no member may designate the Trust as his/her personal or professional postal address.

### **2. Dispute Resolution**

- 2.1 Any dispute or complaint arising from the procedures set out in the Constitution as they relate to the functioning of the Board of Directors, the Council of Governors or any aspect of the membership or election arrangements will be referred in the first instance for resolution by the Trust Secretary, in consultation with the Chair, Chief Executive or the Council of Governors as appropriate.
- 2.2 If the dispute is between the Council of Governors and the Board of Directors the Chair or Deputy Chair (if the dispute involves the Chair) will endeavour to resolve the issue through discussion with the Governors and Directors to the satisfaction of both parties.
- 2.3 Failing resolution, under 2.2 the Board or the Council, as appropriate, will at its next formal meeting, approve the precise wording of a disputes statement setting out clearly the issues in dispute.
- 2.4 The Chair will ensure that the disputes statement is an agenda item and paper at the next formal meeting of the Council of Governors or Board as appropriate. That meeting will agree a response to the disputes statement.
- 2.5 The Chair (or Deputy Chair) will immediately as soon as practicable communicate the outcome to the other party and deliver the written response.
- 2.6 If the matter remains unresolved and following further discussions and/or use of the above process there appears to the Chair to be no prospect of resolution then he will advise the Council of Governors and the Board accordingly.
- 2.7 Where the dispute remains unresolved or only partially resolved the view of the Board of Directors will prevail.
- 2.8 Nothing in the above procedure will prevent the Council of Governors if it wishes, from informing NHSE , the statutory entity that remains the regulator of NHS foundation trusts that, in the Council's opinion, the Board of Directors has not responded constructively to concerns of the Council that the Trust is not meeting the conditions of its Licence.

#### **4 Further Provisions on Disqualification of Non-Executive Directors**

Further to the requirements set out in paragraph 25 the Board of Directors will determine, and identify in the annual report, each Non-Executive Director it considers to be independent. Anyone identified as not being independent will not be permitted to become or continue as a Non-Executive Director and consideration of independence or otherwise will include the following factors:

- If he/she has been an employee of the Trust within the last 5 years;
- If he/she has, or has had within the last 3 years, a material business relationship with the Trust either directly, or as a partner, shareholder, Director, or senior employee of a body that has such a relationship with the Trust;
- If he/she has received or receives additional remuneration from the Trust apart from a Director's fee, participates in the Trust's performance related pay scheme, or is a member of the Trust's pension scheme;
- If he/she has close family ties with any of the Trust's Directors or senior employees;
- If he/she holds cross Directorships or has significant links with other Directors through involvement in other companies or bodies;
- If he/she has served on the Trust's Board of Directors for more than 9 years from the date of their first appointment.

The Board must state its reasons if it determines that a Director is independent despite the existence of relationships or circumstances such as those listed above.

#### **5 Indemnity**

Members of the Board of Directors and Council of Governors and members of those committees which have delegated powers to make decisions or taken actions on behalf of the Board, as in the case of Mental Health Act Hospital Managers' Panel, who act honestly and in good faith will not have to meet out of their personal resources any personal civil liability which is incurred in the execution or purported execution of their Board of Directors' or Council of Governors functions, save where they have acted recklessly. Any costs arising where members have acted honestly and in good faith will be met by the Trust.

The Trust may make such arrangements, as it considers appropriate for the provision of indemnity insurance or similar arrangement for the benefit of the Trust, or Directors, or Governors and members of those committees which have delegate powers to make decisions or taken actions on behalf of the Board, as in the case of Mental Health Act Hospital Managers' Panel to meet all or any liabilities, which are properly the liabilities of the Trust under the paragraph above.

|                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                            |   |  |            |   |            |   |         |  |           |  |               |   |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--|------------|---|------------|---|---------|--|-----------|--|---------------|---|--|--|
| Title & Date of Meeting:                                                                                                                                                                                                            | Trust Board Public Meeting – 30 July 2025                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                            |   |  |            |   |            |   |         |  |           |  |               |   |  |  |
| Title of Report:                                                                                                                                                                                                                    | Finance Committee Assurance Report                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                            |   |  |            |   |            |   |         |  |           |  |               |   |  |  |
| Author/s                                                                                                                                                                                                                            | Keith Nurcombe – Chair / Non-Executive Director                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                            |   |  |            |   |            |   |         |  |           |  |               |   |  |  |
| Recommendation:                                                                                                                                                                                                                     | <table border="1"> <tr> <td>To approve</td> <td>✓</td> <td>To discuss</td> <td>✓</td> </tr> <tr> <td>To note</td> <td></td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td>✓</td> <td></td> <td></td> </tr> </table> |                                                                                                                                                                                                                                                                                                                                                                                                            |   |  | To approve | ✓ | To discuss | ✓ | To note |  | To ratify |  | For assurance | ✓ |  |  |
| To approve                                                                                                                                                                                                                          | ✓                                                                                                                                                                                                                                        | To discuss                                                                                                                                                                                                                                                                                                                                                                                                 | ✓ |  |            |   |            |   |         |  |           |  |               |   |  |  |
| To note                                                                                                                                                                                                                             |                                                                                                                                                                                                                                          | To ratify                                                                                                                                                                                                                                                                                                                                                                                                  |   |  |            |   |            |   |         |  |           |  |               |   |  |  |
| For assurance                                                                                                                                                                                                                       | ✓                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                            |   |  |            |   |            |   |         |  |           |  |               |   |  |  |
| <b>Purpose of Paper:</b><br><i>Please make any decisions required of Board clear in this section:</i>                                                                                                                               | This paper provides updates and escalations from the Finance Committee to the Board, the revised Green Plan (approved by Committee) is also brought for Board approval ahead of submission to NHS England.                               |                                                                                                                                                                                                                                                                                                                                                                                                            |   |  |            |   |            |   |         |  |           |  |               |   |  |  |
| <b>Key Issues within the report:</b>                                                                                                                                                                                                |                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                            |   |  |            |   |            |   |         |  |           |  |               |   |  |  |
| <b>Positive Assurances to Provide:</b> <ul style="list-style-type: none"> <li>Overall financial position is strong including cash position, capex and balance sheet as well as still on target for a breakeven position.</li> </ul> |                                                                                                                                                                                                                                          | <b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"> <li>Further work through executive to look at productivity and efficiency reports, less detail and add in more triangulation with benchmark data for other trusts and national benchmark NHS England data.</li> <li>Committee approved presentation of the Green Plan to Board (Attached) for Board approval.</li> </ul> |   |  |            |   |            |   |         |  |           |  |               |   |  |  |
| <b>Key Risks/Areas of Focus:</b>                                                                                                                                                                                                    |                                                                                                                                                                                                                                          | <b>Decisions Made:</b> <ul style="list-style-type: none"> <li>Agreement to review standing agenda looking at prioritisation around financial, productivity and digital. This allows the productivity golden thread to work through the committee and provide appropriate board assurance.</li> </ul>                                                                                                       |   |  |            |   |            |   |         |  |           |  |               |   |  |  |

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

### Monitoring and assurance framework summary:

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

## Chair of Finance Committee Board Escalation Report

### Financial position

- Update on system position with ends of Month 3 position is £-5.2M.
- Still forecasting break-even year end, surplus at the end of June 2025
- Cashflow – balance at the end of month 3 is £18.6M with daily cash balance at £26.8M
- Capital programme is on track with additional £2M CDEL funding secured from the centre for this year.
- BRS – on target for this year, mental health predicting current £100k away from target but plan in place to deliver this back by year end.
- Agency Spend analysis – great progress with agency spend £0.7M spends down on the same time last year – in the last twelve months spending on agency has decreased by £2.5M in a year.

Visibility on the new **People Committee Productivity Report** which will be seen in the People and Organisational Workforce Committee as well for triangulation. Excellent and very comprehensive report with strong assurance.

First view on the new **Productivity and Efficiency Report** for the committee, a strong level of detail but with limited triangulation at this stage. Agreed way forward for next Finance Committee meeting:

- Further view from EMT on issues key areas for committee to review
- Further triangulation to include benchmarking from other trusts and NHS England new benchmark numbers when they become available as this is likely to be the measure used for tracking success.

**Be Digital update** – recent external validation from both NHS England and also two internal audit reports recently completed – awaiting final currently embargoed digital maturity score.

**Partnerships update** - delivered covering off recent and upcoming tender opportunities ranging through community, mental health and primary care.

**Estates Strategy** – update and presentation on current works in progress with planned Capex opportunities for the future of the trust depending on funding opportunities. Supported by an extra £2M of CDEL funding which was secured this year.

**Green Plan** – presented updated revised plan (2022 last revision) – really good progress against the plan with increased lowering of CO2 footprint and revised lower targets which we are currently meeting. Clear ten phase plan across the organisation.

Plan is attached for Board approval.

**Non Clinical Safety Plan** – not presented but held pending further EMT review to next meeting.



**Humber Teaching**  
NHS Foundation Trust

**Humber Teaching NHS Foundation Trust**  
**Green Plan**  
2025 - 2028

## Content

### 1. Forword

### 2. Introduction

### 3. Sustainability Team

### 4. Organisation

### 5. Carbon Emissions and Greenhouse Gases

### 6. Climate Change: A Health Based Analogy

### 7. Drivers for Change

### 8. Sustainable Development and Areas of Focus

### 9. Areas of Focus

#### 9.1 Green Plan Governance

#### 9.2 Workforce and Leadership

#### 9.3 NetZero Clinical Transformation

#### 9.4 Digital Transformation

#### 9.5 Medicines

#### 9.6 Travel and Transport

#### 9.7 Estates and Facilities

#### 9.8 Food and Nutrition

#### 9.9 Supply Chain and Procurement

#### 9.10Adaption



## 1. Forword

Since the publication of our first Green Plan in 2022, the Trust has made significant strides in reducing its environmental impact and embedding sustainability across its operations. As a healthcare provider serving diverse communities across Hull, the East Riding of Yorkshire, Whitby, Scarborough, and Ryedale, we remain committed to playing our part in addressing the climate emergency and building a healthier, more resilient future.

At the start of our Green Plan journey, and to meet our ambition of becoming a Net Zero organisation by 2035, we committed to an annual emissions reduction of 7.14%. By the end of 2023/24, I am proud to report that we had achieved a 31.43% reduction—more than double our interim target. This exceptional progress has enabled us to set a revised baseline for the next phase of our journey and to adopt a new annual reduction target of 5.7% through to 2028.

This updated Green Plan responds directly to the revised NHS Green Plan Guidance (2025), which places even greater emphasis on integrated leadership, data-driven delivery, and collaboration across health and care systems. It also builds on the strong foundations already laid by our staff and partners, who have shown unwavering commitment to improving our environmental performance while continuing to deliver high-quality patient care.

Over the next three years, this Green Plan will guide our efforts to further decarbonise our estate and operations, strengthen climate resilience, and support the health of our communities through sustainable and equitable service delivery. It reflects our ongoing commitment to aligning local action with national priorities, and to embedding sustainability into everything we do—from procurement and travel, to clinical care and digital transformation.

We know that achieving Net Zero by 2035 is a challenge, but it is one we must rise to. By working together, sharing responsibility, and continuing to innovate, we can create a lasting positive impact for both the environment and the people we serve.

**Peter Beckwith**

*Executive Director of Finance*

*Board Net Zero and Sustainability Lead*



## 2. Introduction

Humber Teaching NHS Foundation Trust has published its new Green Plan for 2025 to 2028—an ambitious strategic document aligned with the latest guidance from the Greener NHS. This plan reflects the Trust's ongoing commitment to environmental sustainability as a fundamental part of its mission to enhance the health and well-being of the communities it serves.

In response to the updated Greener NHS guidance issued in February 2025, which called for healthcare organisations to lead in addressing climate change, the Trust's Green Plan outlines a clear and actionable framework. It sets out measures to reduce carbon emissions, improve resource efficiency, and foster a culture of sustainability across all levels of the organisation.

With a workforce of approximately 3,600 staff, Humber Teaching NHS Foundation Trust delivers a broad range of services, including adult and children's mental health, neurodiversity support, addictions recovery, forensic services, general practice, pharmacy services, and community hospitals. These services reach a population of 765,000 people across Hull, the East Riding of Yorkshire, Whitby, Scarborough, and Ryedale—an area comparable in size to Belgium.

The Trust acknowledges its responsibility to transition towards Net Zero and is actively working to reduce emissions, limit environmental impact, and improve resource stewardship. Regular reporting to staff and partners will be essential for monitoring progress and ensuring transparency in its sustainability journey.

Over the next three years, the Green Plan will provide direction and embed its principles across the organisation. It will underpin ongoing efforts by staff to enhance services in a way that supports both environmental protection and the long-term sustainability of the NHS.

### 3. Sustainability Team

#### Environmental Officer:

*"Our commitment to sustainability is stronger than ever, and this Green Plan sets a clear path toward a net-zero future. Through collaboration, innovation, and decisive action, we are embedding environmental responsibility into everything we do—ensuring lasting benefits for our patients, staff, and community."*



#### Project and Strategic Development Manager:

*"Sustainability is not just an aspiration; it is an essential pillar of our long-term vision. The Green Plan is more than a strategy—it's a commitment to progress, resilience, and leadership in healthcare sustainability. By working together, we will turn ambition into impact, making our Trust a beacon of environmental responsibility."*



#### Our Commitment to Sustainability and the Future of Care

At Humber Teaching NHS Foundation Trust, sustainability is at the heart of our mission. Our team is dedicated to embedding environmental responsibility into healthcare, ensuring that our services are resilient, efficient, and aligned with the NHS's net-zero goals.

The Green Plan serves as a roadmap for progress—driving measurable carbon reductions, improving energy efficiency, and integrating sustainability into daily operations. By working collaboratively across the organisation with all stakeholders to reduce the environmental impact and future-proof our services, we can enhance the provision of service delivery for patient care.

This journey is about more than compliance; it's about leadership, innovation, and creating meaningful change. Through renewable energy initiatives, waste management improvements, and sustainable procurement, we are not only transforming how we operate but also ensuring long-term benefits for our patients, staff, and communities.

## 4. Organisation

### About the Trust

The Trust are a leading provider of integrated healthcare services across Hull, the East Riding of Yorkshire, Whitby, Scarborough, and Ryedale. With a wide range of health and social care services delivered to a population of 765,000 people, of all ages, across an area of over 4,700 square kilometres.

As a Trust we:

Employ over

**3,600**

staff

Operate in over

**79**

sites

Cover the whole geography across Hull, East Riding of Yorkshire, Whitby, Scarborough, and Ryedale.

Have approximately

**8,000**

Public members, which are represented by 22 governors (made up of public, service users and carer governors, nominated and staff governors)

**120+**

Volunteers covering the Trust

Hold four GP practices

## About the Trust cont.

The services cover a wide-ranging geographic area across the ICS, as well as nationally commissioned services. Operational services are grouped into four divisions.

Community  
& Primary  
Care

Children's  
& Learning  
Disabilities

Forensic  
Services

Mental  
Health

Care is delivered in a variety of settings. This includes within patients own homes, GP practices and health centres, outpatient clinics, hospitals, local authority premises and our inpatient units. In addition to health and care services, we also provide medical teaching to undergraduates of the Hull York Medical School.

## Trust Sustainable Objectives

The Trust's Green Plan sets out the key work streams and has plans in place to meet the required reduction in carbon emissions and to make progress in delivering a more sustainable provision of healthcare services.

Trust will:

- Aim to achieve NetZero by 2035.
- Ensure compliance with all relevant legislation.
- Reflect climate change on the organisation's risk register, financial risk, and in the Board Assurance Framework.
- Continue to develop and implement carbon reduction plans, that target major components of carbon emissions in the NHS. This includes direct energy consumption, procurement, transport (inc. business, commuting and patient transport), food and waste.
- Work in partnership with members of the Humber & North Yorkshire Green Plan Delivery Group.
- Develop a Green Plan communication strategy, that engages staff, patients and carers, visitors, Trust members and the communities we serve.
- Continue to improve Scope 3 monitoring



## Trust Strategy on a Page

### Our Trust Mission:

We are a multi-specialty health and social care teaching provider committed to Caring, Learning and Growing.

### Our Trust Vision:

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

### Our Trust Values:

Our internal values shape our behaviours and guide the way we work with our patients, staff, partners, within our community and with each other.

- **Caring** for people while ensuring that 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.

### How we will deliver our strategy

Our strategy describes our overarching long-term goals for Humber and explains in broad terms how we will achieve them.

The detail of how Humber will make this vision a reality is set out in a series of enabling strategies covering People, Estates, Digital, Patient and Carer Experience and our Clinical Strategy.

In addition, each of our divisions produce operational service plans each year which translate our strategic goals into direct actions which benefit staff and patients within each service area.

The organisation has developed a detailed set of measurements and ambitions which sit alongside this document, which will be used to monitor the progress we are making towards achieving our strategic goals. This will be updated throughout the five-year lifespan of the strategy.



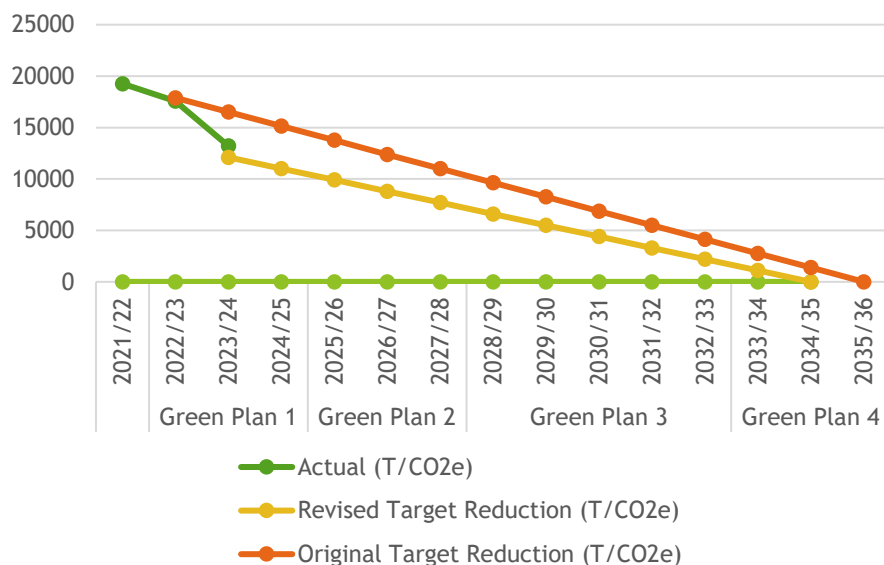
## 5. Carbon Emissions and Greenhouse Gases

### NHS NetZero Targets

NHS England has set the ambition to be the world's first NetZero national health service; and have set the following two targets:

- For the emissions we control directly (the NHS Carbon Footprint), we will reach NetZero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032;
- For emissions we can influence (our NHS Carbon Footprint Plus), we will reach NetZero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039).

Carbon Reduction Table



### Trust Journey to Date

At the outset of its Green Plan journey, the Trust established a baseline carbon footprint of 19,262 tonnes of CO<sub>2</sub> equivalent (T/CO<sub>2</sub>e) for the financial year 2021/22. In order to meet its Net Zero ambition by 2035, the Trust identified the need for an annual emissions reduction of 7.14%.

By the end of the 2023/24 financial year, the Trust had successfully achieved a 31.43% reduction in emissions compared to the baseline—more than double the initial target of 14.28% for that period. As a result, a revised emissions baseline of 13,208.90 T/CO<sub>2</sub>e has been established for the 2025–2028 Green Plan period, alongside a recalculated annual reduction target of 5.7%.

### Next Steps:

- The Trust will review its existing decarbonisation plans in alignment with the Estates Strategy to develop a targeted heat decarbonisation strategy, with a focus on reducing high-emission Scope 1 sources.
- Continued investment will be made in fabric-first upgrades across the estate, particularly during major capital works, to enhance energy efficiency and long-term sustainability.
- All new-build construction projects will be assessed to ensure alignment with the NHS Net Zero Building Standard, where feasible, and will be designed to achieve BREEAM Excellent certification.

## 6. Climate Change: A Health Based Analogy



From a health perspective, climate change can be likened to a persistent and escalating fever in the human body. Just as a rise in body temperature is a physiological response to infection or imbalance, the Earth's increasing temperature reflects a systemic response to environmental stress—primarily driven by human activity.

- **Temperature as a Warning Sign:** A human fever typically indicates the immune system is responding to a threat. Similarly, the planet's steady temperature rise—over 1°C above pre-industrial levels—acts as a global warning signal, highlighting the cumulative impact of greenhouse gas emissions, deforestation, and pollution.
- **Root Causes:** Fevers result from biological infections; climate change results from atmospheric "pollutants," particularly carbon dioxide and methane. These emissions function as chronic stressors, disrupting the Earth's natural balance over time.
- **Systemic Impact:** Just as a fever affects multiple organ systems in the body, climate change has far-reaching effects on planetary systems—altering weather patterns, accelerating sea-level rise, impacting food and water security, and contributing to the spread of infectious diseases.
- **Thresholds and Irreversibility:** Sustained high fever in humans can lead to organ damage or failure. In a similar way, surpassing critical climate thresholds (e.g., 1.5°C to 2°C of warming) risks irreversible and catastrophic consequences for global ecosystems and human health.
- **Diagnosis and Response:** In medicine, accurate diagnosis and timely intervention are essential. For the climate, the scientific consensus is clear and the remedies well understood: reduce emissions, shift to renewable energy sources, restore natural systems, and build climate-resilient infrastructure.
- **Prevention and Adaptation:** Just as healthcare promotes prevention through immunisation, hygiene, and healthy lifestyles, climate action relies on proactive measures. Embedding sustainability across healthcare operations supports both mitigation and adaptation, protecting health systems and the populations they serve.

This analogy underscores the urgency of climate action within the NHS. Just as we treat illness in individuals, we must also respond decisively to the symptoms of a warming planet, recognising that planetary health and human health are deeply interconnected.



## 7. Drivers for Change

The drivers outlined in this section provide the legal, policy, and strategic context that underpins the organisation's commitment to sustainability. These drivers can be categorised into four key groups and collectively define the requirements that mandate delivery, establish financial accountability, and set legal obligations for both the organisation and the wider health and care system.

They serve to ensure compliance with statutory duties, alignment with national and international climate targets, and adherence to sector-specific guidance. These drivers are accurate at the time of publication but will be subject to regular review and updates throughout the duration of this Green Plan, in line with emerging legislation, policy developments, and NHS priorities

### Legislative and Mandatory

- Climate Change Act 2008 (as amended in 2019)
- Environmental Act 2021
- Health and Care Act 2022
- Public Services (Social Values) Act 2012
- The Energy Performance of Buildings (England and Wales) Regulations 2012
- Waste (England and Wales) Regulations 2011
- The Building Regulations 2010

### NHS Specific Strategies and Policy

- Greener NHS Strategy (2020 – present)
- NHS NetZero Building Standards (2023)
- NHS Standard Contract (Service Conditions)
- NHS Model Hospital and ERIC data reporting
- Delivering a NetZero NHS (2020)
- NHS NetZero Carbon Delivery Plan
- NHS England Carbon Footprint Plus Model
- ICS and ICB Green Plans
- NHS Waste Management Strategy
- NHS Supply Chain Sustainability Commitments

### International Guidance

- Paris Agreement (2015)
- UN Sustainable Development Goals (SDGs)
- COP28 Health Declaration (2023)
- World Health Organisation (WHO) – Health Care Climate Resilience Guidelines
- Race Zero (UNFCCC-led initiative)

### UK Strategy and Guidance

- UK NetZero Strategy: Build Back Greener (2021)
- Industrial Decarbonisation Strategy (2021)
- Clean Air Strategy (2019)
- The 25 Year Environmental Plan (2018)
- Energy Security Strategy (2022)
- National Infrastructure Strategy (2020)

## 8. Sustainable Development and Areas of Focus

### What is Sustainable Development?

Sustainable development refers to the responsible use of resources in a way that meets the needs of the present without compromising the ability of future generations to meet their own needs. This concept, originally defined by the Brundtland Commission, remains central to the NHS's long-term vision for environmental and social responsibility.

In alignment with the 2025 NHS Green Plan Guidance, sustainable development within the NHS context encompasses a strategic approach to delivering high-quality healthcare while reducing environmental impact, improving population health, and enhancing the resilience of the health and care system.

To support this ambition, the Greener NHS programme has developed ten modules, which provide a structured framework for NHS organisations. These modules clearly define key objectives, focus areas, and delivery expectations that collectively contribute to achieving the NHS's Net Zero commitments and broader sustainable development goals.

### The Trusts Approach to Sustainable Development

Humber Teaching NHS Foundation Trust takes a collaborative and inclusive approach to sustainable development, recognising that lasting environmental change requires collective action across all levels of the health and care system.

At the heart of this approach is the empowerment of staff, patients, and carers through initiatives such as the Green Champions Network, which supports grassroots engagement and encourages sustainable behaviours across the organisation. The Trust actively promotes system-wide collaboration across the NHS, working closely with Integrated Care Systems (ICSs) to ensure regional alignment and shared learning.

In addition, the Trust recognises the value of partnership beyond the NHS, engaging with both public and private sector organisations to leverage innovation, resources, and expertise. This collaborative ethos underpins the Trust's Green Plan and strengthens its commitment to

### Areas of Focus

The areas of focus have been aligned with the revised NHS Green Plan Guidance published in February 2025; these are:

1. Green Plan Governance
2. Workforce and Leadership
3. NetZero Clinical Transformation
4. Digital Transformation
5. Medicines
6. Travel and Transport
7. Estates and Facilities
8. Food and Nutrition
9. Supply Chain and Procurement
10. Adaption

## 9.1 Assurance and Governance

The governance of the Green Plan at Humber Teaching NHS Foundation Trust is overseen by a structured and inclusive framework to ensure effective monitoring, accountability, and continuous improvement.

The Executive Director of Finance serves as the Senior Responsible Officer (SRO) for sustainability within the Trust, providing executive-level leadership and strategic oversight.

Operational responsibility for monitoring the implementation of the Green Plan sits with the Sustainable Development Steering Group (SDSG). This group meets quarterly and is chaired by the Projects and Strategic Development Manager, who also serves as the Trust's energy, environment, and sustainability lead. The SDSG brings together representatives from all operational divisions and key corporate functions, ensuring a Trust-wide approach to sustainable development.

The SDSG reports into the Trust's Operational Delivery Group (ODG), which facilitates alignment with broader operational priorities. In addition, Green Plan progress is formally reported to the Finance Committee and the Executive Management Team (EMT) on a biannual basis, and to the Trust Board annually.

This governance structure ensures that sustainability remains embedded in the Trust's strategic decision-making and operational delivery at all levels.

| Aims                                                                                                                                                                                                                                                                                                                                                                                                                          | Measurables                                                                                                                                                                                                                                 | Roadmap to Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| <ul style="list-style-type: none"><li>• Ensure robust oversight and accountability for the delivery of the Trust Green Plan.</li><li>• Embed sustainability governance into existing operational and executive structures.</li><li>• Promote cross-organisation ownership of environmental goals through inclusive representation.</li><li>• Enable timely, data driven decision making to support NetZero targets.</li></ul> | <ul style="list-style-type: none"><li>• SDSG Meeting held in-line with Terms of Reference (ToR)</li><li>• Green Plan Progress Reports submitted in-line with agreed timescales</li><li>• &gt;85% attendance at SDSG of membership</li></ul> | <p>2025</p> <ul style="list-style-type: none"><li>• Green Plan approve by Trust Board</li><li>• SDSG ToR review and update (annually)</li><li>• Conduct effectiveness review of SDSG</li></ul> <p>2026</p> <ul style="list-style-type: none"><li>• Formation of a Green Plan communication strategy</li></ul> <p>2027</p> <ul style="list-style-type: none"><li>• Review structure and refine approach in preparation for next Green Plan</li></ul> |

## 10.2 Workforce and Leadership

Humber Teaching NHS Foundation Trust recognises that the delivery of its Green Plan is driven not only by systems and processes but by the people who bring sustainability to life across all levels of the organisation. Leadership, empowered networks, and a well-informed workforce are essential to embedding sustainability within the Trust's culture and day-to-day operations.

The Executive Director of Finance acts as the Senior Responsible Officer (SRO) for sustainability, providing strategic oversight and ensuring alignment with Trust-wide objectives. Underpinning this leadership is the Trust's Green Champions Network, a growing group of engaged staff volunteers from across operational and corporate teams who act as local advocates for change, raise awareness, and support the implementation of sustainable practices at a grassroots level.

To build sustainability capability across the workforce, the Trust offers access to non-mandatory e-learning modules via the Electronic Staff Record (ESR) system, enabling staff to explore the environmental impacts of healthcare and their role in delivering change. In addition, key Green Plan leads and members of the Sustainable Development Steering Group (SDSG) have completed Carbon Literacy Training, equipping them with the knowledge and confidence to influence, educate, and lead by example.

Together, these elements foster an organisational environment where sustainability is embedded into leadership, learning, and professional development.

| Aims                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Measurables                                                                                                                                                                                                                                                                                                                                                                       | Roadmap to Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| <ul style="list-style-type: none"><li>• Promote sustainable leadership across all levels of the organisation</li><li>• Empower staff to take action on climate change and environmental issues through knowledge, networks, and training</li><li>• Build sustainability literacy and capacity across clinical, non-clinical, and corporate teams</li><li>• Strengthen local ownership and accountability for the delivery of the Green Plan objectives.</li></ul> | <ul style="list-style-type: none"><li>• Number of active members in the Green Champion Network</li><li>• Percentage of SDSG members and Green Plan leads who are Carbon Literacy Certified</li><li>• Uptake of non-mandatory ESR sustainability e-learning</li><li>• Number of sustainability-themed engagement events, workshops, or communications delivered annually</li></ul> | <p>2025</p> <ul style="list-style-type: none"><li>• Launch campaign to grow the Green Champions Network</li><li>• Promote availability of ESR sustainability e-learning</li></ul> <p>2026</p> <ul style="list-style-type: none"><li>• Identify and nominate additional SDSG member for Carbon Literacy Training</li><li>• Begin tracking ESR training uptake, and report via a dashboard</li></ul> <p>2027</p> <ul style="list-style-type: none"><li>• Evaluate the impact of workforce engagement initiatives on Green Plan Delivery</li><li>• Refine training and leadership development offer in preparation for</li></ul> |

## 10.3 NetZero Clinical Transformation

Humber Teaching NHS Foundation Trust recognises that delivering high-quality, sustainable healthcare requires the transformation of clinical services in line with Net Zero principles. The integration of environmentally conscious decision-making into clinical models, care pathways, and service redesign is a vital component of the Trust's Green Plan.

Representatives from all clinical divisions are active members of the Sustainable Development Steering Group (SDSG), supporting local engagement and alignment. However, the Trust also acknowledges the need to strengthen formal oversight of Net Zero clinical transformation, ensuring clear links to Board-level leadership and governance. Embedding sustainability into clinical strategy will ensure that environmental impact is considered alongside quality, safety, and outcomes.

The Trust is committed to applying Net Zero principles across all service change, reconfiguration programmes, and care pathway redesigns. This includes reducing unnecessary interventions, avoiding duplication, embracing digital-first approaches where clinically appropriate, and enhancing social prescribing to support population health and reduce demand on traditional clinical services.

The Green Champions Network plays a vital role in promoting sustainable clinical practices at the frontline, while staff are encouraged to access non-mandatory sustainability training via ESR, equipping them to make environmentally informed decisions in everyday clinical activity.

| Aims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Measurables                                                                                                                                                                                                                                                                                                                                                                                                         | Roadmap to Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| <ul style="list-style-type: none"><li>• Embed Netzero thinking into all clinical transformation, service redesign, and pathway development</li><li>• Establish formal governance links to support clinical sustainability at Board Level.</li><li>• Promote low-carbon models of care through innovation, digital transformation, and preventative approaches such as social prescribing</li><li>• Empower clinicians to champion sustainability through training and local advocacy</li></ul> | <ul style="list-style-type: none"><li>• Proportion of service change or pathway redesign proposal that include a sustainability impact assessment</li><li>• Establish a Board-recognised NetZero Clinical Transformation oversight mechanism</li><li>• Uptake of ESR sustainability e-learning among clinical staff</li><li>• Green Champions from clinical roles engaged in pathway redesign workstreams</li></ul> | <p>2025</p> <ul style="list-style-type: none"><li>• Ensure clinical input into all SDSG workstreams, with focus on high-impact areas</li><li>• Initiate mapping of high-impact clinical pathways for potential low-carbon redesign</li></ul> <p>2026</p> <ul style="list-style-type: none"><li>• Begin integrating sustainability impact assessments into clinical project templates</li><li>• Monitor inclusion of sustainability in business cases for all clinical reconfiguration projects</li></ul> <p>2027</p> |

## 10.4 Digital Transformation

Humber Teaching NHS Foundation Trust recognises the significant role digital transformation plays in supporting the delivery of a sustainable, low-carbon health system. Through the implementation of smart technologies, efficient digital infrastructure, and virtual care pathways, the Trust aims to reduce its environmental impact while improving patient outcomes and operational resilience.

The Digital Data Group (DDG) holds responsibility for the oversight, direction, and assurance of the Trust's Digital Plan. Reporting into the BeDigital Group (BDG), the DDG ensures that digital services are aligned with strategic sustainability objectives. Core responsibilities include identifying digital innovations that enhance patient care, improving the use of business intelligence for better decision-making, and ensuring that appropriate infrastructure is in place to deliver safe, digitally enabled services.

Informed by the Digital Maturity Assessment and supported by national guidance such as the UK Government's Sustainable Technology Advice & Reporting (STAR) and the Technology Code of Practice, the Trust is committed to embedding sustainability throughout its digital commissioning lifecycle. This includes establishing a baseline ICT carbon footprint, prioritising the procurement of low-power equipment, deploying "powerdown" software to reduce energy consumption, and ensuring data is hosted in low-carbon, energy-efficient environments.

Furthermore, the Trust advocates for a circular digital device strategy, focusing on device refurbishment, leasing, reuse, and digital inclusion—thereby reducing e-waste, extending hardware lifespan, and supporting a more equitable digital service offer.

| Aims                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Measurables                                                                                                                                                                                                                                                                                                                                                           | Roadmap to Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| <ul style="list-style-type: none"><li>• Embed sustainability principles into digital strategy, governance, and infrastructure planning.</li><li>• Reduce the digital carbon footprint of the Trust through low-energy practices and technology.</li><li>• Promote virtual models of care to reduce travel, paper use, and unnecessary clinical interventions.</li><li>• Develop a circular approach to digital management and digital inclusion</li></ul> | <ul style="list-style-type: none"><li>• Completion of baseline ICT carbon footprint assessment</li><li>• % of new hardware purchases meet low-energy specifications</li><li>• Reduction of paper usage across the Trust</li><li>• Proportion of service offering virtual or paperless pathways</li><li>• Quantity of devices refurbished or reused annually</li></ul> | <p>2025</p> <ul style="list-style-type: none"><li>• Initiate ICT carbon footprint baseline assessment</li><li>• Review options for deployment of 'powerdown' energy saving software</li><li>• Launch a digital sustainability awareness campaign in collaboration with Green Champions Network</li></ul> <p>2026</p> <ul style="list-style-type: none"><li>• Monitor energy consumption reduction across digital estate</li></ul> <p>2027</p> <ul style="list-style-type: none"><li>• Integrate digital sustainability KPIs into Trust-wide reporting frameworks</li><li>• Evaluate impact of digital interventions on NetZero targets and patient care</li></ul> |



## 10.5 Medicines

Medicines account for a significant proportion of the NHS's carbon footprint, particularly through the use of inhalers and anaesthetic gases. Humber Teaching NHS Foundation Trust recognises the opportunity to drive environmental improvements through more sustainable prescribing, waste reduction, and low-carbon clinical practice.

The Trust has already taken proactive steps to reduce the environmental impact of nitrous oxide by exclusively using portable cylinders, having decommissioned traditional nitrous manifolds. This aligns with wider Integrated Care Board (ICB) objectives to minimise waste and emissions from medical gases, whilst maintaining patient safety and service continuity.

Additionally, the Trust's GP practices play a vital role in advancing low-carbon respiratory care in primary settings. This includes supporting patients to choose the most appropriate inhalers, promoting the use of dry powder inhalers (DPIs) where clinically appropriate, checking inhaler technique, and raising awareness of proper inhaler disposal. These actions are in line with national guidance and contribute directly to reducing the carbon footprint of care delivery.

| Aims                                                                                                                                                                                                                                                                                                                                                                                                           | Measurables                                                                                                                                                                                                                                                                                                                                                                                                            | Roadmap to Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| <ul style="list-style-type: none"><li>• Reduce the carbon impact of medicines through improved prescribing practices and medical gas management</li><li>• Support the delivery of low-carbon respiratory care across both primary and secondary care</li><li>• Ensure staff and patients are equipped with the knowledge to make environmentally informed choices around medicines use and disposal.</li></ul> | <ul style="list-style-type: none"><li>• 100% of nitrous oxide administered via portable cylinders</li><li>• Percentage of patients on MDIs (metered dose inhalers) reviewed for possible switch to lower-carbon alternatives</li><li>• Number of inhaler technique checks completed per year across primary and secondary care settings</li><li>• Number of patients receiving education on inhaler disposal</li></ul> | <p>2026</p> <ul style="list-style-type: none"><li>• Develop a patient-facing education resource pack on low-carbon respiratory care.</li><li>• Expand use of digital prescribing tools to support carbon-aware decision making.</li></ul> <p>2027</p> <ul style="list-style-type: none"><li>• Evaluate impact of interventions on prescribing patterns and inhaler-related emissions.</li><li>• Share best practice across the ICS to support wider adoption of low-carbon medicines initiatives.</li><li>• Update medicines and prescribing policies to formally embed environmental considerations.</li></ul> |

## 10.6 Travel and Transport

Travel and transport contribute significantly to the NHS carbon footprint, presenting a key area of opportunity for emissions reduction, air quality improvement, and promoting healthier, more sustainable travel behaviours.

Humber Teaching NHS Foundation Trust has already taken meaningful steps toward decarbonising its travel operations. The Estates and Facilities fleet has commenced its transition to electric vehicles (EVs), with a clear commitment that all future lease replacements will be zero-emission. This is supported by a growing network of EV charging infrastructure across key Trust sites, with further expansion planned over the next five years to meet increased demand.

To encourage low-carbon commuting, the Trust actively promotes the Cycle to Work scheme and has recently invested in secure cycle storage facilities, with additional investment planned to support increased staff uptake.

In line with the NHS Net Zero Travel and Transport Strategy and Roadmap, the Trust will develop a comprehensive Sustainable Travel Strategy by December 2026, fully integrated into its Green Plan. This will align with wider Integrated Care Board (ICB) objectives to:

| Aims                                                                                                                                                                                                                                                                                                                                                                                                                   | Measurables                                                                                                                                                                                                                                                                                                                                                      | Roadmap to Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| <ul style="list-style-type: none"><li>Decarbonise all Trust-owned and leased vehicles in line with national and ICB targets.</li><li>Support and promote low-carbon travel choices for staff, patients, and service users.</li><li>Develop a fully integrated Sustainable Travel Strategy by 2026.</li><li>Improve the environmental sustainability of logistics, deliveries, and patient transport services</li></ul> | <ul style="list-style-type: none"><li>Percentage of fleet vehicles that are zero emission (year-on-year increase; target 100% by Dec 2027).</li><li>Number of EV charging points installed across Trust sites</li><li>Uptake of Cycle to Work scheme</li><li>Delivery of Sustainable Travel Strategy and integration into Green Plan by December 2026.</li></ul> | <p>2025</p> <ul style="list-style-type: none"><li>Continue fleet electrification as leases expire; record emissions savings.</li><li>Expand EV charging network at priority sites and assess usage data.</li></ul> <p>2026</p> <ul style="list-style-type: none"><li>Promote Cycle to Work scheme and review opportunities to enhance cycle facilities further.</li><li>Draft and publish a Sustainable Travel Strategy aligned with the Net Zero Travel and Transport Roadmap.</li><li>Begin transition to offering only zero-emission vehicles via salary sacrifice scheme</li></ul> <p>2027</p> <ul style="list-style-type: none"><li>Complete the transition of all new fleet vehicles to zero-emission models</li><li>Evaluate progress against travel strategy and Net Zero targets</li></ul> |



## 10.7 Estates and Facilities

Humber Teaching NHS Foundation Trust recognises the role its estate plays in delivering Net Zero ambitions and creating healthier, more energy-efficient environments. The Trust's Estates and Facilities team continues to drive forward decarbonisation and energy improvement initiatives as a core part of the Green Plan.

The Trust has already developed Heat Decarbonisation Plans (HDPs) across its freehold estate, which provide a roadmap for phasing out fossil fuel heating systems in line with national targets. Following a successful application to the Public Sector Decarbonisation Scheme (PSDS), the Trust is delivering a fabric-first retrofit programme, with decarbonised heating systems currently being installed at four sites. In addition, the Trust has commissioned photovoltaic (PV) systems at four locations to increase onsite renewable energy generation.

Through a combined approach of strategic planning, capital investment, and energy-focused interventions, the Trust is embedding sustainability at the heart of its estate.

| Aims                                                                                                                                                                                                                                                                                                                                                                                                            | Measurables                                                                                                                                                                                                                                                                                           | Roadmap to Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| <ul style="list-style-type: none"><li>• Decarbonise the Trust's estate by phasing out fossil-fuel heating and maximising energy efficiency</li><li>• Deliver compliant, low-carbon new builds and refurbishment aligned with national standards</li><li>• Expand renewable energy generation where appropriate</li><li>• Secure external funding where required to support NetZero capital investment</li></ul> | <ul style="list-style-type: none"><li>• Number of sites with fossil-fuel heating systems replaced or decommissioned</li><li>• Total m<sup>2</sup> of GIA covered by LED lighting</li><li>• Number of PSDS bids submitted and approved</li><li>• Number of sites with operational PV systems</li></ul> | <p>2025</p> <ul style="list-style-type: none"><li>• Complete ongoing installation of decarbonised heating systems and PV systems</li><li>• Review estates lighting data and develop business case for Trust-wide LED retro fit programme</li></ul> <p>2026</p> <ul style="list-style-type: none"><li>• Finalise updated HDPs to align with national deadlines</li><li>• Begin early planning for compliant newbuilds</li></ul> <p>2027</p> <ul style="list-style-type: none"><li>• Evaluate impact of current energy initiatives on ERIC and carbon metrics.</li></ul> |

## 10.8 Food and Nutrition

Food and nutrition services play a meaningful role in the delivery of sustainable healthcare. By optimising menu design, minimising food waste, and embedding sustainable practices into catering operations, the NHS can reduce its environmental impact while promoting better health outcomes.

At Humber Teaching NHS Foundation Trust, the Estates and Facilities Soft FM team is supported by a dedicated dietitian, who ensures patient menus meet nutritional standards while also considering healthier and lower-carbon options. The Trust has implemented a digital meal ordering system, as recommended by the Independent Review of NHS Hospital Food, which enables more precise meal planning, helps reduce overproduction, and supports accurate data capture on food usage and waste.

The Trust actively monitors and reports on food waste in accordance with Estates Returns Information Collection (ERIC) requirements, using this data to drive continual improvement and set meaningful waste reduction targets.

| Aims                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Measurables                                                                                                                                                                                                                                                                                                                                                                                    | Roadmap to Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| <ul style="list-style-type: none"><li>• Reduce food waste through active monitoring, data-driven planning, and staff engagement.</li><li>• Improve the sustainability of menus by offering healthier, seasonal, and lower-carbon meal options.</li><li>• Enhance innovation and staff development in sustainable catering practices, through the participation of NHS Chef of the Year.</li><li>• Support the use of NHS England Low Carbon Menu Bank</li></ul> | <ul style="list-style-type: none"><li>• Food waste monitored and reported through ERIC, with annual reduction targets in place.</li><li>• Percentage of menus incorporating plant-based and seasonal produce</li><li>• Number of menu items adapted using the NHS Low Carbon Menu Bank.</li><li>• Participation in NHS Chef of the Year or similar culinary development initiatives.</li></ul> | <p>2025</p> <ul style="list-style-type: none"><li>• Review existing menus with support from the Trust dietitian to increase seasonal and plant-based options.</li><li>• Promote awareness of the NHS Low Carbon Menu Bank among catering teams.</li></ul> <p>2026</p> <ul style="list-style-type: none"><li>• Deliver internal training or workshops to raise awareness of sustainable food practices.</li><li>• Submit an entry to NHS Chef of the Year to showcase innovation and sustainability in catering.</li></ul> <p>2027</p> <ul style="list-style-type: none"><li>• Evaluate progress against food waste and menu sustainability targets and report outcomes in the Trust's Green Plan annual update.</li><li>• Share best practice across ICS partners and regional networks.</li></ul> |

## 10.9 Supply Chain and Procurement

Procurement plays a critical role in advancing the sustainability ambitions of the NHS. As the majority of the NHS carbon footprint lies within its supply chain (Scope 3 emissions), it is essential that all purchasing and contracting decisions actively support Net Zero goals.

Humber Teaching NHS Foundation Trust has already taken a proactive stance by embedding a 10% sustainability and social value weighting into all tender evaluations. This approach aligns with both the Procurement Act 2023 and central policy guidance under PPN 06/20 and PPN 02/25, ensuring that environmental and social impact are considered alongside quality and cost.

Procurement Manager is a member of the Sustainable Development Steering Group (SDSG), providing leadership and coordination on green procurement activities. Efforts are also underway to reduce the use of single-use products, supporting the transition toward sustainable alternatives such as reusable PPE and clinical devices, in collaboration with clinical improvement workstreams.

Through these actions, the Trust aims to build a supply chain that not only delivers essential goods and services, but also contributes meaningfully to the NHS's Net Zero ambition.

| Aims                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Measurables                                                                                                                                                                                                                                                                                                                               | Roadmap to Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| <ul style="list-style-type: none"><li>• Embed sustainability and social value at the core of all procurement activity.</li><li>• Reduce supply chain-related emissions through supplier engagement, product selection, and governance reform.</li><li>• Transition away from single-use products where safe and appropriate.</li><li>• Equip procurement and finance teams with the tools and training to apply sustainability principles confidently</li></ul> | <ul style="list-style-type: none"><li>• 100% of new tenders to include a minimum 10% weighting for sustainability and social value.</li><li>• Number of single-use product lines replaced with sustainable alternatives.</li><li>• Percentage of procurement and finance staff trained on PPN 06/20 and PPN 02/25 requirements.</li></ul> | <p>2025</p> <ul style="list-style-type: none"><li>• Begin supplier engagement programme focused on Net Zero readiness and shared sustainability goals.</li></ul> <p>2026</p> <ul style="list-style-type: none"><li>• Expand implementation of reusable clinical products in collaboration with clinical improvement teams.</li><li>• Track supplier participation in Evergreen Assessment and report progress through SDSG.</li></ul> <p>2027</p> <ul style="list-style-type: none"><li>• Report annual procurement-related emissions reductions as part of Green Plan review.</li><li>• Share sustainable procurement best practice across ICS procurement forums</li></ul> |

## 10.10 Adaption

Climate change poses a growing risk to the ability of the NHS to deliver safe, effective, and uninterrupted services. Rising temperatures, more frequent extreme weather events, and increased pressure on infrastructure all present significant operational and clinical challenges. Humber Teaching NHS Foundation Trust recognises that adaptation and resilience are essential components of its sustainability strategy and must be embedded within both business continuity and long-term estates and service planning.

The Trust actively works to integrate climate resilience into emergency preparedness, infrastructure investment, and operational procedures. In alignment with national requirements, the Trust ensures compliance with the adaptation provisions of the NHS Core Standards for Emergency Preparedness, Resilience and Response (EPRR) and the NHS Standard Contract, helping to maintain business continuity during periods of extreme weather or environmental stress.

Collaborative working between sustainability leads, public health, emergency planning, and estates teams at both Trust and system level is critical to developing robust, place-based responses. Furthermore, climate adaptation is considered in the design of new facilities, with opportunities for improved green space, sustainable drainage, and passive cooling solutions identified as part of the Trust's infrastructure planning.

The Trust also plays an active role in the cascading of weather health alerts, ensuring timely and relevant messaging reaches all areas of the organisation in accordance with the UK Adverse Weather and Health Plan.

| Aims                                                                                                                                                                                                                                                                                                                                                                         | Measurables                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Roadmap to Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| <ul style="list-style-type: none"><li>• Strengthen climate resilience across all services, infrastructure, and digital systems.</li><li>• Embed climate adaptation into emergency preparedness, estate planning, and new capital development.</li><li>• Support organisational preparedness for extreme weather events to safeguard patient care and staff safety.</li></ul> | <ul style="list-style-type: none"><li>• Full compliance with EPRR climate adaptation standards and NHS Standard Contract requirements.</li><li>• Number of Trust sites with climate risk assessments or adaptation plans in place.</li><li>• Evidence of climate adaptation factors included in all new capital project business cases.</li><li>• Confirmation of Trust-wide weather alert distribution system in place and tested at least twice per year.</li><li>• Delivery of joint planning meetings between sustainability, estates, public health, and emergency response</li></ul> | <p>2025</p> <ul style="list-style-type: none"><li>• Review and confirm compliance with EPRR and NHS Standard Contract adaptation provisions.</li><li>• Conduct baseline climate risk assessments for key sites and prioritise areas requiring urgent resilience measures.</li><li>• Establish formal links between sustainability, emergency planning, and estates teams to coordinate response planning.</li></ul> <p>2026</p> <ul style="list-style-type: none"><li>• Review and update adverse weather procedures and ensure effective Trust</li></ul> |

|                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                         |  |  |            |  |            |  |         |   |           |  |               |   |  |  |
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| Title & Date of Meeting:                                                                                                                                                                                                                                                                                                                                              | Trust Board Public Meeting – 30 July 2025                                                                                                                                                                          |                                                                                                                                                                                                                                                                         |  |  |            |  |            |  |         |   |           |  |               |   |  |  |
| Title of Report:                                                                                                                                                                                                                                                                                                                                                      | Collaborative Committee Assurance Report                                                                                                                                                                           |                                                                                                                                                                                                                                                                         |  |  |            |  |            |  |         |   |           |  |               |   |  |  |
| Author/s:                                                                                                                                                                                                                                                                                                                                                             | Stuart McKinnon-Evans<br>Non-Executive Director – Chair of Collaborative Committee                                                                                                                                 |                                                                                                                                                                                                                                                                         |  |  |            |  |            |  |         |   |           |  |               |   |  |  |
| Recommendation:                                                                                                                                                                                                                                                                                                                                                       | <table><tr><td>To approve</td><td></td><td>To discuss</td><td></td></tr><tr><td>To note</td><td>✓</td><td>To ratify</td><td></td></tr><tr><td>For assurance</td><td>✓</td><td></td><td></td></tr></table>          |                                                                                                                                                                                                                                                                         |  |  | To approve |  | To discuss |  | To note | ✓ | To ratify |  | For assurance | ✓ |  |  |
| To approve                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                    | To discuss                                                                                                                                                                                                                                                              |  |  |            |  |            |  |         |   |           |  |               |   |  |  |
| To note                                                                                                                                                                                                                                                                                                                                                               | ✓                                                                                                                                                                                                                  | To ratify                                                                                                                                                                                                                                                               |  |  |            |  |            |  |         |   |           |  |               |   |  |  |
| For assurance                                                                                                                                                                                                                                                                                                                                                         | ✓                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                         |  |  |            |  |            |  |         |   |           |  |               |   |  |  |
| Purpose of Paper:                                                                                                                                                                                                                                                                                                                                                     | This paper provides an executive summary of discussions held at the Collaborative Committee meeting on Monday 23 June 2025 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>Q4 contract meeting with NHSE overall positive</li><li>No young people awaiting transition to adult eating disorder services</li><li>Continued positive impact of EDiTT</li><li>All HNY partnership providers on routine monitoring.</li><li>EDiTT shortlisted for a HSJ award.</li></ul> |                                                                                                                                                                                                                    | <b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"><li>All 3 work streams have agreed their 2025/26 priorities.</li></ul>                                                                                                                 |  |  |            |  |            |  |         |   |           |  |               |   |  |  |
| <b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"><li>Continued focus on review of Enhanced Packages of Care and pathways into Adult Secure services.</li></ul>                                                                                                                                                                                      |                                                                                                                                                                                                                    | <b>Decisions Made:</b> <ul style="list-style-type: none"><li>Children Young People MH referral protocol – ratified.</li><li>Escalation, Briefing, Dispute Resolution and Arbitration Processes: Provision and commissioning functions Review 2025 – ratified.</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             | 23.6.2025 | Other (please detail)<br>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 23.6.2025 was *quorate*. The meeting discussed the following matters:

### Matters Arisings

Clinically Ready for Discharge benchmarking – no national data collected by NHS England, but benchmarking of regional colleagues shows that HNY Specialised PC CRFD is consistent with other areas in terms of numbers and trends.

### Insight Report

Highlights from the report:

- NHS England and the transition from NHS E responsibility to ICB responsibility in 2025.
- Perinatal Provider Collaborative workshop held in May – West Yorkshire are the leads.
- Quarterly Contract meeting with NHS E – overall very positive with assurance received to the planning and financial oversight of HNY SPC.
- Quality Assurance meeting with NHS E – overall very positive and assured by SPC quality oversight.
- Yorkshire and Humber Oversight Group – new group established to oversee Regional Specialised Services:
  - Perinatal
  - Forensic Community CAMHS
  - Pathway Development Service
  - Yorkshire and Humber Involvement Network

### Risk Register

- 5 Risks on the Risk Register of which 2 are currently rated at 12 or higher
- 2 new risks added – CAMHS Clinically Ready for Discharge and Adult Secure – complexity and acuity
- 3 risks have been closed since the last meeting
  - Adult Eating Disorder financial pressure
  - Patient Safety – all actions complete



- StEIS reporting – all actions complete

## Work Stream Updates

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

### 1 CAMHS – Child and Adolescent Mental Health Services

- Continued reduced use of out of area due to positive impact of Willow View and EDiTT
- EDiTT has been shortlisted for a HSJ award
- Continued pressure on Clinically Ready for Discharge due to lack of community / local authority packages of care – however 2 recent discharges of young people which is a positive trend.
- No young people in CAMHS awaiting Adult MH eating disorder services.
- Increase of young people age under 13 being admitted to in-patient CAMHS (these services are nationally commissioned by NHS England)
- Review of the space in Nova at Inspire and options for future use are being considered.
- Option to expand the role of Willow View (Day Care in York) to wider than eating disorders.
- Work stream priorities have been agreed for 2025/26. The Committee asked for more assurance about deliverables, timescales and whether the priorities were ambitious.

### 2 Adult Eating Disorder

- No patients Clinically Ready for Discharge.
- No people on the waiting list for admission.
- Inpatient finance position remains positive.
- Alternatives to hospital project has commenced with recommendations for areas of clinical consideration being identified.
- Work stream priorities have been agreed for 2025/26. The Committee asked for more assurance about deliverables, timescales

### 3 Adult Secure

An adult secure Case Study was shared at the start of the meeting, which (anonymised) outlined the care of a person from HNY currently in secure hospital care and the learning from the care of the person.

- Increase in adult secure population (low and medium secure)
- Average length of stay continues to be lower than January 2022
- Clinically Ready for Discharge continues to be problematic with 14 people awaiting discharge – 1 patient waiting for over 4 years – this is due to lack of community care packages (health and local authority).
- Work stream priorities have been agreed for 2025/26 The Committee asked for more assurance about deliverables, timescales.

## Quality Improvement and Assurance

- All providers on routine monitoring.
- Recent CQC review of Red Kite View (West Yorkshire) and Mill Lodge (HNY) both services are under the leadership of Leeds & York Partnership NHS FT however CQC ratings are across the 2 CAMHS units and not separate. Working with colleagues in West Yorkshire to understand the CQC ratings which are specific to Mill Lodge in HNY.
- Cheswold Park Hospital, S Yorkshire. All HNY patients have been reviewed recently – no quality assurance concerns. Referrals to the unit have slowed whilst S Yorkshire SPC review the service since taking on responsibility for leadership.



## **Finance**

- End of 2024/25 favourable end of year financial position despite a pressure on Enhanced Packages of Care of circa £1 million.
- Positive impact on out of area patients placed in HNY block beds (CAMHS and Adult Secure) during 2024.

As at June 2025

- Financial allocation £66,7m
- Area of risk identified as Enhanced Packages of Care which have grown since October 2021. However, 2 high-cost patients due to discharge in the next quarter.
- Month 2 budget £11.1m with a spend of £11.4m

## **Children Young People MH referral protocol**

- Shared for information and ratification – already supported by each workstream and approved at PCOG

## **Escalation, Briefing, Dispute Resolution and Arbitration Processes: Provision and commissioning functions Review 2025**

- Shared for information and ratification – already supported by each workstream and approved at PCOG

**Agenda Item 25**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |            |  |            |  |         |   |           |  |               |   |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|------------|--|------------|--|---------|---|-----------|--|---------------|---|--|--|
| Title & Date of Meeting:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Trust Board Public Meeting – Wednesday 30th July 2025                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |            |  |            |  |         |   |           |  |               |   |  |  |
| Title of Report:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | People & Organisational Development Committee Assurance Report from meeting held on 18 June 2025.                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |            |  |            |  |         |   |           |  |               |   |  |  |
| Author/s:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Dean Royles – Non-Executive Director                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |            |  |            |  |         |   |           |  |               |   |  |  |
| Recommendation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <table><tr><td>To approve</td><td></td><td>To discuss</td><td></td></tr><tr><td>To note</td><td>✓</td><td>To ratify</td><td></td></tr><tr><td>For assurance</td><td>✓</td><td></td><td></td></tr></table>                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  | To approve |  | To discuss |  | To note | ✓ | To ratify |  | For assurance | ✓ |  |  |
| To approve                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                   | To discuss                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |            |  |            |  |         |   |           |  |               |   |  |  |
| To note                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ✓                                                                                                                                                                                                                                                                 | To ratify                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |            |  |            |  |         |   |           |  |               |   |  |  |
| For assurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ✓                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |            |  |            |  |         |   |           |  |               |   |  |  |
| Purpose of Paper:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <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 18 June 2025 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>Gender Pay Gap significantly better than the national average and the lowest since it was first reported in 2018.</li><li>Improved in all 9 Workforce Race Equality Standards (WRES) indicators compared to the previous year’s figures.</li><li>Improved in 7 out of 10 Workforce Disability Equality Standards (WDES) indicators compared to the previous year’s figures.</li><li>Consultant turnover has reduced from 13.02% to 9.91% and Support to Nursing staff turnover has reduced from 14.75% to 8.97%</li></ul> |                                                                                                                                                                                                                                                                   | <b>Key Actions Commissioned/Work Underway:</b> <ul style="list-style-type: none"><li>Encouraging, promoting and supporting flexible working arrangements in senior roles.</li><li>Operationalise and further embed Respect and No Excuse for Abuse.</li><li>Work towards becoming a Disability Confident Leader.</li><li>Mid-year reviews of divisional workforce plans take place with Strategic HR Business Partners.</li></ul> |  |  |            |  |            |  |         |   |           |  |               |   |  |  |
| <b>Key Risks/Areas of Focus:</b> <ul style="list-style-type: none"><li>Recruiting more men in junior banded roles and roles seen as traditional female.</li><li>Addressing bullying and harassment towards ethnically diverse staff by patients</li></ul>                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                   | <b>Decisions Made:</b> <ul style="list-style-type: none"><li>Gender Pay Gap action plan agreed.</li><li>WRES action plan agreed.</li><li>WDES action plan agreed.</li></ul>                                                                                                                                                                                                                                                       |  |  |            |  |            |  |         |   |           |  |               |   |  |  |

|                                                                                                                                                                                                                                           |                                     |      |                                               |            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------|-----------------------------------------------|------------|
| <ul style="list-style-type: none"> <li>Addressing bullying and a harassment towards disabled staff by patients and colleagues.</li> <li>21.22% (686.34 FTE) are currently at retirement age or will reach it by 31 March 2029.</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) Trust Board             | 30/07/2025 |

### Monitoring and assurance framework summary:

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

## Committee Assurance Report – Key Issues

### Assurance Report 18 June 2025

**Gender Pay Gap:** The committee noticed a big decrease in the gap through the actions that had been taken and there continues to be focused work within the organisation to continue to reduce it further. The Trust is looking at opportunities to link with initiatives such as health inequalities and men's health strategy when published.

The committee approved the Gender Pay Gap report and recommended it be ratified at the Trust Board meeting on the 30 July 2025.

**Workforce Race Equality Standard (WRES):** Improvement in all nine indicators across the WRES, with particular focus around No Excuse for Abuse and the Respect Campaign. Also looking at ways to continue the work on reducing discrimination and abuse in the workplace either from colleagues or from patients.

The committee approved the Workforce Race Equality Standard (WRES) report and recommended it be ratified at the Trust Board meeting on the 30 July 2025.

**Workforce Disability Equality Standard (WDES):** Welcomed the report, good to see improvement in 7 out of the 10 indicators and also seen year on year improvements in a number of areas including representation of disabled people in more senior roles and representation throughout the workforce since 2020.

The committee approved the Workforce Disability Equality Standard (WDES) report and recommended it be ratified at the Trust Board meeting on the 30 July 2025.

**Trust 2025/26 Annual Workforce Plan:** Welcomed the annual Workforce Plan, noted there are still higher levels of vacancies amongst AHP's, but there has been significant improvements in other areas. Divisional modernisation plans are included within the planning and all growth has confirmed funding.

**Supreme Court Judgement:** The Trust has reviewed the relevant data and has convened a task and finish group that is looking at a number of related actions through to delivery, including planning around facilities i.e. toilets, washrooms and changing rooms and looking at policies that will require changing, while waiting for the national guidance from NHSE(patient areas) and ECHR to be received.

**ICB Employment Hub:** Received a verbal update on the ICB employment hub and clearing house arrangements which the executive team are considering, to make sure that we are a partner in the system, but ensure we maintain a focus on our own care and delivery.

## Board Strategic Development Meeting

### Agenda

15 September 2025, 9.30 am – 4.00 pm

|    |                                                                                                                                                   | Lead | Action  | Report format | Timings |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|---------------|---------|
| 1. | Apologies for Absence                                                                                                                             | CF   | Note    | verbal        | 9.30    |
| 2. | Notes from 25 June 2025 Meeting and Action Log                                                                                                    | CF   | Note    | ✓             | 9.35    |
| 3. | Long-Term Plan and Humber NHSFT's Vision for the Future                                                                                           | MM   | Discuss |               | 9.40    |
| 4. | <b>Lunch and walk</b>                                                                                                                             |      |         |               | 12.30   |
| 5. | Board Development Plan                                                                                                                            | SJ   | Discuss | ✓             | 14.00   |
| 6. | Any Other Topical Issues                                                                                                                          | CF   | Discuss |               | 14.30   |
| 7. | <b>Date, Time and Venue of Next Meeting</b> <ul style="list-style-type: none"> <li>29 October 2025, Multi-Use Room, Trust Headquarters</li> </ul> |      |         |               |         |