NHS
Humber Teaching
NHS Foundation Trust

Humber Teaching NHS Foundation Trust
Annual Report and Accounts 2023/2024

Caring, Learning
& Growing Together

Humber Teaching NHS Foundation Trust

Annual Report and Accounts 2023/24

Presented to Parliament pursuant to schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006

Contents

Chair and Chief Executive's Foreword

It's an honour to present our Annual Report once more as we reflect on another remarkable year at our Trust.

Whilst the shadow of Covid-19 still lingers and we face many ongoing challenges that test our resilience, we have remained strong. This report tells the story of this journey and how despite the challenges we face we've persevered, fostering innovation and improvement at every turn.

2023/24 was the second year of our strategic plan. Developed in collaboration with our stakeholders, it outlines our ambition to achieve a CQC rating of outstanding, co-producing services and delivering on our commitment to continuing to support and develop our workforce.

We have made excellent progress against our objectives and there have been many special moments to celebrate, many of which are highlighted throughout this report.

Listening to and hearing from our patients and their friends and family helps us to continually improve our services. Last year over 15,000 people completed our Friends and Family Test ensuring that we receive open and honest feedback about their experiences. By harnessing the collective voice of patients and their families, these experiences serve as a catalyst for positive change, driving ongoing advancements in patient-centred care across our Trust. You can read more of their comments later in this report.

Over the past year, the Trust has been working towards the implementation of the Patient Safety Incident Response Framework with a key focus on how we engage and involve patients and families following a patient safety incident.

Our Involving Patient and Families group includes patient and carer representatives, those with lived experience, peer support workers, our patient safety partners, and key members of the Patient Safety and Patient and Carer Experience (PACE) teams. Their valuable feedback and insight have ensured we take fully into account the perspective of patients, families and carers when implementing this new approach. Like many other projects this year that demonstrate their commitment to continuing service improvement and our aim to get things right first time, the plan and supporting policies have been awarded our co-production stamp. This visual symbol on our documents and promotional materials is just one way that we show our appreciation for the time and effort dedicated by patients, service users, carers and staff to the co-production process.

Our annual staff survey serves as a vital feedback mechanism, driving continuous improvement across our organisation. To hear that we are performing above the NHS average for all people promise themes and subthemes, affirms that we are moving forward in the right direction to realise both our own and the national ambition as an employer.

Last year we acknowledged the importance of broader staff engagement and pledged to amplify voices from all corners of our Trust. We were delighted that 11.72% more people than last year completed our staff survey, taking our completion rate to 56%, a record for our Trust.

Collaboration lies at the heart of our strategy, and we recognise the power of partnerships in achieving our goals. As active participants in our local Health and Care partnership, we remain committed to pioneering integrated, forward-thinking healthcare solutions across Humber and North Yorkshire.

As the lead provider for the Humber and North Yorkshire Specialised Mental Health, Learning Disability and Autism Collaborative we bring together five NHS, Independent and Social Enterprise mental health, learning disability and autism hospital providers.

In partnership with our places, providers and NHSE we provide leadership and oversight to a number of transformation programmes and have also led on delivering the priorities outlined in the NHS Long Term Plan. This has covered a number of areas including suicide prevention, learning disabilities, community mental health team transformation, crisis care, perinatal, dementia, improving access to psychological therapies and expanding services for children and young people.

The celebrations and achievements in this report are supported by the strategic direction and oversight of our Board.

In October, Priyanka Perera and David Smith joined us as an Associate Non-Executive Directors.

Priyanka is the Managing Director of B. Cooke & Son Ltd, producing navigational publications and nautical instruments to mariners locally, nationally, and internationally. It was great to welcome her skills and knowledge of Hull and its diverse communities to the Board.

David is an experienced third sector leader and was the former Chief Executive for Teeside Hospice. His background in finance, mental health and charity will support us as we strengthen our commitment to being a great partner as well as realising our fundraising ambitions.

We also said goodbye and thank you to those governors that had reached the end of their terms in office and to Hanif Malik, an Associate Non-Executive Director who had reached the end of his term in office.

As we navigate through a landscape of evolving healthcare, we must acknowledge both our achievements and areas for improvement.

An exponential rise in the demand for a diagnosis of autism has become a national concern. With a record number of 190,000 patients expected to be waiting for an autism diagnosis, NHS services and professionals are increasingly unable to meet demand. Through our work as the lead provider for mental health and learning disabilities, we are working on a collaborative approach that sees the NHS, third sector and private companies working together to create assessment pathways that tackle the backlog and speed up access. As a Trust, we have taken proactive measures to understand and address the increased demand for assessment and treatment for individuals with ADHD and Autistic Spectrum disorders.

In forensics, through our partnership with Tees Esk and Wear Valley NHS Foundation Trust, we secured a joint bid to deliver mental health services across several prisons. Our Trust is actively engaged in delivering specialist mental health services as part of this endeavour, underscoring our commitment to addressing mental health needs within correctional facilities.

We are proud of our role in shaping the future vision of health and social care in Bridlington, East Yorkshire. We continue to deliver Primary Care in the town as part of the Harthill Primary Care Networks (PCNs) and despite significant changes, remain a key partner in driving forward the health agenda within the town.

In North Yorkshire, our community team has successfully established 15 virtual ward beds in North Yorkshire. These beds have been introduced in alignment with national directives and facilitate patient care closer to home, reducing the need for unnecessary hospital admissions and promoting patient-centric care delivery.

Our mental health division, in collaboration with health and social care partners and alongside Humberside Police, have championed the "Right Care, Right Person" agenda. This initiative aims to ensure that individuals in mental health crisis receive appropriate care from mental health professionals rather than involvement with law enforcement. Our collaborative approach in this area has been recognised, with our work being shortlisted for the prestigious Health Services Journal, "Place-based Partnership and Integrated Care Award."

Our commitment to health equality remains unwavering. We are dedicated to understanding and supporting service users experiencing health inequalities. Across all services, we are actively identifying marginalised groups and ensuring they receive the equitable healthcare they deserve.

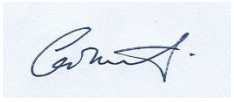
Recently, our Trust achieved success in the procurement of Integrated Addictions and Inclusion Health Services, underscoring our commitment to comprehensive and inclusive healthcare provision.

While this report captures some of our achievements, we know that there are countless moments that shape the experiences of our patients, service users, and their families. Our Performance Report (from page 12) and Quality Accounts (linked in full at the end of this report) capture just some of the many achievements that we are so proud to share this year, but we know that there are so many more.

As we look ahead to 2024/25, we remain motivated for the next phase of our journey. Our goal remains to be a leading provider of integrated health services, a trusted partner, and a great employer.

We will continue to learn from our challenges working as one team across all our services to achieve our ambitions and have a real and lasting impact on the health and wellbeing of the diverse communities we serve.

We want to thank each and every one of our staff for their ongoing dedication and hard work in delivering the highest standards of care to those who rely on us. Your efforts truly make a difference.



Rt Hon Caroline Flint
Chair

Michele Moran
Chief Executive

About our Trust

We are an award-winning provider of health and social care services in Hull and East and North Yorkshire. Offering multispecialty services and care, we improve the physical and mental health and wellbeing of patients and service users.

We provide a broad range of community and therapy services, primary care, community, and inpatient mental health, learning disability, healthy lifestyle support and addictions services. This includes specialist services for children incorporating physiotherapy, speech and language therapy and support for children and their families who are experiencing emotional or mental health difficulties.

Our specialist services (such as forensic support and offender health) support patients from the wider Yorkshire and Humber area and further afield. Inspire, our Child and Adolescent Mental Health in-patient unit, serves the young people of Hull, East Yorkshire, and North-East Lincolnshire.

We hold a total of three GP practice contracts registered to provide care with the Care Quality Commission (CQC). These are a mixture of General Medical Services (GMS) and Personal Medical Services (PMS) contracts in Cottingham, Market Weighton and Bridlington.

We employ more than 3,300 staff working across numerous locations covering Hull, the East Riding of Yorkshire, Whitby, Scarborough, and Ryedale.

We have approximately 3,500 members who we encourage to get involved, have their say, elect governors, and help us to make a difference to how local healthcare services are provided. The views of Trust members are represented by our Council of Governors. We have 22 governors made up of public governors, service user and carer governors, appointed governors, and staff governors. More than half of the Council of Governors is elected by local people. Appointed governors include representatives of local partnership organisations.

We also have 120 dedicated volunteers who are passionate about working in our services and are available to help patients, staff, and visitors. Their work makes a huge difference to our patients' experience whilst improving their own health and wellbeing.

As a Teaching Trust, we work closely with our major academic partners, Hull York Medical School, and The University of Hull, nurturing a workforce of tomorrow's doctors, nurses, and health professionals. The research that we do helps to improve the health and wellbeing of the people we serve, our services and the care and treatment of people worldwide.

We have a dedicated Research and Development team involved in both national and global medical research and our fourth annual research conference was held virtually in November with international delegates and over fifty organisations represented.

Our work as the organisational host for the Yorkshire and Humber Care Record continued this year on behalf of the Yorkshire and Humber ICS system. This partnership aims to provide health and care staff with better and faster access to vital information about the person in their care and aims to provide citizens with access to their information and encourage them to be more involved in looking after their health.

The programme's ambitious objective is to integrate health and care records across the region with the aim of improving care by providing timely and relevant information to care professionals and citizens securely and safely.

Our Services

Our services cover a wide-ranging geographic area comprising Hull, the East Riding of Yorkshire, Scarborough and Ryedale, Pocklington and Whitby and include nationally commissioned services.

Our services are grouped into four divisions:

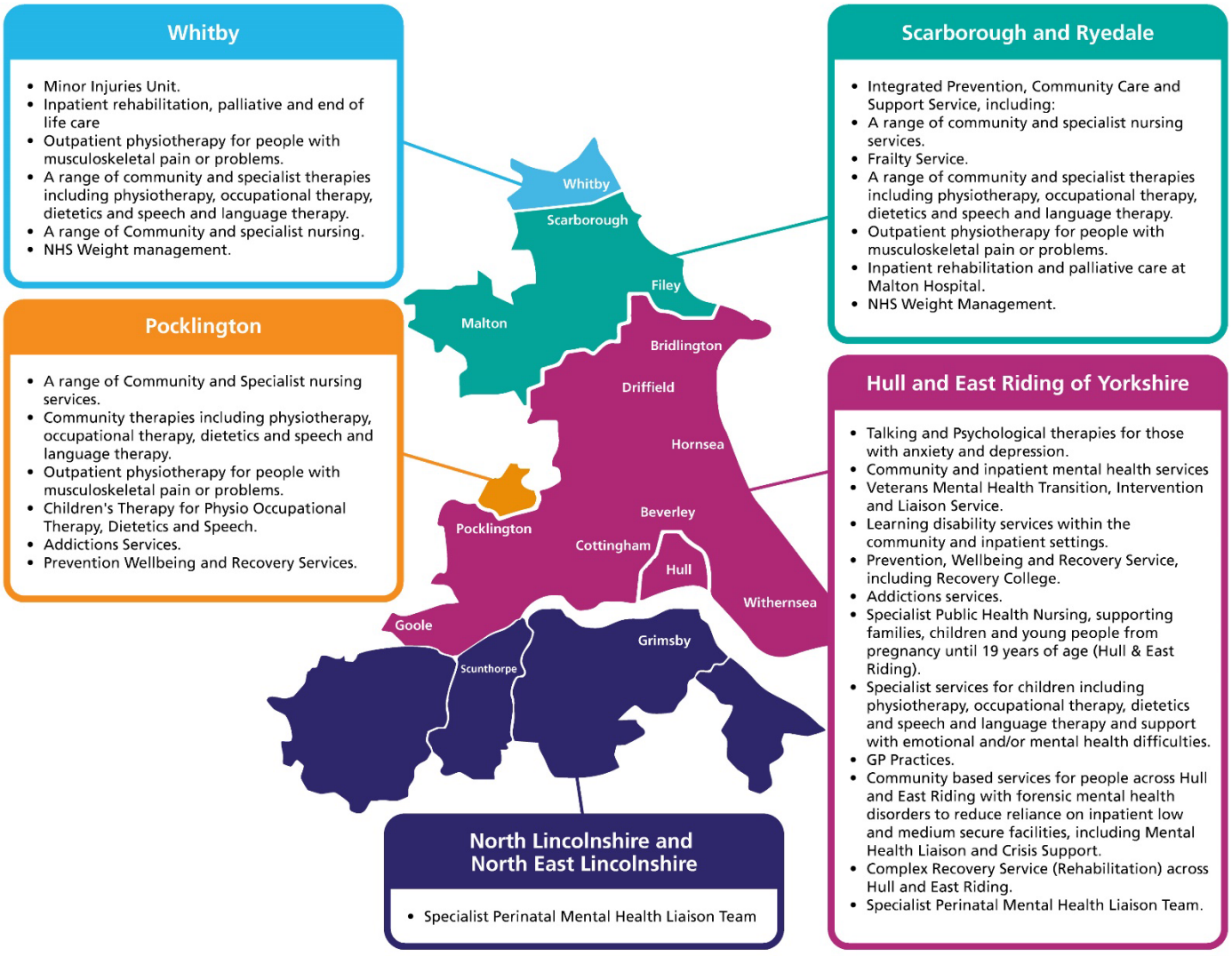
- Community and Primary Care

- Children's and Learning Disabilities
- Forensic Services
- Mental health

Supported by our excellent and award-winning support services, our care is delivered in a variety of settings including in patients own homes, GP practices and health centres, outpatient clinics, hospitals, local authority premises and our inpatient units. More specialised care is provided by the Psychiatric Intensive Care unit and Forensic Services.

During the year, our Mental Health and Physical Health Community services saw 87,382 patients, and an additional 1,346 patients were looked after in our mental health units and community beds. Full details can be found in our Quality Account reports on our website www.humber.nhs.uk/about/annual-report-and-accounts.htm

In addition to health and care services, we also provide medical teaching to undergraduates of the Hull York Medical School.



Further information about our services and referral pathways can be found on our website www.humber.nhs.uk

Our Vision, Values and Strategic Aims

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 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.

Our Strategic Goals

- 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

Performance Report

Overview of Performance: A statement from the Chief Executive

As we navigate through another year it is with great pride that I share my performance report.

I find immense value in looking back each year. It allows me to reflect not only on our achievements but also on the collective dedication and resilience of our team. Everyone involved in the highlights showcased should feel immense pride knowing that, despite the challenges we faced, we persevered and continued to deliver our highest standards of care to those who rely on us.

These achievements highlight the compassion and commitment of our staff and partners. Whether it's addressing waiting times, expanding access to essential services, or implementing innovative technologies, each accomplishment demonstrates our shared commitment to improving the health and wellbeing of the communities we serve.

Undoubtedly, the past year has presented its fair share of challenges. The healthcare landscape continues to rapidly evolve as more diverse and complex demands are placed on the NHS than ever before.

Growing service needs, stretched resources and the ongoing need to improve efficiency and patient outcomes, puts pressure on us all. Whilst we have made great progress on addressing these challenges, there are still obstacles to delivering responsive and quality care.

In our Community Services we have seen increased volume and acuity of patients requiring support. There are significant pressures to continue to reduce community waiting lists, with a reduction target of 10% in 2024/25. Managing the patient safety agenda, responding to national priorities, learning the lessons and embedding this learning whilst continuing to respond to and manage local operational pressures is an on-going challenge.

Whilst we are doing great work on our Health Inequalities agenda, in our North Yorkshire services, there are on-going challenges associated with the geography of the patch and its rural and coastal communities which include significant areas of deprivation.

The aging population poses significant challenges for the NHS, increasing demand for healthcare services while straining resources. This is particularly true in our Adult Mental Health services where addressing this demographic shift requires innovative solutions to ensure quality care and sustainable healthcare delivery for all generations.

Over the last year, we have worked closely with our colleagues at Hull University Teaching Hospital Trust to implement successful service transformation within the Emergency Department. Despite this, there are still some challenges within the Urgent Care and Emergency pathway.

Our Children’s and Young People team is seeing a change in the demographic of patients with an increasing number of young people Not in Education, Employment or Training (NEET) or home educated. We are also undoubtedly seeing the impact of stretched resources from partners which is leading to increased waiting lists and a reduction in the quality of care. This can lead to certain populations not having their needs well met by schools and social care. Like in other services there are challenges in transitions whether that is from children to adult services or from inpatient to the community and social care.

Our Estates team has worked tirelessly to develop and maintain our buildings and services. The Mental Health Inpatient estate is ageing and although the Trust is committed to improving the accommodation, this commitment when realised leads to a significant amount of potentially disruptive refurbishment.

The Trust has a current five-year Estate Strategy (2022-2027) and continues to develop its estate in accordance with the strategy. This is monitored via the Estate Strategy and Capital Delivery Group, Executive Management Team, Finance Committee and Trust Board. A modern equivalent asset valuation has been undertaken on the entire freehold estate, with additional open market valuations at targeted sites that have been identified for disposal. Further reinstatement valuations have been completed for sites, where this value exceeds £1m, for insurance purposes.

Across our divisions, and in particular in our Forensic services, we have progressed some excellent work on analysing and transforming the workplace culture. This will remain an area of focus over the coming year.

Following the airing of the Panorama programme into Edenfield Centre Prestwich in September 2022, we undertook a significant piece of work with all staff in relation to the identification and management of closed cultures. Regular assurance and progress reports have been presented to the Trust Board, outlining the governance arrangements in place and areas of continuous development to mitigate against closed cultures. Further information can be found in our Quality Account.

Whilst we are still in the early days of working as a system (in other words, working together with other providers of care to improve the experiences of those people that use our services) there are still some commissioning gaps and inconsistencies, particularly around transition from children to adult services. Whilst we work towards delivering Trauma Informed care to our service users, we need Trauma Informed systems to support this. Working together as a system would help to further develop services for people with a Learning Disability including ensuring patients, family and carers' voices are central to developments. We will continue to work with our partners to address this as we move into 2024/25.

The highlights that follow show that despite these obstacles, we remain steadfast in our commitment to excellence, innovation and above all, the best possible patient care.

By listening to our service users, their families and carers and our staff, we can foster a culture of inclusivity, respect, and collaboration, where all voices are valued and heard.

Our Quality Account (at the end of this report), outlines progress against our quality priorities which were agreed together with our patients, carers, staff, and stakeholders. You can hear their voice throughout as they share stories that bring to life our achievements.

Patient's, Service Users and Carers voices were heard throughout a new project this year, which aimed to improve the environment for those with a mental health problem attending the Emergency Department. Patients and staff took part in focus groups that informed the new space and helped to create a recovery focussed environment which is having a positive impact on those accessing the service.

"The blossom on the wall was really calming, I started thinking about things that would be happening over Easter and it helped me to calm, the colours were calming, certain colours tend to anger me like red but the purple and blue colours were relaxing."

"It was good that staff are seeing physical and mental health as equally important."

Patients from the Mental Health Services division accessing the Emergency Department Streaming Service feedback

Our Experts by Experience (EbE) are people with experience of using services as either a patient, service user or a carer who are interested in undertaking activities within the Trust. This year, Townend Court was the first service to employ an expert. They took on the role of peer researcher on a project to evaluate the Specialist Doctor Service for people with Profound and Multiple

Learning Disabilities (PMLD) working with a Principle Clinical Psychologist and a Psychology Assistant in Townend Court on the project.

"Her experience and insight has been invaluable. She has been able to build relationships with families and people with learning disabilities that meant they were much more open and relaxed in the interviews. Her insight has changed the way we work, helped our understanding of high quality healthcare and enhanced my own practice as a professional." **Principle Clinical Psychologist**

"I can get more experience and meet new people in the service and learn what a peer researcher is. I like doing something that helps people and something that is important and learning what the job is all about. It is good to be like other people and have a job and getting out and doing a job I enjoy."
Expert by Experience

One way we hear the voice of our staff each year is through the results of the National NHS Staff Survey. This year 56% of staff completed the survey, a record for the Trust and above the national average.

Results measure progress on seven NHS People Promises plus the themes of staff engagement and morale, to track national progress against the ambition to make the NHS the best workplace it can be. We were pleased to hear that we are performing above the NHS average for all people promise themes and subthemes.

The latest report also includes five years of results, demonstrating the positive work that has been done in this time to ensure continuous improvements are made to staff and patient experiences. This includes an improvement in the number of staff who agree/strongly agree that they 'would recommend their organisation as a place to work ". We were pleased to see this rise from 49% in 2019 to 67% in 2023, making us the most improved in the country for trusts of our kind and the second most improved in the NHS over that time period.

Our Friends and Family Test results shows that 93% of respondents find our staff friendly and helpful, 90% believe they receive sufficient information, and almost 92% feel they are involved as much as they want to be in their care.

- 15,578 Friends & Family test responses
- 88.3% of our patients were satisfied with the services they received.

Throughout the year, the quality of our staff and services has been supported by letters of praise and direct patient experience feedback and a selection of these comments are included below.

Friends and family comments

The service was brilliant. Right from the receptionist at 9am to the nurse at 11.30. Exceptional friendly staff, I couldn't fault them. Market Weighton Practice

The doctor I saw was excellent, really friendly and went through everything thoroughly, best doctor I've ever had, thank you. Humber Primary Care

I went in without a parent and the GP was very supportive and friendly when I usually can be very unsettled if I go in alone, she was very helpful and let me talk through mental health without making me feel uncomfortable. King Street Practice

Very friendly staff. helpful and supportive. made me feel reassured that I was doing well. Virtual Ward. Community Services Scarborough

I felt that my social worker listened to me and understood my situation, she was there to help and made my life easier. HICTOP

Very knowledgeable about the mental health issues I struggle with. Listened and gave information, support, encouragement, and strategies to help me deal with my health difficulties. Emotional Wellbeing Service

Very kind and understanding. helped me feel at ease and safe. everyone from district nurse and healthcare staff and with cleaners they are all a good team. Avondale (Mental Health)

We were listened to, advice was given, and we were happy knowing we can contact the service should we wish to in the future, even just for advice. West ISPHN – Haltemprice

Kind and caring, always listened to me, helped me through a difficult time in my life and never judged me. HMP Hull and Humber Prisons

Supporting our teams to put themselves forward for local, regional and national awards provides recognition and validation of their hard work, dedication and innovative practices.

This year our teams were recognised at awards ceremonies and were shortlisted nine times. It is outstanding to see our teams representing the Trust at this level and I am proud to see them on the stage celebrating their fantastic achievements. Award wins not only celebrate past achievements but also inspire and motivate teams to strive for excellence and innovation in their work every day.

One example of this is our Trust's Professional Lead for Approved Mental Health Professionals (AMHP), Kirsten Bingham, who was recognised with the gold award for National AMHP of the Year 2023.

Nominations and Award wins

Awards

Social Worker of the Year Awards – National AMHP of the Year Award for Kirsten Bingham

HSJ Awards, High Commendation for 'Right Care Right Person' in the Place-Based Partnership and Integrated Care category

HSJ Patient Safety Awards – High Commendation for 'Follow My Lead' in the Learning Disabilities Initiative of the Year category

Patient Experience Network Awards, Innovative Use of Technology/Social/Digital Media, Scale, Spread and Embed, PACE Team (1 of 10 Trusts involved)

Nominations

Student Nursing Times Awards

Student Nursing Placements, Placement of the Year: Community, Sam Kitchen
Student Nursing Placements, Practice Supervisor of the Year, Eleanor Williams

HSJ Digital Awards
Digital Clinical Safety, Electronic Prescription Service, East Riding Partnership

HSJ Patient Safety Awards
Learning Disability Initiative, Phlebotomy Clinic, Community LD Hull,
Patient Safety Education and Training, Follow My Lead, Hull PMLD
Learning Disability Initiative, Follow My Lead, Hull PMLD,

Community Care, CENS, Complex Emotional Needs Service

NHS Parliamentary Awards
The Future NHS Award Electronic Prescription Service, East Riding Partnership
Lifetime Achievement Award, Ruth Edwards, Speech & Language Therapy

An external well-led review of governance was undertaken in 2021/2022 by Grant Thornton which validated the good work we were doing to progress governance within the Trust. That report contained several low-level recommendations to further enhance our governance, and an action plan was produced outlining how the recommendations would be implemented within the Trust. All actions have been successfully implemented and despite being in an excellent position, we continue to consider ways in which to further improve our governance.

We continue to play a key in the development of our local Integrated Care System (ICS), and I am the Mental Health and Learning Disabilities and Autism provider representative on the Integrated Care Board.

A key focus for us is to achieve parity of esteem for mental health across our Integrated Care System. This means that mental health is treated with equal importance to physical health across our whole ICS.

By treating mental health conditions with the same level of importance and priority as physical illnesses, we validate the experiences of individuals living with mental health issues and reduce the stigma surrounding this. This in turn will facilitate timely access to mental health services, ensuring that individuals receive appropriate treatment and support when they need it most.

This goes beyond ensuring that the standards and experiences of care in mental health are the same standard as physical health. We also must ensure that our services have the resource and funding that will close the gap between mental and physical health care.

People living with severe mental illness face one of the greatest health equality gaps in England. Their life expectancy is 15–20 years shorter than that for the general population, largely due to preventable physical illnesses. This year we have significantly increased physical health checks for both people with severe mental illness and learning disabilities. We are working with other sector collaboratives, such as primary care and the cancer alliances to expand this in the future.

Our Trauma Informed Care programme for Children and Young People's Mental Health has been successful in establishing four test and learn sites, which have gained national recognition. We have also seen a drop in the re-offending rate among young people since launch and. have also exceeded our planned target for the number of children and young people accessing mental health support across our ICS.

Our draft three-year plan for Inpatient Quality and Transformation Programme was submitted to NHS England in March 2024. Our focus on out of area placements and bed stock across providers has revealed we must prioritise mental health rehabilitation both in terms of length of stay, appropriateness of initial placements level and quality of provision in Humber and North Yorkshire. This will be our focus for 2024/25 to ensure our work has the greatest impact.

As part of the overall Integrated Care System Financial Plan, the Trust has delivered a breakeven position without seeking any additional resources other than for the pay award. This includes no extra resource for the Industrial Action undertaken in year. As well as achieving the breakeven position, the Trust has delivered efficiency savings of £11.616m

As part of the ICS Joint Capital Plan, the Trust has delivered agreed capital projects of £18.673m including IFRS-16.

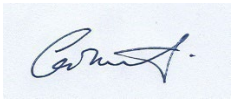
Shared care records are the cornerstone of joined up care delivery. The Yorkshire and Humber Care Record programme, which we host on behalf of the Yorkshire and Humber region, has continued to build, and develop over the last twelve months. On average, over 130,000 patient records are accessed each and every month, helping our staff to provide well-informed, safer, and more effective patient care.

I would like to thank everyone for the role they play in creating a happier and healthier community, including the Integrated Care Boards (ICBs), local authorities, emergency services colleagues and fellow healthcare providers.

Our Trust Charity, Health Stars continues to add their sparkle to projects, including supporting staff access charitable funding through their wishes programme. The outstanding support of our Trust Governors and Members also continues to help us improve the quality of services we provide. Finally, the selfless contribution from our volunteers enhances the services we provide and enriches the experiences of our patients.

As we move forward, it is important to remember that looking back isn't just about reflecting on our past accomplishments. We must also learn from our experiences, refining our plans and fueling our determination to overcome future challenges with even greater resolve.

Thank you,



Rt Hon Caroline Flint
Chair

Michele Moran
Chief Executive

Our Highlights

Innovating for quality and patient safety

- In June 2023, we launched the Forensic Division's Single Point of Access (SPA) for the Specialised Community Forensic team. Based at the Humber Centre, the team and service delivery are overseen by the Forensic Community Service. The role of the SPA is to triage, coordinate and monitor all gatekeeping referrals for access to low and medium-secure beds and the forensic community teams. SPA clinicians support patient pathways, ensuring that admissions and discharges are timely, safe, and effective. The SPA manages referrals for the population of Humberside, North & North East Lincolnshire, and York & North Yorkshire. Referrals for the forensic community teams are also processed through the SPA.

- In September, the Follow My Lead initiative was awarded 'Highly Commended' in the Learning Disability Initiative of the year category at the HSJ Patient Safety Awards 2023. Follow My Lead is an award-based training scheme which is aimed at services supporting individuals with Profound and Multiple Learning Disabilities (PMLD), focusing on enhancing the communication and the quality of life for people living with PMLD.

- In the same month, we launched phase 2 of the Scale, Spread and Embed Friends and Family Test (FFT) initiative to involve the community by hosting a range of Trust forums across the geographical patch. Although the national initiative came to an end in December 2023, the Trust's journey continues. Over the past few months, the Business Intelligence, Patient and Carer Experience and Quality Improvement Teams have been meeting with the three pilot teams (Market Weighton, King Street and Humber Primary Care GP Practices) to develop our 'new style' FFT dashboard. The dashboard will thematically analyse all FFT feedback aligned to ten themes informed by the NHS Patient Experience Framework. On 8 April 2024 the new FFT dashboard will be launched, and all staff will be able to view divisional and teams' data.

- As part of the launch of the national Patient Safety Incident Response Framework (PSIRF), which is a framework for maximising learning from patient safety incidents, we have introduced an Involving Patients, Families and Carers Group. The Group has been instrumental in providing a patient/carer voice to help inform the Trust wide approach to supporting the patient safety agenda and has had an active role in supporting the development of the PSIRF policies and procedures. The Trust continues its commitment to reducing the use of restrictive interventions (RRI), and where restrictive interventions are used this is only as a last resort and to promote the safety and dignity of our service users and our staff. Over the last year, the RRI group continued to monitor and review all restrictive interventions in line with the Use of Force Act (2018) and the Mental Health Act Code of Practice. Continuous progress has been made to ensure that coproduction is at the heart of the RRI agenda and peoples lived experience is valued and essential to safe and effective care and interventions. Peoples lived experience has been supported to strengthen training and review polices including restrictive interventions and the Use of Force policy which has been awarded the Trust's coproduction stamp.

- The Trust is proud to share that we have been re-accredited as Veteran Aware where we met the standards laid down by the Veterans Covenant Healthcare Alliance (VCHA). We were initially accredited in 2020 and this was renewed in 2023.

- We continue to work with NHS England, the Kings Fund, and organisations across our Integrated Care System to support 'A Good Experience' engagement project.

- In our Forensics Division, estates work has improved the quality of inpatient living areas with all interiors redecorated. Work included new bedroom furniture and seating in the bedrooms

in Pineview as well as new flooring and window replacements. Additionally, a new clinic room and activity room will be added for patient and staff use.

The Division has been working with patients to get feedback as part of the process. Our Estates team created two mock up bedrooms for patients to access and review in order to provide feedback. The collaborative process continues to be progressed through attendance at the Patient Council meetings, where planned works are discussed with the patients, such as within the courtyard and a refurbishment of the multi-Faith room.

Enhancing prevention, wellbeing, and recovery

- Following the success of the Recovery and Wellbeing College, we launched a young person specific programme called the Youth Recovery and Wellbeing College. The Youth Recovery and Wellbeing College provides an online and in-person suite of courses to support young people's mental health. This service is unique to our Trust and has been extremely well subscribed to since its launch in 2023. An example of how the Trust uses co-production to inform its services, the College was created with input from the Humber Youth Action Group members who gave their unique perspectives on the look and feel of the College assets and content.

"It is amazing to see the impact the Youth Recovery and Wellbeing College has had in such a short space of time. I believe this is due to the fact it was co-produced in collaboration with young people, ensuring the sessions and online platform were tailored to the needs of young people within the local community. It is also flexible and adaptable in its approach, making it a highly accessible resource. The fun and creative focused sessions support young people to grow in self-confidence and esteem, feel empowered and heard and provide a safe space for their wellbeing to flourish. Most importantly it has been successful in supporting those most in need, both in the community and in our children's services." **Bethia Dennis, Engagement Manager for Children's Services**

- Inspire, our children's and young people's mental health inpatient unit, has created a new garden area providing nurturing outdoor space for both patients and staff. The garden has been thoughtfully created to combine useable and sensory enhancing areas and was supported by the Trust charity, Health Stars. This space enables patients to meet with clinicians in a therapeutic environment and also provides an area for patients to meet their families. Elements include fragrant plants and the use of plants to provide privacy outside windows of indoor rooms.

- Our annual calendar of awareness days continued to support with our public health messaging and helped us to plan in events to celebrate our exceptional and diverse workforce. The days and events included in the calendar are selected working with teams across the Trust to ensure these prove beneficial to our staff and patients. We have developed a range of religious festivals, national campaigns and days which positively highlight the work being done by our teams and staff. This level of focus improves staff retention and morale due to the positive messaging.

  World Mental Health Day is one of our most celebrated and high-profile annual campaigns. As a provider of community and inpatient mental health services in Hull and East Yorkshire, we teamed up with our Trust charity, Health Stars, to invite our staff, patients, and local school children to design bunting, creating a unique piece of artwork for public display at our Annual Members Meeting. This engagement provided a non-stigmatising activity for participants to discuss their thoughts on mental health, resilience, and their own general wellbeing, and aimed to encourage people to talk about what good mental health looks like.

- The Workforce Wellbeing Team offer a range of health and wellbeing initiatives for staff to take advantage of. As well as offering appointments at Occupation Health, they have also

taken to the road and visited workplaces to increase the scope and take up of these initiatives. Between April 23 and January 24, 16% of our workforce had a health MOT with the team. These 'MOTs' provide staff with a detailed view of their overall health and can highlight any areas of concern so they can be quickly addressed and improve the health of employees.

Fostering integration, partnerships, and alliances

- This year, our Communications team introduced the role of 'Communications Partners' to provide a focussed and specialised channel of communication for all our divisions. The role provides a single point of contact for the division enabling easier day to day contact as well as improving the knowledge of our services for the communications team. Divisions have welcomed this as they have been able to learn about best practice and have been encouraged to celebrate their achievements.

"Working with the Forensics Division has broadened my understanding of the excellent work they are doing. Forensics can be a division where sensitivity is required and sharing their initiatives and successes on our channels provides an opportunity to remove misconceptions and raise the profile of the teams. My excellent working relationship and close collaboration with the Forensics lead has given me a better understanding of their needs and how I can support them best." **Sarah Forster, PR Officer, and Communications Partner for the Forensics Division**

- Working with East Riding Council, our services helped develop a new 'Welcome to the World' card for new parents to inform them of optimal sleeping positions and settings for babies. Safer Sleep Week was utilised to launch this initiative which is designed to educate parents of the risks associated with baby sleep and to reduce the potential of Sudden Infant Deaths (SIDS).

"As a group of local organisations, we are always trying to find innovative ways to spread key safer sleep messages, as parents following simple guidelines can greatly reduce the risk of sudden infant death syndrome. The Welcome to the World card allows services the opportunity to congratulate new parents on the birth of their baby, promote key safer sleep messages for their newborn, and act as a tool to educate other caregivers on safer sleep practices. These new versions of the card are very visual and easy to read improving access to key safer sleep information for all families". **Sarah Clapham, Modern Matron at Humber Teaching NHS Foundation Trust**

- Our Right Care, Right Person initiative has grown in strength this year with our collaboration with Humberside Police and other organisations locally developing awareness of the origins of the work. Representatives from our Trust, along with those from Humberside Police, were invited to attend the Health and Social Care Committee meeting to inform ministers of how we have achieved a working relationship committed to patient safety, where other locales have struggled to implement.

"The key to the success of Right Care, Right Person in our area is down to the relationships we have built not only with Humberside Police but also with key organisations, including Mind and Humbercare. These relationships have been built over a number of years and we are committed to maintaining and developing them". **Adrian Elsworth, Mental Health (Unplanned) General Manager**

Promoting people, communities, and social values

- In September we launched our NHS Cadets programme in association with St John Ambulance. The programme runs an 11-month scheme where young people, aged 14-16 (Foundation) or 16-18 (Advanced), participate once a week in learning practical skills for a potential future career in healthcare. This initiative is available to all young people, but in particular we aimed to reach out to those who would not necessarily have the same opportunities to obtain a career in healthcare and the NHS. This programme offers the very best in leadership training, an expansive curriculum covering a wide range of healthcare settings, and informative and bespoke careers advice and support, delivered by professionals throughout the programme.

"Our NHS Cadets programme works to open up opportunities so young people can kick start their careers in healthcare. We teach them all the skills needed, as well as give them a better understanding of the 350 job opportunities in the NHS from management, to accountancy, estate management, catering, as well as clinical roles and beyond."
Programme Lead

- We have launched a Trust-wide approach to addressing the health inequalities (HI) of our service users, focused on raising awareness and empowering staff at all levels to take action, ranging from individual practice to service and pathway redesign. We have established a Health Inequalities Operational Group, with a cross-divisional membership, to oversee our HI work and have launched a suite of intranet pages to provide staff with accessible resources on health inequalities. Bringing the consideration of HI into Trust systems and process such as business cases, project management documentation and QI Charters, ensures we touch all areas of our service provisions.

- In January we published our Social Values Report, showcasing the positive impact that we have had on the economy, community life, the health of our local population and the environment. The report looks across all divisions of the Trust to provide a full overview of the achievements.

- Our YOURHealth Service has increased and developed its provision of healthcare to meet the needs of Fishermen and their families in coastal communities. Introducing additional harbourside locations and service to those often-isolated communities who, without service intervention, can often experience health inequalities and poor general health. The introduction of a mobile unit which can be transported to key areas makes healthcare more accessible and therefore more likely to be received by these patients.

- Teams from our Forensics Division worked with colleagues at the University of Hull to research the needs of patients transitioning from inpatient care into the community. The research known as the 'Stepping Down' project was an innovation in this under explored area of services we provide, and due to its impact, representatives from our Trust were invited to present at the 11th annual European Mental Health Conference in Slovenia.

- The Annual Members Meeting was held at our Lecture Theatre at Willerby Hill for the first time. It included an in-person market stall event showcasing Trust services. We also welcomed guest speaker Lizzie Simmonds who spoke of her journey as part of Team GB at the Olympics and how that influenced her mindset and mental health both during that time and since.

Developing an effective and empowered workforce

- The NHS Staff Survey is an important tool for assessing the quality of care and the work environment within NHS trusts. It provides valuable feedback to help NHS organisations identify areas in which improvements could be made.
  This year 56% of staff completed the survey, a record for the Trust and above the national average. The results have exceeded previous years and highlighted staff contentment. This includes an improvement in the number of staff who agree/strongly agree that they 'would recommend their organisation as a place to work" which has risen from 49% in 2019 to 67% in 2023, making the Trust the most improved in the country for trusts of its kind and second most improved in the NHS over that time period. The Trust aims to raise the standard and be an employer of choice, the results of the survey are a key step towards this goal. In all sections of the NHS People Promise, the results were greater or on par with the previous year.

- Our Trust succeeded in our application to be a part of the General Medical Council (GMC) register and has now welcomed our first International Speciality Doctor. Being a part of the GMC register allows us to sponsor doctors from overseas to come and work within our Trust for three years and subsequently qualify as a Consultant in the UK. This is a fantastic step forward in growing the number of doctors within the Trust. Through the GMC register, the funding allows exceptional doctors from overseas to come and work with us and grow our teams.

- The Trust has launched its own in-house Media Training for staff members to support more staff to feel confident to accept positive media opportunities and to promote our service and specialities. The course has been created specifically for Trust staff and delivers a mix of informative technique-based knowledge and practical skills needed for interviews with press and media outlets.

- We have become the first organisation in our local region to implement Zero Suicide Alliance Training for its staff through our online training platform. The Zero Suicide Alliance (ZSA) aims to empower, educate and equip individuals or organisations to support suicide awareness and prevention.

- Our annual recruitment advertising had its best performance ever, generating 35,000 views of our Join Humber website, a 66% increase on the previous year. Delivered by the Communications team it included paid advertising, case studies, social media campaigns and media. This work has contributed to our lowest ever nurse vacancy rate of 8.55%.

- Alongside our advertising campaign we also ran our first recruitment event. It was held at Princes Quay Shopping Centre in Hull and saw over 1,000 visitors interested in Health Care Assistant roles leading to 65 interviews.

- In July, Chief Executive, Michele Moran completed her 'Dancing through the Decades' challenge to raise money for Trust Charity Health Stars and commemorate the 75th birthday of the NHS. Michele took on a day-long dance-a-thon dancing through the decades from the year the NHS was founded to the present day.

"Thank you to everyone who has sponsored and donated, your generosity truly will go a very long way to support our patients and staff, who are at the heart of all that we do. I'm pleased to be able to do my bit to contribute to this and I'll be thinking of your kindness when the challenge starts to get tough!" **Chief Executive, Michele Moran**

- In response to feedback from our Bank staff in August, we launched Wagestream, an advanced pay service.

  The app allows Bank Staff to access 50% of their shift payment as soon as the shift has been worked and confirmed through the rota system. It's a great way to set up a weekly pay cycle, budget, pay bills or cover unexpected costs. Around 275 members of staff on our Bank have registered to this service, and we have already paid out more than £245,000 in advance payments.

Optimising an efficient and sustainable organisation

- A biomass boiler has been installed at East Riding Community Hospital to reduce harmful emissions, support sustainability and lower energy costs. This improvement has already had a huge impact on energy usage and reduced the carbon emissions of that site by up to 350 tonnes per year and aligns with eco-friendly practices for a brighter, cleaner future.

- We have installed roof solar panels at Townend Court in Hull to improve energy usage, particularly over the hot summer months. This has seen energy costs lower by around £1,000 per month and has reduced the carbon footprint of the site.

- The Trust was successful in its bid for grant funding through SALIX Finance on behalf of the department for energy security and NetZero (formerly the Department for Business, Energy, and Industrial Strategy) securing £1.9 million to decarbonize four of its sites. The grant funding is provided over a two-year period with year one (2023/24) focusing on a fabric first approach to installation of external wall insulation, LED lighting and windows. In Year 2 (2024/25), we will install electric heat pumps which will decarbonise the heating for the sites involved.

- Over 200 trees were planted across four sites in East Yorkshire. These sites were chosen to improve the natural biodiversity of the ground and create small woodlands which will enhance local nature and provide a better environment for staff and clients. The sites can now be used as calming places to meet, sit or walk through. The trees were donated by NHS Forest. All this was achieved with the combined effort of our staff, a local rugby team (Cottingham Tigers) and our Trust Green Champions.

Signed Michele Moran **Date: 20th June 2024**

Principal Risks and Uncertainties

The risks outlined below have been identified and agreed by the Board as the principal risks to the delivery of the Trust's strategic goals and underlying objectives. These risks are presented in the Board Assurance Framework which contains information regarding the assurances in place to mitigate the risks and further assurances required. The Board Assurance Framework is available on the Trust website. Information regarding the Trust's risk and control framework is available in the Annual Governance Statement.

Strategic Goal	Risk	Initial Risk Rating (Before Mitigation)			Current Risk Rating (After Mitigation)		
		Impact	Likelihood	Rating (Impact x Likelihood)	Impact	Likelihood	Rating (Impact x Likelihood)
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.	4	3	12 HIGH	4	2	8 HIGH
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.	4	4	16 SIGNIFICANT	4	3	12 HIGH
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.	4	3	12 HIGH	4	2	8 HIGH
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.	3	3	9 HIGH	3	2	6 MODERATE
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 I substandard care being delivered which could impact on patient safety and outcomes	4	3	12 HIGH	4	2	8 HIGH
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.	4	3	12 HIGH	4	2	8 HIGH

The principal risks to the achievement of the Trust's strategic goals and underlying objectives are managed through the Board Assurance Framework which is reviewed regularly by the Executive Management Team. Each section of the Board Assurance Framework is aligned to a relevant assuring committee of the Board which reviews the document on a quarterly basis throughout the year. Following review at the relevant Board committees, the framework is presented to the Trust

Board on a quarterly basis for oversight and assurance around those risks that may affect the foundation trust in delivering its objectives and/or its future success and sustainability.

Alongside the risks highlighted above which pose potential impact to the achievement of the Trust's strategic goals and their underlying objectives, the highest rated risks that should they be realised, would have implications at Trust-level and would have a significant impact upon the organisation, are managed through the organisation's Trust wide risk register which is reviewed alongside the Board Assurance Framework.

The Trust-wide risk register is compiled of identified risks that should they be realised, would have implications at a Trust level and could have a significant impact upon the organisation and achievement of its strategic goals. The current risks captured on the Trust-wide risk register are referenced below. The current controls in place as well as the further areas for action have also been detailed to indicate the level of mitigation currently in place and additional actions planned to reduce the impact of the risk or the likelihood of its occurrence.

Risk Description	Mitigating Controls	Further Mitigating Actions	Initial Risk Rating			Current Risk Rating		
			Impact	Likelihood	Rating	Impact	Likelihood	Rating
MH88 - Insufficient Approved Mental Health Professional (AMHP) resource to deliver responsive service (increased demand on service has gone up by a significant level, along with significant increase in s136 work reflecting the national picture) which means we fail to meet statutory duties under the mental health act, this is a reputational risk as we may not adhere to legal requirements and there may be further risk of harm as response to urgent need is delayed.	1. Escalations to divisional leads. 2. Affected shifts out in advance to bank and overtime to other staff to back fill if short notice. 3. Agreed recruitment and retention payments and associated agreement for AMHPs ensuring set shifts are committed and request for release of Community AMHPs (Spoke) at weekly Division Sit Rep. 4. Review of AMHP operating model. 5. Introduction of AMHP Hub to provide better oversight and continuity, improving governance and practice of AMHPs. 6. AMHPS attend daily multi-disciplinary meetings where resource allows.	1. Ongoing recruitment to vacant AMHP posts. 2. Working with business planning to set out options for Operational Delivery Group / Executive Management Team to consider for additional funding. 3. Development of Trainee AMHP role and introduction of development opportunities. 4. Recruitment of non-social worker AMHP posts.	**4**	**5**	**20 Significant**	**4**	**4**	**16 Significant**
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	1. Recruitment plan for consultants in place (progress against which reported to Executive Management Team and Workforce and Organisational Development Committee). 2. 'Humbelievable' recruitment branding set up. 3. GMC sponsored	1. Onboarding of the recruited specialty doctors.	**4**	**5**	**20 Significant**	**4**	**4**	**16 Significant**

Risk Description	Mitigating Controls	Further Mitigating Actions	Initial Risk Rating			Current Risk Rating		
			Impact	Likelihood	Rating	Impact	Likelihood	Rating
workforce.	international recruitment programme in place for Speciality Doctors (who may train to become Consultants). 4. Workforce planning process and overarching plan delivered. 5. Trust Workforce planning process in place for the past 4 years. 6. Additional investment in recruitment, marketing and communications targeted at consultant recruitment. 7. Talent Acquisition specialist role in place working on consultant posts with some success to date 8. Rolling adverts out for consultant posts 9. Medical Workforce Plan approved 10. All medical vacancies are covered with agency workers. 11. Humber representatives attended the ICB recruitment event, with 5 vacant consultant posts identified to be filled by Specialty Drs and Two substantive appointments.							
LDC82 – Due to local demands significantly exceeding what is commissioned in relation to attention deficit hyperactivity disorder (ADHD) intention, there is insufficient medical staffing to assess, and review needs of this service user group. This has resulted in a lengthy waiting list for young people diagnosed with ADHD being considered for intervention. While these young people are	1. All young people receive waiting list letter once waiting time exceeds 12 weeks, and every 12 weeks exceeding this, and the duty support service offer is detailed in this letter as is CAMHS and Early help. 2. Any families or young people that access support via the duty service offer reviewed by the ADHD intervention lead, to assess current risks and needs. Based on these reviews, the lead will review with partner agencies to optimise any appropriate signposting and consider expediting on the	1. Meeting to be arranged with ICB to discuss a long-term plan which meets new demands. 2. Service to complete ADHD intervention gap paper and this is being reviewed by EMT. 3. Service Manager to discuss with Neurodiversity Psychiatrist and intervention team on how to support non pharmacology intervention to ADHD.	**4**	**5**	**20 Significant**	**4**	**4**	**16 Significant**

Risk Description	Mitigating Controls	Further Mitigating Actions	Initial Risk Rating			Current Risk Rating		
			Impact	Likelihood	Rating	Impact	Likelihood	Rating
sent waiting list letters and can access ad hoc support via our duty system, regular reviews are not viable given existing staffing levels. This is likely to have impact on their functioning such as educational attainment based on diagnosis received.	consultant waiting list. 3. Staffing is now in place to maximum financial capacity including non-medical prescriber now in post and working with team lead and consultant to try and optimise capacity through skill mixing. 4. Substantive consultant now in post and due to liaise with intervention team to determine best way to utilize/pool skills to meet need. 5. ADHD interventions Nurse, admin lead and Operational Manager waiting list monitoring in place to check the increasing demands and escalate this to Trust ODG and commissioners. 6.Urgent appointments can be offered with a nurse if required.							
LDC87 - Due to size of the Community Team Learning Disability (CTLD) Speech and Language dysphagia waiting list; individuals not receiving the treatment they have been assessed as needing in a timely manner. Leading to the risk of increased distress in individuals and families, and an increased risk of poor physical health.	1. Band 6 staff now completed dysphagia training 2. Band 6 staff dysphagia trained therapist has returned from long term sickness. 3. Band 7 Senior Leadership Team (SLT) lead returned from maternity leave. 4. Band 5 SLT has begun dysphagia training however will not be qualified for 6-9 months. 5. One SLT currently doing adhoc bank hours. 6. Band 5 vacancies recruited into - commencing in July and September. 7. Dysphagia competencies now in place for Band 4 Associate Practitioners. 8. Continued use of triaging system to ensure most clinically urgent cases are highlighted. Current	1. Ongoing recruitment to vacant service posts.	**4**	**5**	**20 Signif icant**	**4**	**4**	**16 Signif icant**

Risk Description	Mitigating Controls	Further Mitigating Actions	Initial Risk Rating			Current Risk Rating		
			Impact	Likelihood	Rating	Impact	Likelihood	Rating
	increase in Priority 1 and Priority 2 referrals as well as current waiters increasing in priority. This impacts on Priority 3 waiters. Triage process ensures that clients with significant clinical risk are seen within an appropriate timeframe.							
OPS17 - Failure to effectively address waiting times within the Trust's Neurodiversity services (Adult and Childrens) which may result increased risk of patient harm and impact to the Trust's Care Quality Commission (CQC) rating in the 'Safe' domain.	1. Work underway with Divisions to address three areas of challenge 2. Local Targets and key performance indicators. 3. Close contact being maintained with individual service users affected by ongoing issues. 4. Waiting Times Procedure in place 5. Waiting times review is key element of Divisional performance and accountability reviews. 6. Review completed of all services with high levels of waiting times and service-level recovery plans developed. 7. Capacity and Demand review includes a focus on productivity and development of plans detailing Recovery requirements 8. Planning round and discussions taking into acute waiting times position.	1. Neuro diversity services work at ICB level to determine how processes can be standardized / streamline to reduce system pressures. 2. Adult ADHD Options outcome to determine level of service delivery going forward. 3. Confirmation on levels of funding available to support demand.	**4**	**5**	**20 Signif icant**	**4**	**4**	**16 Signif icant**

The Trust Board maintains overarching responsibility for risk management throughout the organisation and considers the content of the Trust-wide Risk Register and Board Assurance Framework at quarterly intervals. Content of the Trust-wide risk register is reviewed regularly by the Executive Management Team and is also discussed at Board committee meetings alongside relevant sections of the Board Assurance Framework.

Work has been undertaken within the Trust to consider applicable new and emerging system risks, and a planned review of the current risks held on the Humber and North Yorkshire Integrated Care Board risk register was undertaken by the Executive Management Team to identify cross-organisational risks for inclusion on the Trust risk register that may impact on the achievement of the Trust's strategic goals. The details of these risk which have been incorporated into the Trust's Trust-wide risk register are included below.

Description of New / Emerging Risk	Initial Risk Rating			Current Risk Rating		
	Impact	Likelihood	Rating (Impact x Likelihood)	Impact	Likelihood	Rating (Impact x Likelihood)
WF47 – Regional workforce reduction schemes and any subsequent local requirement to deliver the same, is likely to impact on Trust ability to recruit into future roles therefore impacting quality of care and compliance.	4	5	20 Significant	4	4	16 Significant
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.	5	5	20 Significant	4	4	16 Significant
FII238 – 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.	3	5	15 Significant	3	5	15 Significant

Going Concern

Based on a significant assessment of evidence the Trust Board has concluded that there are no material uncertainties that may cast doubt on the Trust's ability to continue as a going concern, therefore the Trust's accounts will continue to be prepared on a going concern basis.

Summary of the Financial Year

Before the application of technical accounting adjustments, we achieved an operating surplus of £0.006m, this was in line with the target set for us by the Integrated Care System within which we operate.

The following technical adjustments have been included in the Trust accounts for the year:

- Impairment charges of £11.284m have been included which reflect the reduction in value of our right of use (leased) assets and of our owned land and buildings,
- Donated asset depreciation (£0.023m), income associated with the Local Government Pension Scheme (£0.120m) and Government Capital Grants of £1.092m have all been excluded.

Including the above results in a final reported deficit for the year of £10.089m on an Operating Turnover of £257.954m.

The table below demonstrates how the final position reconciles to the accounts.

Adjusted financial performance:	**2023/24 £'000**	**2022/23 £000**
Deficit for the period/year	**(10,089)**	**(25,163)**
Add back all I&E impairments	**11,284**	**24,782**
Surplus / (deficit) before impairments and transfers	**1,195**	**(381)**
Remove capital donations / grants I&E impact	**(1,069)**	**71**
IAS19 - Removal of Non-cash Pensions on SOFP	**(120)**	**315**
Adjusted financial performance surplus	**6**	**5**

The staff that manage our services have worked very hard during the year to deliver such a positive set of financial results. Despite the difficult financial conditions, we still managed to achieve recurrent financial efficiency savings of £2.320m through our Budget Reduction Strategy (BRS).

Section 43 (2a) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) requires that the income from the provision of goods and services for the purposes of the Health Service in England must be greater than its income from the provision of goods and services for any other purposes. The Trust met this requirement during 2023/24.

The closing cash balance of £28.012m was a decrease of £2.894m on the level of cash held by the Trust in March 2023 and is in line with expectation reflecting the investment that has been made to the Trust estate. We are forecasting that cash will reduce again in 2024/25 again in relation to planned improvement to our estate and infrastructure.

Capital Expenditure

Our total gross expenditure on capital in the year was £18.673m.

- A total of £6.6m was spent on maintaining and improving clinical and patient environments.
- £9.9m was spent on digital projects including Electronic Patient Records, infrastructure and hardware replacement programmes
- £1.813m was spent on further development of the Yorkshire and Humber Shared Care

Record for which the Trust is the Lead Provider.

Financial results 2023/24

Headlines

- Operating Income of £257.954m, an increase of £8.122m from 2022/23
- A deficit for the year of £10.089m, excluding net impairment charges of £11.284m and other adjustments resulted in a minor surplus of £0.006m
- The year end cash balance was £28.012m compared to £30.906m at March 2023
- Net current assets of -£1.559m compared to £3.206m at March 2023
- Total net assets of £78.312m compared to £88.551m at March 2023

Better Payment Practice Code

In accordance with the Confederation of British Industry's (CBI) Better Payment Practice Code, our policy is to pay non-NHS trade creditors within 30 days of receipt of goods or services, or of a valid invoice (whichever is later), unless other payment terms have been agreed with the supplier. The percentage of non-NHS creditors by value paid within 30 days increased from 92.5% in 2022/23 to 92.7% in 2023/24, and the percentage based on invoice numbers was 92.4% in 2023/24 representing an increase on the 90% achieved in 2022/23. The plan is to further improve these percentages during 2024/25.

In 2023/24, the Trust had no liability to pay interest on invoices paid outside the 30-day payment period relating to NHS healthcare contracts or any other invoices.

	2023/2024		2022/2023	
	YTD Number	**YTD £'000**	YTD Number	YTD £'000
Total non-NHS trade invoices paid in the year	37,178	117,594	40,540	109,962
Total non-NHS trade invoices paid within the target	34,338	108,980	36,474	101,754
Percentage of non-NHS trade invoices paid within target	**92.4%**	**92.7%**	90.0%	92.5%
Total NHS trade invoices paid in the year	1,350	32,427	1,289	26,339
Total NHS trade invoices paid within the target	1,184	29,612	1,054	24,417
Percentage of NHS trade invoices paid within target	**87.7%**	**91.3%**	81.8%	92.7%

Financial Outlook

We have responded well to the financial challenges we and the wider NHS have faced over the last year and we have successfully met our financial targets.

There is a requirement to make significant efficiency savings and to that effect we continue with our budget reduction strategy and are planning recurrent savings of £2.313m, which is ambitious in such challenging times. We will continue to operate a very robust process for identifying and implementing these cost savings projects.

All projects must be approved by the Medical Director and Director of Nursing, Allied Health and Social Care Professionals to ensure there is no negative impact on patient safety or quality of care. We remain committed to delivering the best possible patient care and services within the financial resources we have at our disposal.

We continue to develop the Trust's Medium Term Financial Plan with our Commissioning partners within the backdrop of an Integrated Care System (ICS) that is under significant financial pressure and although investment from the ICS will be limited in 2024/25, we will be well prepared to utilise any

further funding on those planned service areas.

Our directors consider the annual report and accounts, taken as a whole, are fair, balanced, and understandable and provide the information necessary for stakeholders to assess our Trust's performance, business model and strategy.

Conclusion

Despite very difficult operating conditions the Trust managed to deliver the financial targets set by the Integrated Care Sector and delivered a good level of financial efficiencies.

In 2024/25, and in line with the rest of the NHS, we will continue to face a level of uncertainty over income levels and expectations around performance targets. However, we are well placed to deal with some of those challenges and understand the decisions we may need to make in the next few years.

The Financial Statements included in this report (also available on our website) are a summary of the information in the full accounts which are available on our website and on demand by emailing our Communications Team at hnf-tr.communications@nhs.net

Development and Performance

For each of our six strategic goals, a hierarchy of key performance indicators is tracked at team, divisional and Trust level. Risk management is undertaken in parallel, to ensure any threats to performance are understood and managed. The Executive Management Team and/or Trust Board reviews performance on a monthly basis. To support this process, our divisional and corporate areas account to the Executive Management Team via regular performance accountability reviews and likewise the senior operational managers review their team's performance on a structured basis.

Any issues identified with performance are formally reported up through these channels. The purpose of this is to ensure involvement of staff at all levels in understanding and influencing performance in their areas of responsibility.

A suite of Trust Strategy monitoring indicators has been incorporated into the Trust's Board Assurance Framework which highlight relevant areas of assurance. This information is compiled through the Trust's strategy monitoring arrangements and is supported through the mitigation information linked to the Trust's highest-rated risks where applicable. These indicators are considered on a quarterly basis by the Executive Management Team and by the relevant aligned board committees through the Board Assurance Framework document, to ensure that appropriate assurances are in place linked to the individual strategic goals of the Trust, and that any potential risks to their achievement are being appropriately monitored.

A Board Assurance Plan has been developed and approved by the Trust Board, which aligns the Trust's strategic goals to the NHS Operational Priorities and Planning Guidance, further tracking assurances linked to the key strategic risks so we can determine that they are being effectively managed, what mitigations are in place and / or are planned to address any gaps in control / assurance.

In line with the above work undertaken in 2024, the Trust will map the Trust strategic goals to the objectives set out in the updated NHS Oversight and Assessment Framework when published and implemented later this year following the consultation period 23 May 2024 to 13 June 2024 where input to inform the framework is being sought from a range of stakeholders, including integrated care board (ICB) and provider leaders.

Performance Analysis

How we measure performance - Meeting Framework targets

Humber Teaching NHS Foundation Trust reports via various platforms for NHS England (NHSE) and Mental Health Services Data Set (MHSDS).
About

Our Trust uses Statistical Process Control (SPC) charts to monitor and track its performance data at Trust Board Level. Any data point which sits outside of the control limits will require further investigation by the Executive Director responsible for that particular indicator.

Our internal reporting is split into three levels:

Level 1 (Board Level):
Statistical Process Control charts (SPCs) via the Integrated Board Report (IBR) to the Trust Board and monthly IQPT dashboards to the Operational Delivery Group (ODG) and Executive Management Team (EMT).

Level 2 (Divisional Level):
Monthly Divisional and Service Line Reports via a Dashboard to the Divisional Group Leads and their General Managers.

Level 3 (Team Level):
Monthly performance reports at team level to Directors, Service Managers, Team Leaders and staff members with an interest in performance and enhancement.

Level 2 & 3 uses a 'traffic list' or 'RAG Rating' system to report on performance and quality against our selected priorities and KPIs, e.g., Red – Weak, Amber – Fair and Green – Good. This is translated to reflect the performance of the Trust on these initiatives.

We also report externally to our commissioners using the following:

Contract Activity Report (CAR)

This is completed monthly by the Business Intelligence Department (BI Hub). The metrics/KPI's which are included in schedule 4 and 6 of the respective contracts.

This system ensures that we can:

- Monitor critical clinical processes and activities using measures of clinical and corporate performance that trigger alerts when potential problems arise.
- Analyse the root cause of problems by exploring relevant and timely information from different sources and at various levels of detail.
- Steer the organisation by supporting the management of people and processes to improve decisions, be more effective and subsequently enhance performance.

These reports are reviewed as part of the Trusts ODG (Organisation Delivery Group) governance arrangements before being circulated to the respective commissioners.

Internal and external audits are undertaken to ensure our methods of calculation and delivery meet the national and local guidelines.

Data Quality Improvement plans

Data Quality Improvement Plans (DQIP) is designed to highlight where gaps in reporting and any identified/known data issues that require attention within clinical services. These are reviewed as part of the Data Quality Group which meets quarterly.

Indicators we are not able to provide data against for differing reasons will also be included in the DQIP. Action plans are developed to encourage improvement and progression to meet measures within set timescales.

Benchmarking

Each year the Trust participates in national benchmarking data collection projects as part of the NHS Benchmarking Network. The NHS Benchmarking Network is a community of health and social care providers which supports member organisations to improve patient outcomes, raise health standards and deliver quality health and care services through data excellence, benchmarking and the sharing of innovation.

The Trust participates in the benchmarking of many of our services against peers, including Adult and Older Adult Mental Health Service, Community Services (Physical Health), CAMHS (Children and Adolescent Mental Health Services), Corporate Services, Learning Disabilities and Perinatal..

The benchmarking projects allow for comprehensive benchmarking of activity, finance, workforce,

and quality metrics. Service quality, safety and outcomes against the rest of the NHS can be explored within the toolkit. This is the largest set of physical and mental health intelligence available in the NHS, including a dataset of over 5,000 indicators provided by each statutory provider in England and Wales and several large independent sector providers.

The Trust utilizes several outputs from the data collection, such as:

- Access to the benchmarking toolkit, allowing you to compare your service nationally across several thousand metrics.
- A high-level bespoke report tailored to our organisation, outlining key messages and metrics.
- The opportunity to attend NHS Benchmarking conferences to hear from national speakers and member good practice sites.

The findings are shared with the respective Divisions for their consideration and action. Any identical indicators in the Trusts IBR and IQPT will also include national benchmarking results for a direct comparison where possible.

Finance

Financial information is linked and presented to the Board of Directors who are provided with a breakdown of income and expenditure in the finance report. This information is also linked to the board performance report that is also provided to the Board and includes several of the performance measurements.

Risk Register

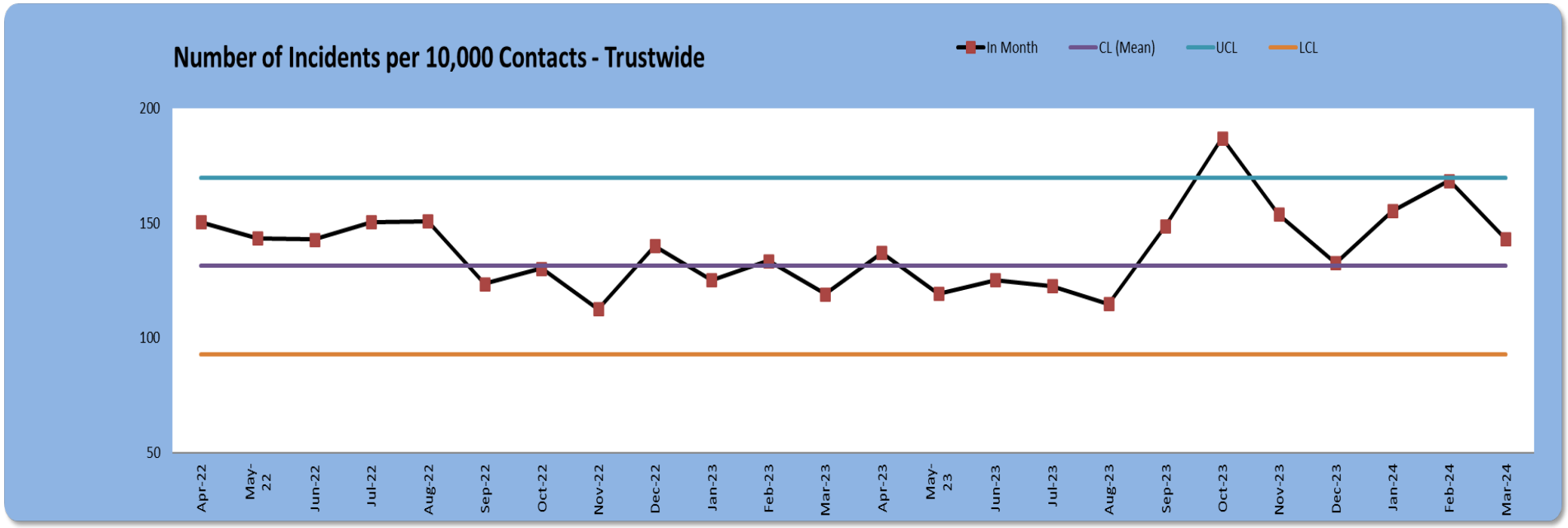
Where performance is not where it is expected and/or there is significant risk or potential for risk, then this is logged as a risk for the Trust which dependent upon its risk score appears on the divisional and the Corporate Risk Register and informs the Board Assurance Framework (BAF).

Performance during the year

Information continues to be presented using Statistical Process Charts for several key indicators, mapped against each of the Trusts Strategic Goals. The use of Statistical Process Charts allows key performance data to be analysed over a period to establish trends in performance, Upper and Lower statistical thresholds are used to analyse performance and identify where movements in performance are within normal ranges (Common cause variation) or require further investigation/understanding (Special cause variation).

Our performance is reported at Trust Board meetings and the comprehensive report is provided within our Board papers and available on our website.

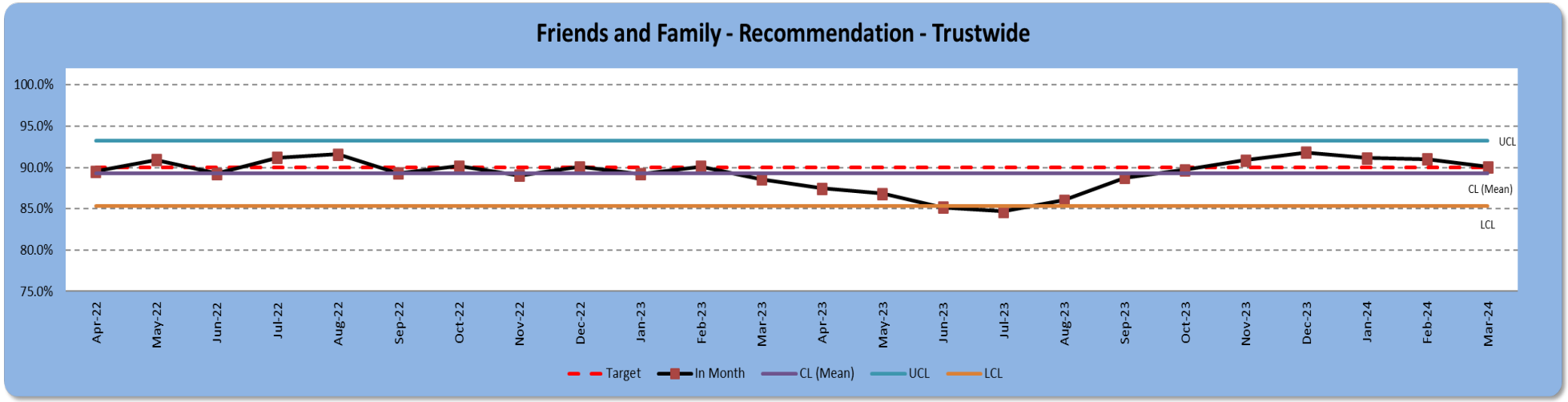
Statistical Process Control Charts (SPCs)

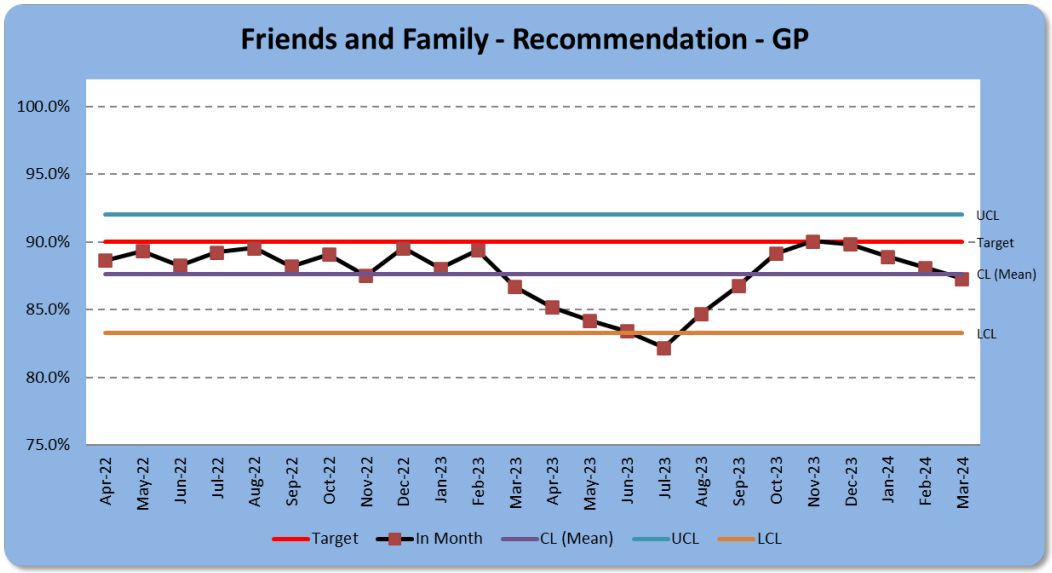


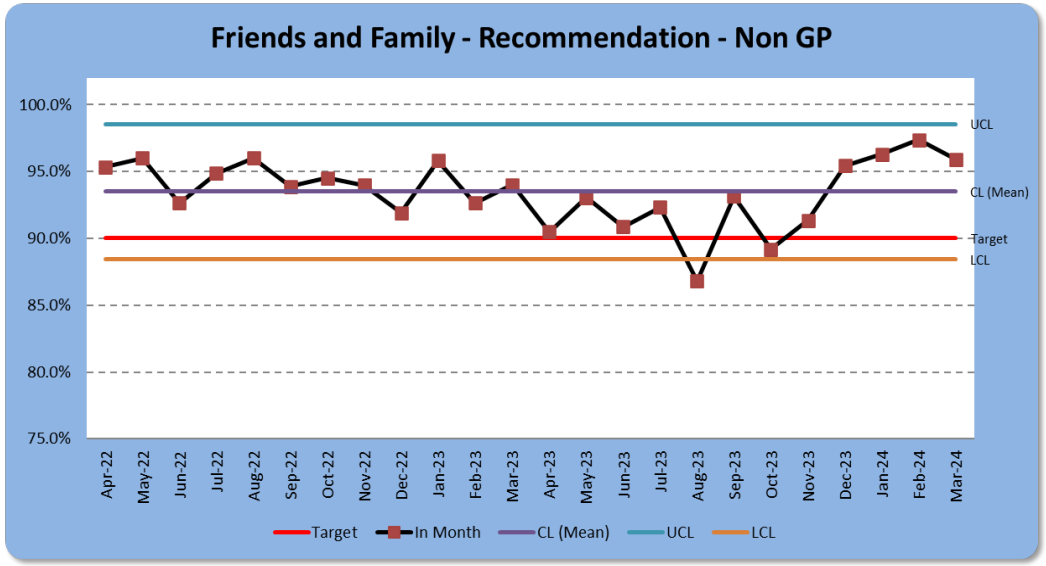
- The number of incidents per 10,000 across the Trust has seen a consistent level with one of the last 24-months data points being outside of the control limits. In October 2023, the trust reported 187 incidents per 10,000 contacts/bed days. Both the Childrens & Learning Disability and Mental Health Unplanned divisions saw an increase in incidents in this month. The Upper Control Limit is 174 for the 24-month period and the Control Limit (Mean) is 139 incidents per 10,000 contacts/bed days. An incident is reported for a wide range of reasons:

1. Patient Safety incident affecting a patient or a group of patients
2. Non-patient safety incident which affects the safety of staff, contractors or visitors
3. Medicines management or medical devices
4. Safeguarding incident that has been brought to our attention for a child that is not our identified patient
5. Death of a patient
6. Involving a fire or false alarm

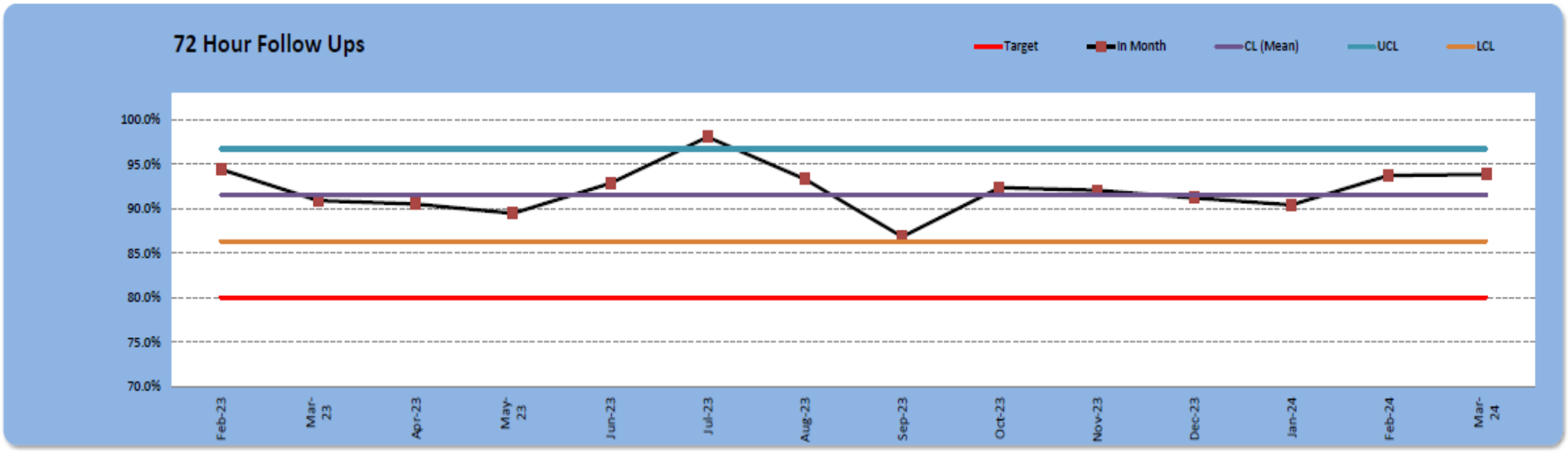
- All incidents are reviewed in the daily Corporate Safety Huddle which is attended by a range of professionals which include safeguarding, pharmacy, matrons, senior managers, and senior clinicians. Within this meeting, the severity rating and category of each incident is reviewed to ensure it is correct. Our reporting of low/no harm incidents indicates a healthy open reporting culture within the Trust.
- There is a robust process in place to support staff who are undertaking Serious Event (SEA) investigations. These are incidents that do not meet the threshold of a ‘Patient Safety Incident Response Framework (PSIRF)’ but still warrant investigation to identify any learning. Staff report that they feel much better supported and find meeting throughout the process invaluable.





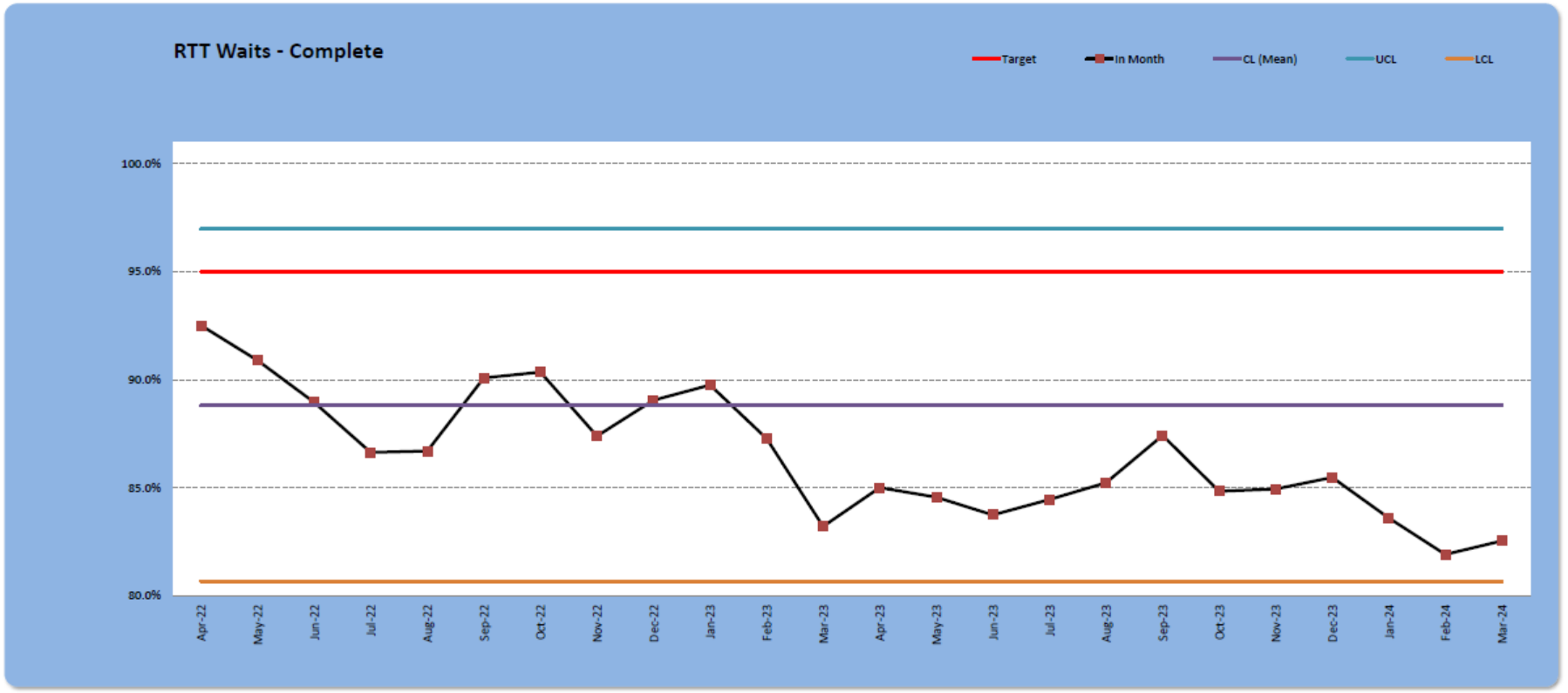


- Patient Experience feedback remains positive and has consistently remained around our internal target of 90%. This has been the case for the past 24 months.
- The Trust continues to monitor both the number of responses we received but also the satisfaction levels at Trust, Division and Team.

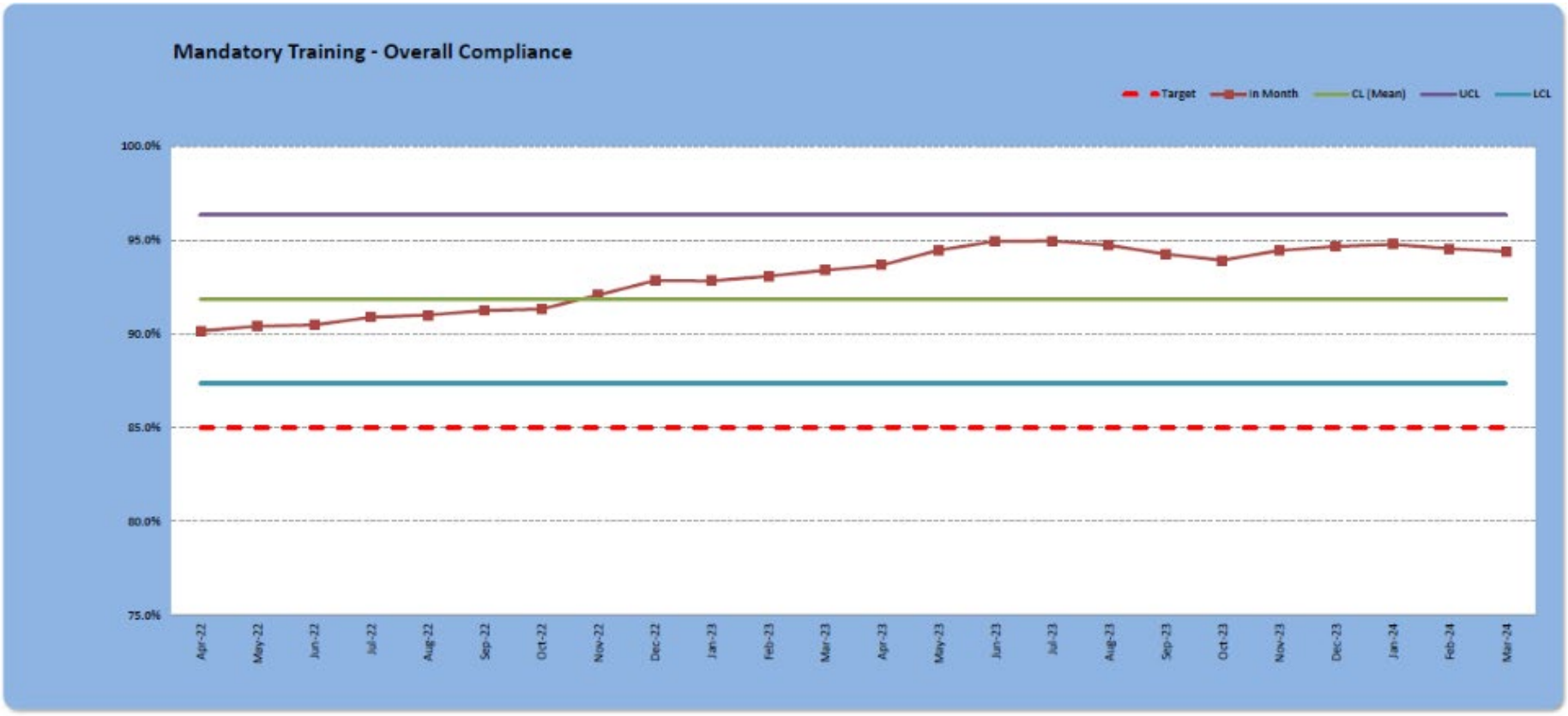


- The Trust monitored the percentage of all patients (barring exclusions) who were followed up within three days after discharge from psychiatric inpatient care during the reporting period. Exclusions included those as outlined in the 7 day follow up process but also excluded patients who were discharged from Secure Services.
- Exclusions are 72 hour follow up exceptions defined by NHS England as;
  - Patient has died
  - Patient was transferred to another mental health unit
  - Patient was deported
  - We also exclude any patients under 18 as the follow up only looks at ages 18+

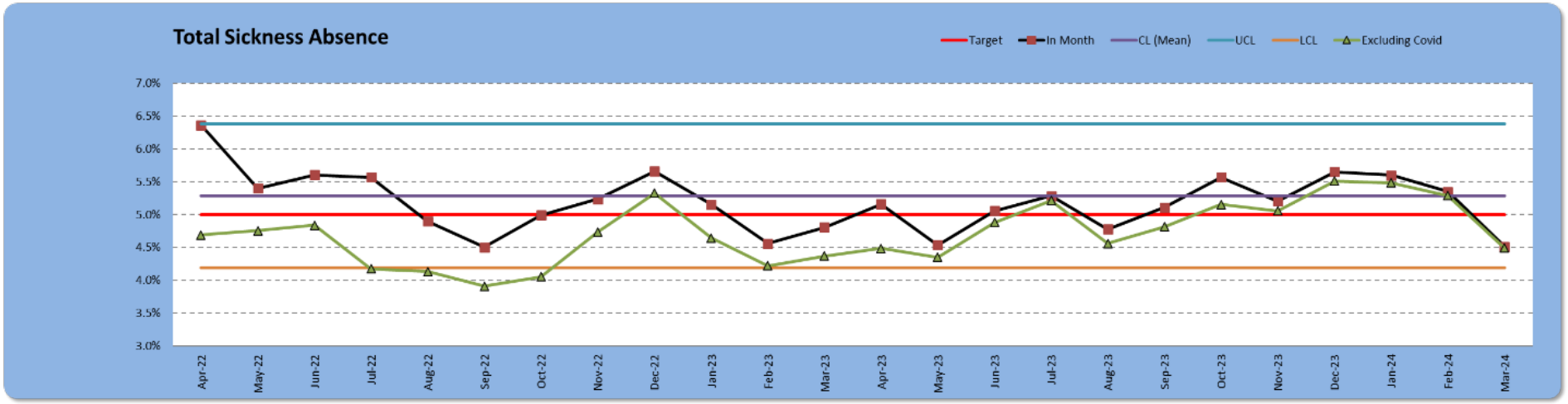
- Throughout the year, the Trust met the target for all Quarters. A total of 1128 patients were seen out of 1225 discharges with an average of 92%.
- This indicator is closely monitored daily. The data is recorded and reported from the Trust's patient administration system (Lorenzo) and is governed by standard national definitions.
- It is reported to the Trust as part of the Trusts Performance Report. It is also reported to Clinical Directors and clinical leads at individual team level. Reported contractually to Commissioners as part monthly contract reports.

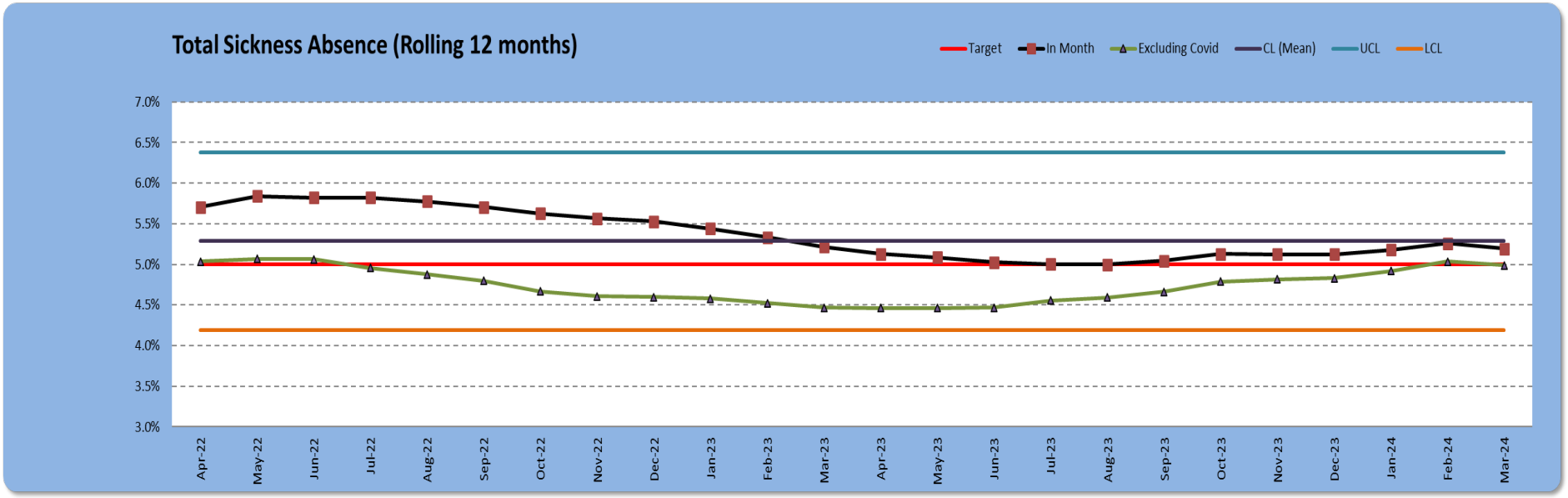


- Whilst the Trust performance has dipped in the past 18 months there is positive correlation with an improved waiting list position in the Trust.
- Focused waiting list meetings with the Waiting List Manager has provided focus on reducing waiting times and improving the data quality of our waiting lists.



- The Board places considerable emphasis on mandatory training compliance. All areas of the Trust receive a monthly training compliance report and managers have access to self-service dashboards to target areas of lower or reducing compliance for their teams.
- The performance across the Trust has maintained at above the 90% target compliance for the Trust during 2023/24 and has been around 95% during 2023/24.





- The Trust Sickness/Absence rates have improved steadily since Jan22 with a downward trajectory against the rolling 12-month position.
- The position has increased between October and December 2023, but this is in line with seasonal variation.
- The Trusts aspiration is having a sickness/absence rate of less than 5% and in recent times this is starting to be achieved.

Environmental Statement

Environmental Issues

- **Sustainability**

We were successful in our bid for grant funding through SALIX Finance on behalf of the department for Energy Security and NetZero (formerly the Department for Business, Energy, and Industrial Strategy) securing £1.9m to decarbonise four of its sites.

The grant funding is provided over a two-year period with year one (2023-24) focusing on a 'fabric first' approach. This includes: installation to the external walls (EWI), replacement of old lighting to LED lighting and installing new double-glazed windows. In year two (2024-25) we will size and install electric heat pumps to decarbonise the heating systems for the sites involved.

All of the year one (2023-24) works are now complete, and we are preparing to install the new heating systems in year two (2024-25).

We have also installed roof mounted solar panels at Townend Court as part of this site's decarbonisation program. The panels will reduce the sites electricity consumption and since the installation, has produced 37,332KWh of electricity reducing the usage by 24% when compared to last year.

We are continuing with the program of replacing old lighting with LED lighting systems throughout the estate and has invested in major upgrades to its Building Management Systems infrastructure.

At East Riding Community Hospital, we have recommissioned the Biomass boiler to replace the gas boiler as part of the Green Plan objectives. To date this change has reduced the gas use at this site by 1,021,200 KWh which is a 57% reduction compared to last year's usage, we have reduced they emission on site by 214 t/CO2e.

The Estates department have already changed four of their internal combustion engine vehicles for electric vehicles with orders placed for a further 14 vehicles to be replaced by May 2025. To accommodate this change, work has commenced on inputting new EV chargers at Willerby Hill.

We have continued to improve our fleet with green initiatives through the leasing schemes and staff are supported to consider alternative fuels when leasing a vehicle. Our lease fleet has 72% hybrid electric, and zero emissions vehicles and we continue to review how we can remove the other existing fossil fuel burning vehicles.

The Hotel Services department are also changing their internal combustion engine vehicles (two already changed, two more this year and the rest as their contract expires). In addition, work has been completed to use less environmentally impacting chemicals, less single use plastic and the catering department is working on reducing its food wastage.

We are keen to improve the natural environment of its estate. This year we have increased the stocks of trees which were planted in 2022-23 (over 200), by planting and additional 120 trees donated by NHS Forest (native species) in 2023-24. Further plans to improve the natural environment of the Trust include attaining a biodiversity baseline and enhancing all the elements of

green social prescribing which will allow access to areas for staff and patients to use and enjoy. We are working with procurement specialist to establish robust baselines and monitoring systems to enable future reporting of scope 3 emissions as part of the Trusts Green Plan.

To assist and monitor these changes the Sustainable Development Steering Group (SDSG) meets quarterly to support the progression of the Trust Green Plan and associated actions in respect of managing climate related matters. The SDSG reports via the Operational Delivery Group (ODG) to the Executive Management Team (EMT), which in turn informs the Trust Board, in line with the Trust Environment and Energy Policy.

The Trust Environmental team provides quarterly updates to the Finance Committee (FC), to provide progress updates relating to the Trust's green objectives and carbon reduction rates, highlighting relevant information to the Trust board.

Energy

- **Energy Consumption**

Due to the contract with our energy provider, we have avoided costs pressures seen nationally. We continue to purchase 100% green energy through REGO contractors which continues to improve its energy management systems.

The energy systems being used have improved through continued work with staff to access the information from our HH meter gas and electricity. This provides a better understanding of where and how energy is used.

The Trust has spent £1,100,308total on energy (gas & electricity), an increase on last year despite the unit (kWh) costs being so low. The cost uplift is due to the increases in government levies which have influenced the Trusts finances.

	£	£	£
Cost breakdown	2021/22	2022/23	2023/24
Scope 1 – Gas	£350,842.00	£378,274.27	£ 416,694.00
Scope 2 – Electricity	£ 517,438.00	£ 609,391.30	£ 683,614.95

The Trust has used 3,66,478 kWh Electricity and 11,848,829 kWh Gas which have a combined kWh use of 15,515,308.

	kWh	kWh	kWh
kWh breakdown	2021/22	2022/23	2023/24
Scope 1 – Gas	13,788,782.00	12,799,474.84	11,848,829.51
Scope 2 – Electricity	3,893,958.00	3,450,371.00	3,666,478.63

Consumption of gas reduced steadily year on year showing that the Trust is moving in the right direction, but progress is increasing which will assist the Trust reaching NetZero by 2035.

Electricity has fluctuated and increased slightly this year but still on the correct trajectory when compared to the baseline year (2021/22). Electricity will increase in the coming years as the organisation moves from fossil fuels to carbon neutral technologies so this is expected.

	t/CO2e	t/CO2e	t/CO2e
Carbon Emission Scopes	2021/22	2022/23	2023/24
Scope 1 – Gas	3,387.54	3,276.42	2488
Scope 2 – Electricity	922.83	779.61	816

The Green plan continues to guide our green objectives and through this we are focusing on the removal of gas and electrifying our heat. We also plan to increase solar PV, improving lighting through LED technologies, and look for new ways to reduce our carbon footprint through modern technologies.

- **Water**

We continually monitor our water consumption to identify over usage or leaks, and areas for improvement.

There has been an increase in water use and cost as expected due to more staff working from the office.

Plans for water as part of the green plan are to reduce usage through, water saving technologies, assessments of current systems and leak detection.

	m3	m3	m3
Carbon Emission Scopes	2021/22	2022/23	2023/24
Scope 3 – Water	11.3	9.97	12.11

	£	£	£
Carbon Emission Scopes	2021/22	2022/23	2023/24
Scope 3 – Water	97,443.26	90,718	102,598

- **Waste**

We continue to drive down the carbon footprint of our waste production by having zero waste to landfill for general waste, increasing recycling, and improving segregation of clinical waste. We have reduced our carbon footprint for waste, reduced our costs and improved our compliance levels.

WARP-IT continues to relocate furniture across the Trust and helps support our local economy and charities.

This year has seen a reduction in the Warp-it figures as we return to more ‘normal’ activity in relocating furniture after vacating the headquarters building in Willerby, East Yorkshire. The table below highlights how much carbon and furniture tonnage the Trust has saved, thereby supporting our social value agenda.

We still have more to do but we are heading in the right direction and have more ambitious plans moving forward.

Year	tCO2e	Furniture (tonnes)	£ saving
2021-22	10	5.11	20,000
2022-23	41	17.33	87,500
2023-24	22	7.61	47,650

Social, Community and Human Rights Issues

Social Values Report

As an anchor institution, we are rooted in and connected to the communities that we are a part of. Our Social Values report again shared the story of how we supported health and wellbeing, growth, and jobs across the Humber and North Yorkshire regions over the course of a year.

The collection of stories shared outstanding examples of how we deliver on our commitment to deliver social value through projects designed to make a positive difference. They tell the story of the good that we do within our communities, whether that has an environmental, economic, or social impact.

Through these examples you can find out more about how our people use their knowledge, skills, and experience to go above and beyond, to deliver social value and help shape the future, alongside maintaining high quality care across our services.

However big or small, our people make an enormous difference to the lives of those they work with and play a vital role in helping us to create a better life for our communities. We are mindful that there will always be more we can do. Social value will remain a golden thread running throughout our planning and delivery in 2024/25.

Human Rights

Human rights are fundamental principles that safeguard individuals' rights and freedoms. Human rights play a crucial role in ensuring equitable and dignified healthcare for all. By incorporating human rights principles, we promote equal access to healthcare services, respect for patient autonomy, and protection from discrimination and abuse. By recognising and upholding human rights, the Trust ensures a compassionate and patient-centered healthcare system that prioritises the wellbeing and dignity of patients.

We are committed to serving a richly diverse community and ensuring that all our services are made accessible to all individuals, regardless of their background. One of the key principles of the NHS Constitution is knowing that the success of the NHS relies heavily on its staff. Only when staff members feel valued and supported can patients expect to receive outstanding care.

We listen to the voices of our underrepresented staff through our staff networks. The Trust has in place, a Race Equality Network, LGBTQ+ network and Disability network. The Race Equality Network supports the development of the Workforce Race Equality Standard (WRES), whilst the Disability network supports the development of the Workforce Disability Equality Standard (WDES). The LGBTQ+ network (known as the Rainbow Staff Network) has supported the Trust’s work towards the NHS Rainbow Badge Accreditation. To further our aims of community inclusion and collaboration with underrepresented staff groups, we have further strengthened our staff networks. New terms of reference and the addition of an Executive Management Team network sponsor gives the networks the recognition and resources that they need to reach maturity.

Research demonstrates a strong correlation between staff engagement, patient outcomes, and organisational performance indicators. We understand that when employees are committed to their work and satisfied with their work environment, they are more likely to provide high-quality care to patients. This commitment is also reflected in organisational outcomes, including staff absenteeism and turnover rates, patient satisfaction levels, and mortality rates.

We recognise the significance of fostering a positive work environment that values and supports our employees. This not only enhances the quality of care provided to patients but also contributes to the overall success of Humber Teaching NHS Foundation Trust.

Our Values of Caring, Learning and Growing help to ensure delivery of these principles and focus on staff behaviours and expectations and this is supported by the introduction of a Behavioural Standards Framework for all staff.

We aim to employ a workforce which is as representative as possible of this population as we welcome the value and differences of diversity.

Our vision, which applies to staff, patients, and patients' families and carers, is to be 'effortlessly inclusive'. To achieve that vision, we aim to:

- Treat everyone with respect and dignity at all times,
- Challenge discriminatory behaviour and practice,
- Recognise and embrace diversity,
- Ensure equal and easy access to services,
- Ensure equal access to employment and development opportunities,
- Consult and engage with staff, patients and their families to ensure our services and facilities meet their needs.

In September 2023, we launched the Patient and Carer Experience Five Year Forward Plan (2023 to 2028) including a suite of accessible resources to support the roll out of the Plan. Equality, diversity and inclusion are woven throughout the document, and the strategy delivers our commitment to the Public Sector Equality Duty (PSED) with regard to the Equality Act 2010 and the national NHS Equality Delivery System (EDS22).

The effectiveness of all of these policies is routinely monitored through incidents and other events to ensure that none of our services adversely affect any one section of the communities we serve, or any one of the protected characteristics. Assurance around human rights is provided to the Executive Management Team on a quarterly basis and through annual reporting such as the WRES, WDES, Gender Pay Gap and EDI annual report. Mandatory training on Equality, Diversity and Human Rights ensures that all our staff have had training on dignity and respect, with a compliance rate of over 98%.

Anti-fraud, bribery and corruption

We have a Local Counter Fraud Specialist (LCFS) and there are policies in place to support countering fraud, bribery and corruption.

It is our policy that all allegations of fraud must be referred to the Trust's LCFS or Executive Director of Finance. Our Anti-Bribery statement is available on the Trust's public website. In addition, our intranet fraud page for staff refer to bribery. The Audit Committee receives regular updates from the LCFS.

Bribery is also referenced in various policies including Standing Orders, Scheme of Delegation and Standing Financial Instructions, Local Anti-Fraud, Bribery and Corruption Policy, and Conflicts of Interest, Managing Interests and Standards of Business Conduct for NHS Staff, which includes the requirements around gifts and hospitality. In addition, the Bribery Act will continue to be incorporated into all staff fraud awareness literature and presentations.

Modern Slavery Act 2015

We are committed to ensuring there is no modern slavery or human trafficking in our supply chains or any part of our business activity. Our commitment is covered by our approach to modern slavery and human trafficking, which is part of our safeguarding strategy and arrangements, our policies (including our recruitment policy and approach) and our procurement and supply chains. Our Slavery and Human Trafficking Annual Policy Statement is publicly available on our website at www.humber.nhs.uk/about/declarations.htm

Emergency Preparedness, Resilience and Response (EPRR) Assurance

Emergency Preparedness, Resilience and Response (EPRR) Assurance

A new process was introduced by NHS England for the 2023-24 NHSE EPRR core standards self-assessment for the Humber and North Yorkshire region as part of a phased rollout incorporating an evidence-based check and challenge process requiring NHS organisations to submit evidence to support their annual self-assessment.

Although the number of core standards applicable to each organisation type is different, Humber Teaching NHS Foundation Trust had 58 applicable core standards to self-assess against and rated itself as partially compliant. On completion of the check and challenge process by NHSE, the compliance rating was lowered to non-compliant. This does not signal a material change or deterioration in preparedness as it is considered a revised and more rigorous baseline has been applied to improve plans for preparedness going forward. We have a comprehensive action plan in place to address the improvements and, as part of the monitoring process, will update the ICB on a monthly basis.

We continue to improve care and service safety, resilience, and response through a programme of training, testing, learning from incidents internally and through work with partners and external networks. Through this work we will increase our compliance with the core standards for the next assurance round for 2024/25.

Our compliance rating was signed off by the Trust Board on 29 November 2023.

Directors' Report

The Board of Directors sets the strategic goals and objectives of the Trust and monitors the Trust's performance against these objectives; ensuring appropriate action is taken when necessary. It is responsible for managing the business of the Trust and is legally responsible for delivering high-quality, effective services and for the financial control and performance of the Trust.

The Board is made up of Executive and Non-Executive Directors who develop and monitor the Trust's Strategy and performance against key objectives and other indicators.

The table below provides details of the composition of the Board of Directors throughout the year.

The Chair of the Board of Directors is Caroline Flint**.** The Board of Directors is comprised of six Non-Executive Directors including the Chair, two Associate (non-voting) Non-Executive Directors, five Executive Directors including the Chief Executive and Director of Workforce and Organisational Development (non-voting). Priyanka Perera and David Smith, Associate Non-Executive Directors joined the Trust in October 2023 and Hanif Malik, Associate Non-Executive Director reached the end of his term in office at the end of September 2023.

Francis Patton, Non-Executive Director, is the Senior Independent Director. The Senior Independent Director acts as a sounding board for the Chair, serves as an intermediary for the other directors when necessary and leads the appraisal process for the Chair.

Arrangements are in place to ensure that services are well-led and further details are contained below.

The Board of Directors reviews and evaluates its performance on an ongoing basis. This review covers areas such as constructive challenge, appropriateness of the agenda, quality of papers, quality and inclusiveness of debate, and effectiveness of the Chair. A review of the strategic priorities is reported on a quarterly basis via the Board Assurance Framework.

The Care Quality Commission (CQC) last undertook a well led inspection in February 2019 and the Trust was rated as 'Good'. In 2021, we commissioned an external review of our governance arrangements. The findings were reported to the Board in April 2022. Feedback from the review was positive and recommendations about how we could further improve our governance arrangements were accepted and implemented during 2022/23.

Each Board of Directors sub-committee produces an annual effectiveness review report on its activities, achievements and plans for the year ahead which is presented to the Board of Directors by the committee chair.

The arrangements for evaluation of the Chair and Non-Executive Directors are agreed by the Council of Governors' Appointments, Terms and Conditions Committee. The Senior Independent Director, Mr Patton leads the appraisal of the Chair, with appropriate consultation with Non-Executive Directors, Governors and other relevant parties. The Chair, Caroline Flint, leads the evaluation of the Non-Executive Directors supported by the Council of Governors' Appointments, Terms and Conditions Committee.

The Chief Executive and Executive Directors are subject to formal appraisal by the Chair and Chief Executive respectively. This is based on the agreement of objectives linked to the key components of the Trust's annual plan and progress is monitored throughout the year. The Chair is consulted concerning the corporate, as opposed to the professional performance of the Executive Directors. Regular meetings with the Non-Executive Directors and the Chair are held without the Executive Directors being present. The Board of Directors' composition is in accordance with the Trust's constitution and details of attendance at meetings are provided in the attendance table.

Composition of the Board of Directors			
Non-Executive Directors:			
Name	**Position**	**Appointed to Humber Teaching NHS Foundation Trust**	**Term of office ends**
Rt Hon Caroline Flint	Trust Chair • *Chair of Council of Governors* • *Chair of Remuneration and Nomination Committee*	16 September 2021	15 September 2027
Mike Smith	• Independent Non-Executive Director *Chair of Mental Health Legislation Committee*	1 October 2016	31 August 2024
Francis Patton	• Independent Non-Executive Director, *Chair of Finance & Investment Committee*	1 January 2018	31 August 2024
Dean Royles	Independent Non-Executive Director • *Chair of Workforce & Organisational Development Committee*	1 September 2019	31 August 2025
Hanif Malik	Independent Associate Non-Executive Director	1 July 2021	30 June 2023
Stuart McKinnon-Evans	Independent Non-Executive Director • *Chair of Audit Committee* • *Chair of Charitable Funds Committee* • *Chair of Collaborative Committee*	1 February 2022	31 January 2025
Phillip Earnshaw	Independent Non-Executive Director • Chair of Quality Committee	25 July 2022	24 July 2025
Priyanka Perera	Independent Associate Non-Executive Director	1 October 2023	30 September 2024
David Smith	Independent Associate Non-Executive Director	1 October 2023	30 September 2024
Executive Directors			

Michele Moran	Chief Executive	29 January 2017	N/A
Peter Beckwith	Director of Finance	10 March 2017	N/A
Kwame Fofie	Medical Director	1 October 2022	N/A
Hilary Gledhill	Director of Nursing, Allied Health and Social Care Professionals	1 June 2015	N/A
Lynn Parkinson	Chief Operating Officer (COO)	1 October 2018	N/A
Steve McGowan (non-voting)	Director of Workforce & Organisational Development	18 June 2018	N/A

The composition of the Board of Directors allows it to fulfil its statutory and constitutional functions and to comply with its provider licence. The balance of the Board of Directors meets the provisions of the NHS Foundation Trust Code of Governance requirements for at least half of the directors (excluding the Chair) to be independent Non-Executive Directors. The Non-Executive Board members possess a wide range of skills and experience essential for an effective Board of Directors. These skills enable them to provide independent judgement and advice on issues of strategy, vision, performance, resources, and standards of conduct, and constructively challenge, influence, and help the executive team develop proposals on such strategies.

The Council of Governors' is chaired by the Chair of the Trust who is responsible for providing leadership to both the Board of Directors and the Council of Governors. The Chair ensures there is effective communication between the Board of Directors and the Council of Governors, gaining the views of the Governors as necessary for consideration by the Board of Directors.

Executive and Non-Executive Directors have an open invitation to attend the Council of Governors' meetings, the Governor groups and Governor development days that are held. They also receive copies of the Council of Governors' meeting papers, including the minutes. The Chair, supported by the Senior Independent Director, promotes an engaging relationship between the Board of Directors and Council of Governors. Board members and Governors have opportunities to meet and discuss key issues at the Governor Development Day meetings. Governors are provided with copies of the Board meeting papers. A Governor, Non-Executive and Executive Knowledge and Engagement visit programme to inpatient units, services and teams is in place. Governors hold the Non-Executive Directors individually and collectively to account for the performance of the Board (this is one of their key statutory duties) by asking questions of them at the Council of Governor meetings.

The Board of Directors delegates the day-to-day management of the Trust's operational services to the Executive Directors, with the Non-Executive Directors sharing corporate responsibility for ensuring the Trust is run in an economical, effective, and efficient way.

The Chair and Chief Executive continually review the balance, appropriateness, and effectiveness of the Board of Directors, ensuring there is continuity when new directors are appointed.

Trust Performance

Trust performance was closely monitored during the year by the Board of Directors through the presentation of reports and discussion of key performance information at each of its meetings. The Board of Directors acknowledges its responsibility for preparing the Annual Report and Accounts and considers that, taken as a whole, they are fair, balanced, and understandable and provide the information necessary for patients, regulators, and other stakeholders to assess the Trust's performance, business model and strategy.

Risk Management

Our 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 services. The Trust Board has in place a Risk Management Strategy which sets out the Trust's commitment to embedding an integrated approach to managing risk. Our Trust's Risk Management Strategy was updated and reviewed in March 2022, and the three-year strategy continues the proactive approach to risk management to enable the reduction in harm to patients and staff, assist in creating safer care environments and is essential for the achievement of the organisation's strategic goals as well as the Trust's corporate and clinical objectives.

We have undertaken a self-assessment to identify further areas for improvement within risk management and have developed four Risk Management Priorities as part of the Risk Management Strategy for 2021-2024. These priorities identify the key areas for further development to increase the risk maturity of the Trust, its supporting processes, and the overall risk management culture of the organisation.

A review was undertaken in 2022/23 by the Trust Board to review the definition of the Trust's risk appetite or the level of risk that it is prepared to accept, tolerate, or be exposed to. A revised risk appetite statement was developed following agreement by the Trust Board which defines the level of risk that can be accepted against the Trust's strategic goals. This updated appetite statement has been included in the Trust Risk Management Strategy.

Our Trust Board maintains overarching responsibility for risk management throughout the organisation and considers the content of the Trust-wide Risk Register and Board Assurance Framework. Content of the Trust-wide risk register is reviewed regularly by the Executive Management Team and is also discussed at Board committee meetings alongside relevant sections of the Board Assurance Framework.

Regular updates are provided to the Board from its sub-committees and the Executive Management Team to provide further assurance around the application of risk management within the Trust.

Leadership for risk management across the Trust is provided by the Executive Management Team and is chaired by the Chief Executive. The Executive Management Team considers the development of systems and processes, with individual directors championing risk management within their own areas of responsibility. The group fulfils the lead function for managing the Trust wide risk register, reviewing all proposed new risks for inclusion, monitoring existing risk entries on a regular basis, and considering requests for risk de-escalations.

The Operational Delivery Group is chaired by the Chief Operating Officer and considers the risk registers at a divisional level. The Group is responsible for ensuring that risk assessment is consistent, timely and that appropriate actions have been taken to manage and mitigate the level of risk. Divisional risk registers are cross-referenced and identify any emerging themes or trends in terms of risk, and items can be escalated for the consideration of the executive management team where required. The arrangements are in place to ensure that the Trust has effectives processes for managing all types of risk and that it is making appropriate risk management decisions to enable the organisation to deliver on its objectives.

The Care Quality Commission

The Care Quality Commission (CQC) carried out its last full inspection in 2019 and rated the Trust 'Good'. Due to the pandemic the CQC adapted their inspection approach, replacing their inspection regime with a Transitional Monitoring Approach (TMA) and in January 2021 positive verbal feedback was received from the CQC.

This year, no issues have been identified at the Trust that require the CQC to inspect further. However, the CQC's ongoing monitoring of services continues, and our regular relationship meetings foster good working relationships and the opportunity to provide assurance to the CQC.

Two targeted responsive assessments in respect of Humber Primary Care and Market Weighton GP practice were undertaken by the CQC in 2023/24. For both practices the overall rating remains Good, however the rating for both in the Responsive domain was Requires Improvement. An action plan and response has been submitted to CQC to outline the work ongoing in respect of addressing these areas.

Financial Requirements

The Trust remains compliant with cost allocations and charging requirements laid down by HM Treasury and did not receive any income from fees and charges in 2023-24.

In accordance with Section 43(2A) of the NHS Act 2006, the Trust confirms that the income from the provision of goods and services for the purposes of the health service in England is greater than its income from the provision of goods and services for any other purposes. The Trust has therefore met this requirement.

Also, in accordance with section 43(3A) of the NHS Act 2006, the Trust can confirm that the other income it has received has had no impact on its provision of goods and services for the purposes of the health service in England.

Statement as to disclosure to auditors: Each director at the time of approving this report has confirmed that, as far as the director is aware, there is no relevant audit information of which the NHS Foundation Trust's Auditor is unaware. The Director has taken all the necessary steps to be aware of the relevant audit information and to establish that the Trust's Auditor is aware of that information.

Annual Statement on Remuneration

Renumeration policies

The Remuneration and Nomination Committee determines the salaries of the Chief Executive and the other Executive Directors by considering market rates. All directors are on permanent contracts with the Chief Executive and other directors having a six-month notice period. The Chief Executive received a performance bonus for work in 2023/24. There were no compensation payments for early termination for directors.

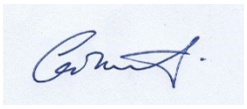
The Council of Governors determines the pay for the Chair and Non-Executive Directors and in so doing considers national guidance. The Chair and Non-executive Directors are on fixed term, renewable contracts. There is no performance-related pay and no compensation for early termination.

A 5% cost of living pay award was applied to all Executive Directors in 2023/24 following guidance published by the Senior Salaries Review Body (SSRB).

For the Deputy Chief Executive/Chief Operating Officer a 5% uplift was awarded in respect of the Deputy CEO allowance, taking this from £5,000 to £5,250.

The Chief Executive's responsibility allowance for ICB and lead provider responsibilities increased by 5% from £33,145 to £34,802 in recognition of the cost of living pay award.

A 5% cost of living increase was also applied to Non-Executive Directors, Associate Non-Executive Directors, and the Trust Chair. This included a 5% uplift to additional supplementary payments, for the Senior Independent Director and the Audit Chair.



Rt Hon Caroline Flint
Chair

Michele Moran
Chief Executive

Remuneration Report

Non-Executive Director Remuneration Policy

The Chair and Non-Executive Directors of the Trust are appointed by the Council of Governors and are remunerated in accordance with terms and conditions approved by the Council of Governors. Pay is in accordance with the NHSE guidance on Chair and NED pay.

Details of salaries and allowances paid to the Chair and Non-Executive Directors during 2023/24 are provided in Table 1. The information included in this table is subject to audit. A responsibility allowance of £2,000 is paid to Stuart McKinnon Evans and Francis Patton for their roles as Audit Chair and Senior Independent Director respectively.

	Basic Pay	Supplementary Payments	Pay with 5% CoL increase
SID	£13,000	£2,000	£15,750 (with allowance uplift) £15,650 (allowance uplift excluded)
Audit Chair	£13,000	£2,000	£15,750 (with allowance uplift) £15,650 (allowance uplift excluded)
NED (x 3)	£13,000	N/A	£13,650
ANEDs (x2)	£6,500	N/A	£6,825
Chair	£47,100	N/A	£49,555

*Table 1

A summary of Non-Executive Director Remuneration Policies is tabled below:

Element	Policy
Fee payable	In line with NHSI/E pay guidance for Non-Executive Directors.
Percentage uplift (cost of living increase)	Reviewed annually by the Appointments Terms and Conditions Committee taking into consideration NHSE pay guidance
Travel	Travel and subsistence expenses are reimbursed and paid with remuneration via payroll.
Pension contributions scheme	Non-Executive Directors do not have access to the NHS Pension.
Other remuneration	None

Executive Director Remuneration Policy

The Chief Executive and Executive Directors hold permanent Trust contracts with six-month notice periods and standard NHS terms and conditions. The Remuneration and Nomination Committee aims to ensure the Executive Board members are fairly rewarded having proper regard to the Trust's circumstances and linked to national guidance on the size of the Trust.

Further information on staff policies is included on pages 66-68.

When setting remuneration for senior managers, the Remuneration Committee consider benchmark information regarding other relevant director salaries in the NHS.

In line with national guidance, the opinion of NHS England is sought in relation to Executive Director pay for those earning over £150,000.

Directors do not receive any bonus-related payments. The Chief Executive's contract had the potential to earn an annual non-consolidated performance-related bonus. This was consolidated into an allowance in 2022/23. A bonus payment was made in 23/24 for work undertaken in 22/23. Details of the salaries and allowances of the Chief Executive and other Executive Directors during 2023/24 are shown in Table 2. The information in these tables is subject to audit.

The Remuneration and Nomination Committee does not set the remuneration and terms of service of other managers currently employed within the Trust, except for one senior manager who is on a Very Senior Manager contract. All current senior managers are on permanent contracts with three-month notice periods and standard NHS terms and conditions. The remuneration of these senior managers is based on the NHS-wide job evaluation scheme (known as Agenda for Change) with nationally applied pay uplifts.

The Trust has no outstanding equal pay claims to date, and generic job descriptions have been developed, ensuring current and future compliance with equal pay requirements. Past and present employees are covered by the provisions of the NHS Pension Scheme. A description of the scheme and its accountancy treatment is described in Note 9 to the Annual Accounts.

Table 2:

Role	Salary (22/23)	Additional Pay/ Allowances	23/24 Salary with Cost of Living £
Chief Executive Officer	170,050	33,145 Responsibility Allowance	213,324
Medical Director	119,133	23,152 Management Responsibility Allowance 9,048 CEA Level 3 25,636 Add Prog Activity	185,273
Finance Director	142,140		149,247
Director of Nursing	129,265		135,728
Chief Operating Officer	127,205	5,000 Deputy CEO	138,815
Director of Workforce & OD	117,935		123,832
Collaborative Director	100,986		106,540

A summary of Executive Director Remuneration Policies is tabled below:

Element	Policy
Salary	A 'spot' salary which is reviewed annually. The setting of the salary and the subsequent review are undertaken with reference to national benchmarking data and national pay awards.
Taxable benefits	Travel and subsistence expenses are reimbursed and paid with salary via payroll.
Annual performance related bonuses	No performance related bonuses are paid for directors. The Chief Executive had the potential to earn a discretional annual non-consolidated performance related bonus, this has now been consolidated into an allowance.
Long-term performance related bonuses	No long-term performance related bonuses are paid.
Pension-related benefits	Executive directors and service directors can access the NHS Pension scheme.
Percentage uplift (cost-of-living increase)	Reviewed annually by the Remuneration and Nomination Committee taking into consideration national pay awards and financial implications

Salaries and Allowances of Trust Board and other Senior Managers – subject to audit

Executive Directors (subject to audit)

	2023/2024					
Name & Title	**Salary and Fees (Bands of £5k)**	**Taxable Benefits (Nearest £100)**	**Annual Performance-related bonuses (Bands of £5k)**	**Long-term Performance Benefits (Bands of £5k)**	***Pension-related Benefits (Bands of 2.5k)**	**Total (Bands of £5k)**
Michele Moran (Chief Executive)	195-200	0	10-15		0	205-210
Kwame Opoku-Fofie (Medical Director)	175-180	0		10-15	85-87.5	275-280
Steven McGowan (Director of Workforce & Organisational Development)	120-125	700			30-32.5	155-160
Lynn Parkinson (Chief Operating Officer)	130-135	6,600			77.5-80	215-220
Hilary Gledhill (Director of Nursing, Allied Health and Social Care Professionals)	135-140	10,500			0	145-150
Peter Beckwith (Executive Director of Finance)	145-150	300			105-110	255-260

Executive Directors (subject to audit)

	2022/23					
Name & Title	**Salary and Fees (Bands of £5k)**	**Taxable Benefits (Nearest £100)**	**Annual Performance-related bonuses (Bands of £5k)**	**Long-term Performance Benefits (Bands of £5k)**	**Pension-related Benefits (Bands of 2.5k)**	**Total (Bands of £5k)**
Michele Moran (Chief Executive)	195-200	0	15-20		0	210-215
Kwame Opoku-Fofie (Medical Director)	90-95	0		5-10	0	100-105
Steven McGowan (Director of Workforce &	110-115	700			30-32.5	145-150

Organisational Development)						
Lynn Parkinson (Chief Operating Officer)	125-130	10,200			0	135-140
Hilary Gledhill (Director of Nursing, Allied Health and Social Care Professionals)	125-130	10,500			57.5-60	195-200
Peter Beckwith (Executive Director of Finance)	135-140	300			0	135-140

Chair and Non-Executive Directors (subject to audit)

	2023/2024					
Name & Title	**Salary and Fees (Bands of £5k)**	**Taxable Benefits (Nearest £100)**	**Annual Performance-related bonuses (Bands of £5k)**	**Long-term Performance Benefits (Bands of £5k)**	****Pension-related Benefits (Bands of 2.5k)**	**Total (Bands of £5k)**
Dean Royles Non-Executive Director	10-15					10-15
Mike Smith – Non-Executive Director	10-15					10-15
Caroline Flint Chair	45-50					45-50
Hanif Malik Associate Non-Executive Director (Until September 2023)	5-10					5-10
Stuart Mckinnon-Evans Non-Executove Director	15-20					15-20
Phillip Earnshaw Non-Executive Director	10-15					10-15
David Smith Non-Executive Director (From October 2023)	0-5					0-5
Priyanka Perera Non-Executive Director (From October 2023)	0-5					0-5
Francis Patton Non-Executive Director	15-20					15-20

Chair and Non-Executive Directors – subject to audit

	2022/23					
Name and Title	**Salary and Fees (Bands of £5k)**	**Taxable Benefits (Nearest £100)**	**Annual Performance-related bonuses (Bands of £5k)**	**Long-term Performance Benefits (Bands of £5k)**	**Pension-related Benefits (Bands of 2.5k)**	**Total (Bands of £5k)**
Dean Royles Non-Executive Director	10-15					10-15
Mike SmithNon-Executive Director	10-15					10-15
Caroline Flint Chair	40-45					40-45
Hanif Malik Associate Non-Executive Director (Until September 2023)	10-15					10-15
Stuart Mckinnon-Evans Non-Executive Director	10-15					10-15
Phillip Earnshaw Non-Executive Director	5-10					5-10
David Smith Non-Executive Director (From October 2023)						
Priyanka Perera Non-Executive Director (From October 2023)						
Francis Patton Non-Executive Director	10-15					10-15

* Pension Related benefits are calculated based on a central calculation of the Real Increase in the total value of accrued pension related benefits. This is not the expenditure that has been incurred in the Trusts expenditure accounts for employer related pension contributions.
Peter Beckwith opted not to be covered by the pension arrangements as from August 2023.

The Benefits in Kind covers the monetary value of the provision of a car. The 2023-24 pension related benefits figures have been adjusted for employee pension contributions.

Reporting bodies are required to disclose relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest-paid director in Humber Teaching NHS Foundation Trust in the financial year 2023/24 was £205,000 – £210,000. This was 6.0 times the median remuneration of the workforce, which was £34,513. In comparison, the highest-paid role in 2022/23 was £210,000-£215,000.

In accordance with the Government Accounting Manual the salaries of hosted posts are included, and these have inflated the range of values together with the Trust recruiting to Apprentices reducing the lower end of the reported range.

Total remuneration includes salary, non-consolidated performance-related pay, benefits in kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

The difference in remuneration levels highlighted in the remuneration tables are due to directors opting in/out of the pension scheme during this period.

The Chief Executive's Salary includes payment for a performance bonus in relation to performance in 2022/23 and was awarded upon achievement of specific criteria, performance against the criteria is monitored by the Remuneration Committee. This payment also reflects the recent accolade of being identified as one of the top 50 Chief Executives in the NHS.
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Fair pay disclosures – Subject to audit

Pay Ratio

NHS foundation trusts are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the lower quartile, median and upper quartile remuneration of the organisation's workforce.

The banded remuneration of the highest-paid director in the organisation in the financial year 2023-24 was £205,000-£210,000 (2022-23, £210,000-£215,000). This is a change between years of 2.5%.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

For employees of the Trust as a whole, the range of remuneration in 2023-24 was from £14,645 to £188,059 (2022-23 £9,405 - £177,414).

This is a change between years of 6%, based on the top end of the range.

The remuneration of the employee at the 25th percentile, median and 75th percentile is set out below. The pay ratio shows the relationship between the total pay and benefits of the highest paid director (excluding pension benefits) and each point in the remuneration range for the organisation's workforce.

2022/2023		
25th Percentile	**Median**	**75th Percentile**
£21,286	£27,055	£40,588
£23,473	£29,663	£41,762
9.05	7.16	5.09

	2023/2024		
	25th Percentile	**Median**	**75th Percentile**
Salary Component of Pay	£22,394	£28,407	£42,618
Total Pay and Benefits Excluding Pension Benefits	£26,119	£34,513	£46,094
Pay and Benefits excluding Pension: Pay Ratio for Highest Paid Director	7.9	6.0	4.5

Name and Title	Real Increase in pension at pension age	Real increase in pension lump sum at pension age	Total accrued pension at pension age at 31 March 2024	Lump sum at pension age related to accrued pension at 31st March 2024	Cash Equivalent Transfer Value at 1 April 2023	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2024
	bands of £2500	bands of £2500	bands of £5000	bands of £5000	£000	£000	£000
M Moran (Chief Executive)	0	0	75-80	225-230	1,906	0	0
S McGowan (Director of Workforce & Organisational Development)	0-2.5	0	15-20	0	158	65	240
L Parkinson (Chief Operating Officer)	2.5-5	5-7.5	70-75	200-205	1,407	248	1,797
H Gledhill (Director of Nursing, Allied Health and Social Care Professionals)	0-2.5	0	40-45	115-120	48	34	87
Kwame Opoku-Fofie (Medical Director)	0-2.5	57.5-60	50-55	140-145	907	334	1,332
P Beckwith (Executive Director of Finance)*	5-7.5	0	80-85	0	1,090	131	1,331

Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the members' accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme. CETVs are calculated in accordance with SI 2008 No.1050 Occupational Pension Schemes (Transfer Values) Regulations 2008.

A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves the scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures include the value of any pension benefits in another scheme or arrangement, which the individual has transferred to the NHS pension scheme and any additional benefits accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement)
*P Beckwith is affected by the Public Service Pensions Remedy and their membership between 1 April 2015 and 31 March 2022 was moved back into the 1995/2008 Scheme on 1 October 2023.

Current CPI applied to Pensions is 10.1%

Remuneration and Nomination Committee

The Remuneration and Nomination Committee is a sub-committee of the Board of Directors. The Committee is responsible for overseeing and agreeing the terms of service for the Chief Executive, Executive Directors and other Directors who are members of the Board, together with any staff employed by the Trust whose terms of service are not covered by national agreements. The Committee is chaired by the Trust Chair and membership includes all Non-Executive Directors and, where appropriate, the Chief Executive. The Committee also considers succession planning for directors.

The Committee reviews the structure, size and composition of the Board of Directors and makes recommendations for changes. It is responsible for the recruitment and selection process of the Chief Executive and Executive Directors and for determining salary, terms and conditions and appraisal arrangements. Any proposed suspension or termination of an Executive Director would also come under its remit, in conjunction with the Trust's disciplinary procedures. The Committee works with the Council of Governors' Appointment, Terms and Conditions Committee in terms of the equivalent processes in relation to the Chair and Non-Executive Directors.

The Committee considers the approval of any new or replacement Board-level appointments, considering job descriptions/person specifications and proposed remuneration packages using NHS benchmarks and relevant Very Senior Managers guidance. Appointments are made using robust recruitment and selection processes which include stakeholder sessions and a formal panel interview. The Committee reviews any underrepresentation at Board level and considers internal succession in accordance with Executive level plans. Appointments are ratified by the Board.

Nationally, the representation of an ethnically diverse membership on NHS trust boards is reported in the national Workforce Race Equality Standard (WRES) which demonstrates an improvement year on year, from 7.1% in 2016 to 15.6% in 2023. Similarly, through initiatives such as the Associate NED roles, the work of the Committee has led the improvement of diverse representation on our Trust Board to 12.5%. When this figure is compared to our workforce representation of 7.19% and our local community demographics of 5.9%, it can be demonstrated that the Board is representative of the ethnically diverse community it serves.

Policy on Board Remuneration

The Chair and Non-Executive Directors of our Trust are appointed by the Council of Governors and are remunerated in accordance with terms and conditions approved by the Council of Governors.

Nine meetings of the Remuneration and Nomination committee were held during the period of this report and details of attendance are presented in the Board of Directors' attendance table on pages 85-88. The terms of reference for the Committee are available on the Trust's website or from the Head of Corporate Affairs.

Signed:  **Date: 20th June 2024**

Michele Moran, Chief Executive

Staff Report

Our Trust employs 3528 people who provide a range of services across the Humber, East Riding of Yorkshire, North Yorkshire, and the surrounding areas. This report provides an overview of the make-up of the workforce which had a head count of 3528 at the end of 2023/4

Grade	Female		Male		Total	
	FTE	Headcount	FTE	Headcount	FTE	Headcount
Directors	3	3	3	3	6	6
Band 8A	111.83	123	32.36	34	144.19	157
Band 8B	30.67	36	10.3	11	40.97	47
Band 8C	25.92	28	7.5	8	33.42	36
Band 8D	5.8	6	4	4	9.8	10
Band 9	1.8	2	1	1	2.8	3
Other Staff	2274	2623	615.9	656	2889.9	3279
Total	**2453**	**2821**	**674.1**	**717**	**3127.1**	**3538**

Staff Group	Female		Male		Total	
	FTE	Headcount	FTE	Headcount	FTE	Headcount
Add Prof Technical	284.43	308	68.33	70	352.76	378
Additional Clinical	637.56	717	201.49	210	839.05	927
Admin & Clerical	507.70	586	142.31	153	650.01	739
Allied Health Professional	166.64	195	25.31	28	191.95	223
Estates & Ancillary	70.74	118	57.32	66	128.07	184
Medical & Dental	39.18	45	52.20	58	91.38	103
Registered Nursing	733.77	820	126.80	133	860.57	953
Students	18.00	18	3.00	3	21.00	21
Total	**2458.02**	**2807**	**676.77**	**721**	**3134.79**	**3528**

Employees (WTE basis) (Subject to Audit)

	Permanent	Other	Total	Total
	2023/24	2023/24	2023/24	2022/23
	No.	No.	No.	No.
Medical and dental	80	13	93	90
Ambulance staff	0	0	0	0
Administration and estates	827	22	849	804
Healthcare assistants and other support staff	315	17	332	286
Nursing, midwifery and health visiting staff	1,423	183	1,606	1,575
Nursing, midwifery and health visiting learners	0	0	0	0
Scientific, therapeutic and technical staff	294	3	297	262
Healthcare science staff	0	0	0	0
Social care staff	72	0	72	99
Other	0	0	0	0
Total average numbers	3,011	238	3,249	3,116
Of which:				
Number of employees (WTE) engaged on capital projects	16	0	16	10

Employee Benefits

Employee benefits (subject to Audit)

	2023/24 Total £000	2022/23 Total £000
Salaries and wages	122,718	120,643
Social security costs	12,913	11,449
Apprenticeship levy	620	538
Employer's contributions to NHS pensions *	21,576	19,510
Pension cost - other	533	496
Temporary staff (including agency)	7,801	8,773
Total gross staff costs	**166,161**	**161,409**
Recoveries in respect of seconded staff	-175	-193
Total staff costs	**165,986**	**161,216**
Of which		
Costs capitalised as part of assets	894	514

* Employer's contribution to NHS Pensions include additional costs related to the increase in the employer contribution rate for NHS Pensions from 14.3% to 20.6% from April 2019, the value is £6,545k for 2023/24 (£5,920k for 2022/23)

Staff sickness absence data

Figures Converted by DH to Best Estimates of Required Data Items		**Statistics Published by NHS Digital from ESR Data Warehouse**		
Average FTE 2023	Adjusted FTE days lost to Cabinet Office definitions	FTE-Days Available	FTE-Days recorded Sickness Absence	Average Sick Days per FTE
3,032	34,600	1,106,622	56,129	11.4

Source: NHS Digital - Sickness Absence Publication - based on data from the ESR Data Warehouse

Service	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Rolling 12 M
338 Childrens and Learning Disability (Division)	5.36%	4.51%	5.14%	5.30%	4.25%	4.56%	5.00%	3.91%	5.16%	5.87%	5.14%	5.72%	**5.00%**
338 Commissioning (Division)	14.51%	8.83%	8.97%	9.39%	8.57%	7.93%	8.64%	8.19%	0.51%	0.00%	0.82%	0.26%	**6.36%**
338 Community and Primary Care (Division)	4.45%	4.22%	5.42%	6.62%	5.55%	6.07%	5.89%	6.59%	6.18%	5.97%	4.71%	2.75%	**5.37%**
338 Corporate (Division)	2.56%	2.70%	3.45%	3.90%	3.18%	4.22%	3.77%	3.75%	4.05%	4.11%	4.21%	2.78%	**3.56%**
338 Forensic Services (Division)	6.62%	4.78%	6.66%	5.63%	4.96%	5.69%	6.23%	6.34%	7.41%	6.18%	6.22%	7.31%	**6.17%**
338 Mental Health Planned Care (Division)	6.53%	5.92%	5.29%	4.74%	5.30%	5.02%	7.14%	6.22%	6.63%	6.76%	7.82%	5.03%	**6.04%**
338 Mental Health Services Central (Division)	4.99%	0.75%	0.59%	2.70%	0.15%	0.81%	1.18%	0.78%	1.26%	0.63%	0.00%	0.32%	**1.21%**
338 Mental Health Unplanned Care (Division)	6.48%	5.60%	5.74%	6.62%	6.58%	6.50%	6.76%	6.51%	6.67%	5.70%	5.27%	4.79%	**6.10%**
Total	**5.20%**	**4.54%**	**5.08%**	**5.40%**	**4.85%**	**5.20%**	**5.60%**	**5.26%**	**5.71%**	**5.61%**	**5.35%**	**4.51%**	**5.20%**

Further information relating to NHS sickness absence figures may be available via this Department of Health and Social Care link throughout the year:
https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates

www.humber.nhs.uk/about/board-papers-2023.htm

Information on the remuneration of the directors and on expenses of the governors and the directors

	2023/2024			2022/2023		
	Governors	**Directors**	**Total**	Governors	Directors	Total
The total number in office	29	15	**44**	27	15	42
The number receiving expenses in the reporting period	6	12	**18**	6	10	16
The aggregate sum of expenses paid in the reporting period	£1,649	£6,146	**£7,795**	£805	£4,969	£5,773

Policies

Policies applied during the financial year for giving full and fair consideration to applications for employment made by disabled persons, having regard to their aptitudes and abilities.

Our Trust's Recruitment & Selection policy and procedure was reviewed and relaunched in March 2024. Along with a policy for Recruitment and Selection, we provide Recruitment and Selection training for all recruiting managers and have developed a toolkit for recruiting managers to support them with fair and equitable selection. A recruitment and selection system, TRAC, was introduced in 2020 to support managers in the management of recruitment as well as to improve the candidate experience which has enabled a reduction in the time to recruit and more accurate and timely management information for analysis.

Policies applied during the financial year for continuing the employment of, and for arranging appropriate training for, employees who have become disabled persons during the period.

Our Trust has an Attendance Management Policy and Toolkit, and this reinforces the support available to staff and the approach the Trust expects from managers. To support staff to remain at work, the policy provides the tools which enable managers to engage with staff with long term conditions and supports the exploration of reasonable adjustments and redeployment where required, to support longer term attendance at work. The redeployment of employees due a medical condition is supported by the same policy, ensuring adequate information and advice is sought before redeployment options are considered.

We have a SEQOHS accredited in-house Occupational Health Service providing support and advice to employees and managers. The Occupational Health and Wellbeing service includes a diverse range of specialists from Occupational Health Nurse specialists, a back care specialist, Health Trainer, and OT as well as access to counselling provision and psychological support to further support the workforce in the management of positive health outcomes.

In 2023 we launched the Your Leave Plus campaign alongside the new Leave Policy. This outlines the enhanced range of paid leave options to support employees in continuing in employment and managing work life balance. Our Trust has a Flexible Working Policy, and a Flexible working Toolkit has been launched to help reinforce support for managers and employees when pursuing flexible working.

We continue to maintain a positive score around reasonable adjustments, where 82.4% of staff with a long-lasting health condition or illness say the Trust has made adequate adjustment(s) to enable them to carry out their work, this compares favourably with the national comparator figure of 78.8%. This also represents a 1.9% increase on the 2020 figure of 80.5%. Furthermore, it contributes to a four-year upward trend.

Policies applied during the financial year for training, career development and promotion of disabled employees.

Our Equality, Diversity & Inclusion policy applies to all our employees. Similarly, our Trust offers an EDI e-learning course as a statutory/mandatory requirement which at year end shows compliance at 97.52%

All policies that affect the workforce are subject to an Equality Impact Assessment and trade unions are involved in the development of both new and revised policies through the Trust Consultation & Negotiating Committee. Our Trust also uses the Equality, Diversity and Inclusion working group as a mechanism for participation in workforce policy development, which has representation from the Humber Ability staff network.

Our Trust has an Appraisal Policy with an appraisal 'window' of April to June. The appraisal documentation (along with the supplementary resources and training) places emphasis on the importance of carrying out a health and wellbeing conversation at the very minimum annually as part of the appraisal review.

We have leadership development programmes in place, which enhance the leadership capabilities of those people in management roles. The programmes are offered to all those at a Band 4 and above who meet the criteria for participation. The PROUD Leadership Development Programme has been accessed by 73 people leaders across our Trust in the past year, of those 12.32% declared to have a disability.

Further to the Leadership Programmes, our second cohort participated in the Humber High Potential Development Scheme. Of the 10 delegates on the 2022 program 10% declared to have a disability and of the 10 delegates in the 2023 program 10% declared to have a disability.

Actions taken in the financial year to provide employees systematically with information on matters of concern to them as employees.

We communicate with staff on a regular basis through email bulletins which include weekly EMT News Headlines, The Global, messages from the Chief Executive and Vlogs, 'Ask EMT' sessions, Senior

Leadership Forum, Leadership Forum, and staff newsletters.

Monthly trade union meetings take place through the Trust Consultation and Negotiation Committee (TCNC) and Staff Networks, namely the Race Equality Network, Humber Ability and LGBTQ+ are in place to support the cascade of information.

Regular management and clinical supervision are expected and there are policies in place to support the sharing of information with staff on a 1:1 basis as well as via team meetings. More recently, Microsoft team channels are utilised to enable specific groups to share and disseminate information, specifically relating to certain topics, such as leadership.

Actions taken in the financial year to consult employees or their representatives on a regular basis, so that the views of employees can be considered in making decisions which are likely to affect their interests.

Participation in the quarterly Pulse Survey and the production of local surveys to establish the views of employees are well established. These support and feed into plans following the annual National Staff Survey.

Monthly trade union meetings take place through the Trust Consultation and Negotiation Committee (TCNC), as well as the facilitation of a fortnightly staff side meeting to enable the flow of information via representatives. This has formed a well-established mechanism to consult more meaningfully upon organisational change particularly. In addition, our Trust has established a joint management and staff side policy group that meets regularly to discuss reviews and implementation of workforce policies, enabling an open, transparent, and collaborative partnership to develop. Staff Networks are in place to support the sharing of information and an escalation route into the EDI steering group to support the two-way dissemination of Trust wide information. These networks are all aligned to an Executive Sponsor, who acts as the conduit between the organisation and the network as a means of escalation and information sharing.

A Senior Leadership Forum and a Leadership Forum are also well established which provide managers with updates and information in relation to developments at the Trust.

Actions taken in the financial year, to encourage the involvement of employees in the NHS Foundation Trust's performance.

Trust performance is shared with staff side colleagues at the TCNC, Leadership Forums and Accountability Reviews.

The Staff Health & Wellbeing Group was established in 2020 and is made up of a diverse group of staff representatives from across our Trust, which aims to inform and identify opportunities to support the health and wellbeing of staff to aid improvement in performance.

The Equality, Diversity and Inclusion Steering Group provides a platform to share performance on equality and diversity, with emphasis upon national reporting such as the WRES, WDES and Gender Pay Gap report as well as reporting outcomes and progress regarding the National Staff Survey.

The Race Equality Network, LGBTQ+ & Disability Staff Networks engage in regular dialogue with the EDI group.

Information relating to our Trust's performance and Board information is shared with staff on our Trust's intranet site and through various communications.

Information on health and safety and occupational health performance

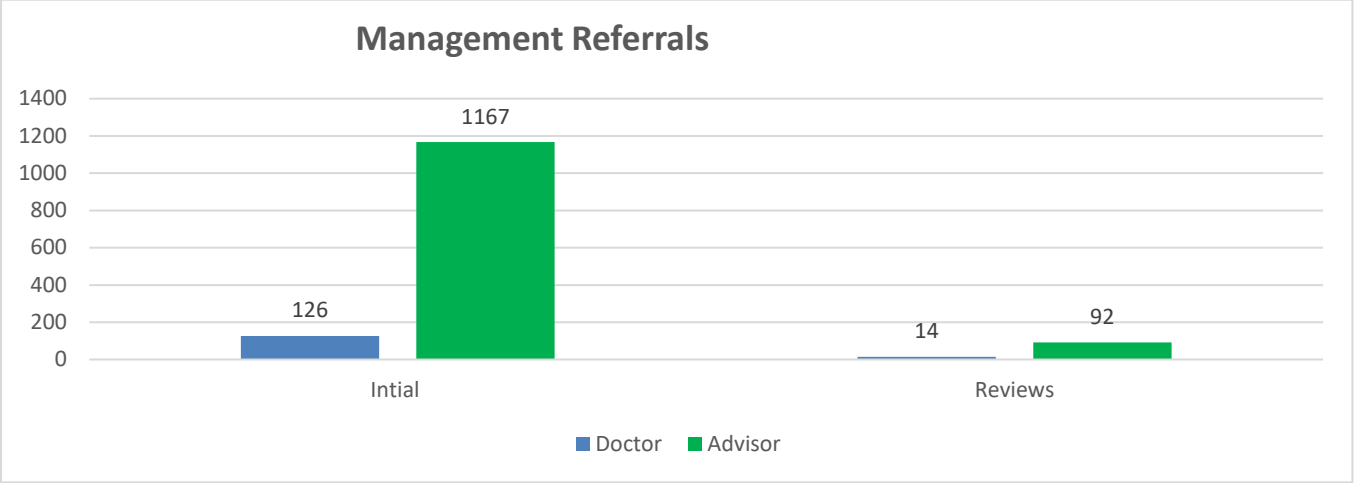
Our Occupational Health service ensures the health and wellbeing of our staff at Humber NHS Trust is priority. We undertake pre-employment assessments of new staff; ensure we meet vaccination requirements for job roles and continue to ensure any health issues impacting upon our staff fitness for work is addressed.

We have an in-house team of Occupational Health Advisers, an Occupational Health Screening Nurse, Occupational Therapist, Physiotherapist, Occupational Health Technician, and a team of experienced administrative staff that provide a continued service to meet the needs of our staff.

We utilise our counsellors and work very closely with the Wellbeing Team who offer a variety of services to help promote the health and wellbeing of our staff including wellbeing MOTs, one to one sessions and various health and wellbeing activities throughout the year.

- **Management referrals (including self-referrals)**

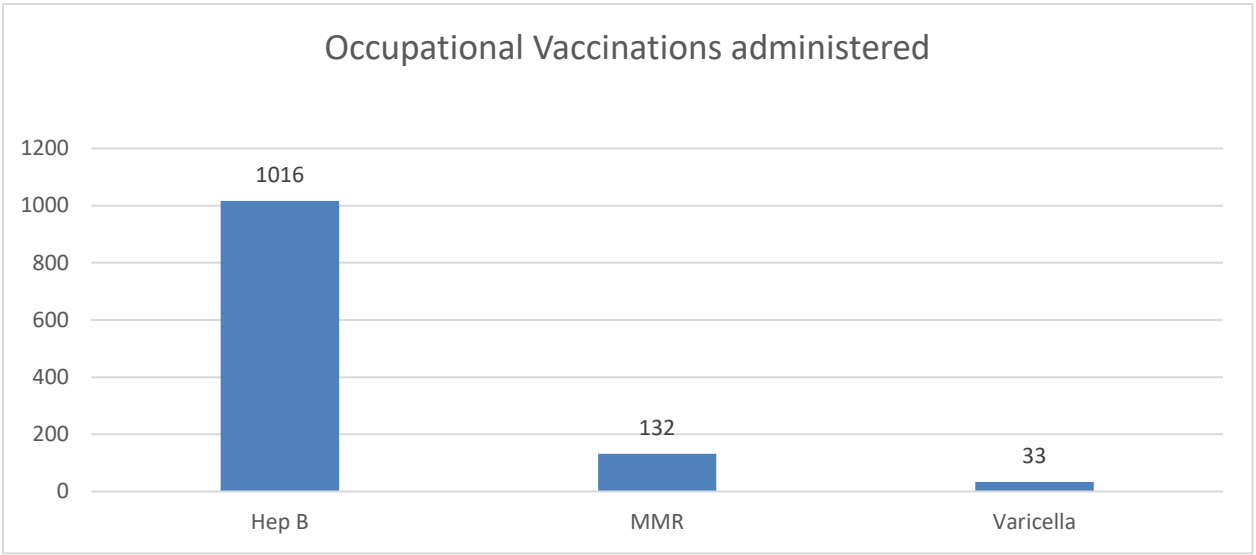
  A total of 1293 initial referrals and 106 reviews were carried out in the OHS in 2023 – 2024, compared to 1328 initial referrals and 190 reviews in 2022 – 2023.



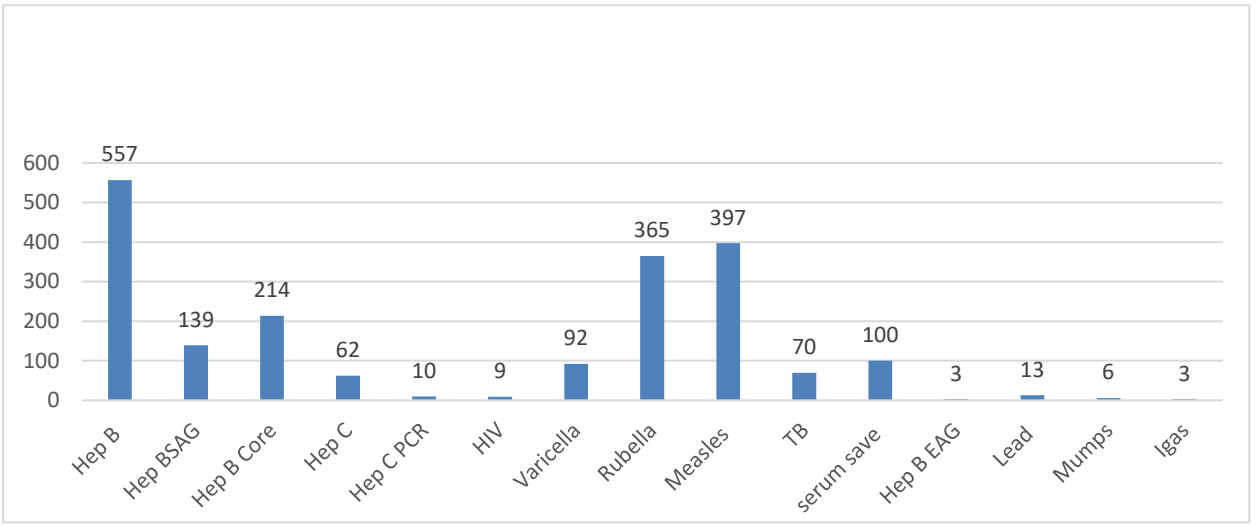
- **Occupational Health activities to prevent work-related ill health in employees:**

  Immunisation of staff against work related infectious disease

  The current immunisations offered to staff on a risk assessment basis include Hepatitis B, BCG (high risk staff), MMR, VZIG. During the 2023 – 2024 reporting period, 2868 immunisation/serological interventions were undertaken by the OHS.



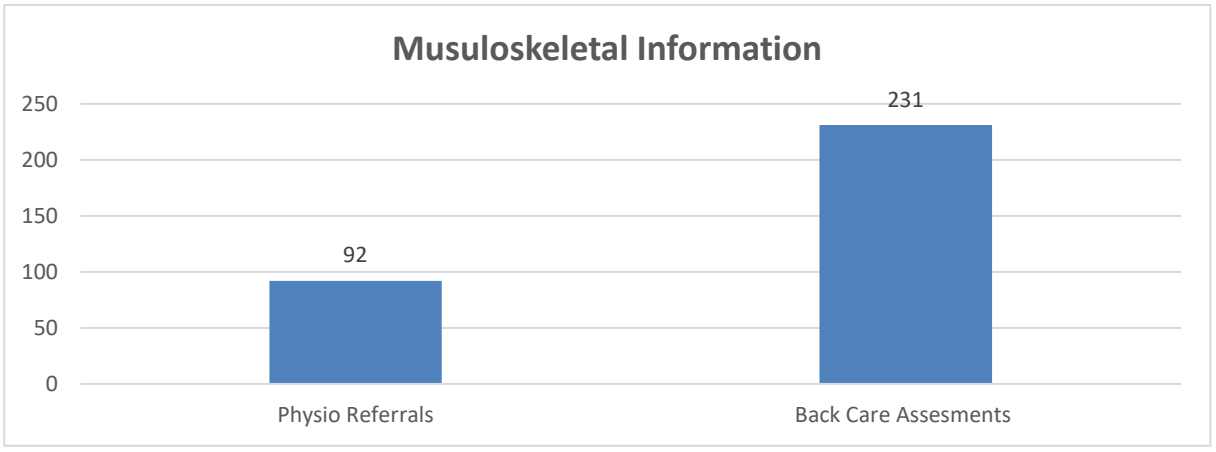
Serology Testing



1. **Acute assessment and management of musculoskeletal symptoms in relation to work with rapid access physiotherapy for injuries caused / exacerbated by work**

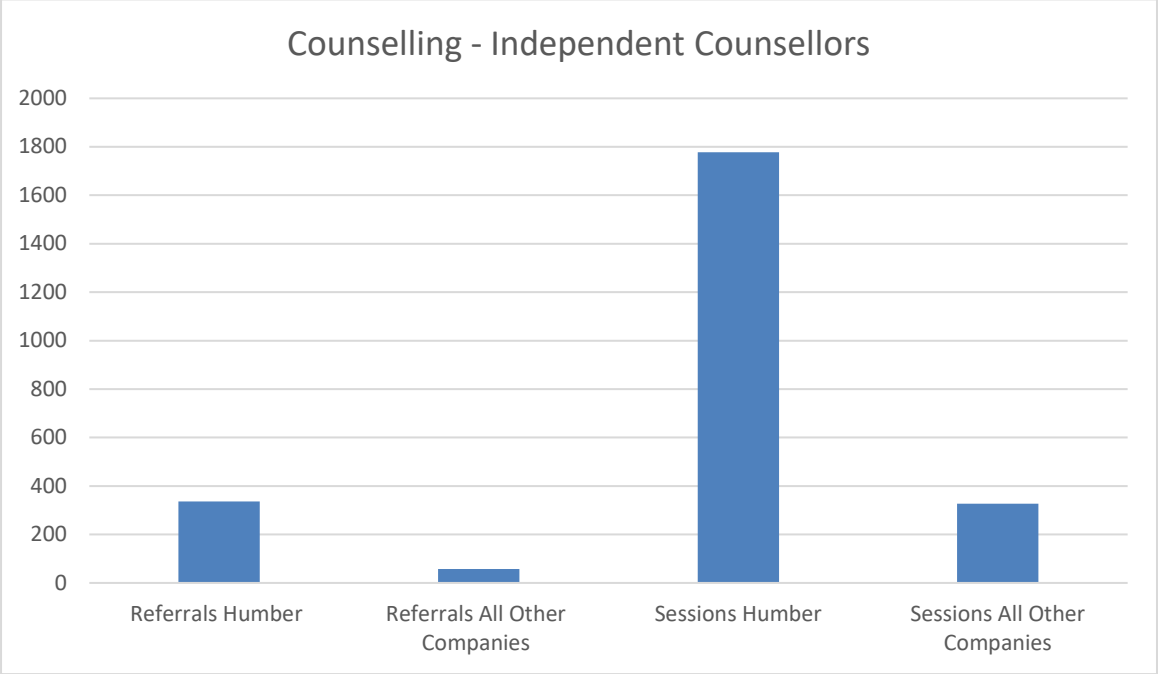
   A total of 92 referrals were made to the outsourced physiotherapy company, PhysioMed. There were 78 (Physiotherapy Advice Line) PAL Initial Assessments, 22 PAL follow ups, 36 Initial Face to Face assessments and 178 Face to face treatments provided by them.

   The Back Care Advisor assessed and treated 231 staff. This included DSE Workstation assessments, and referral advice which took place on site, at home via MS Teams or telephone.



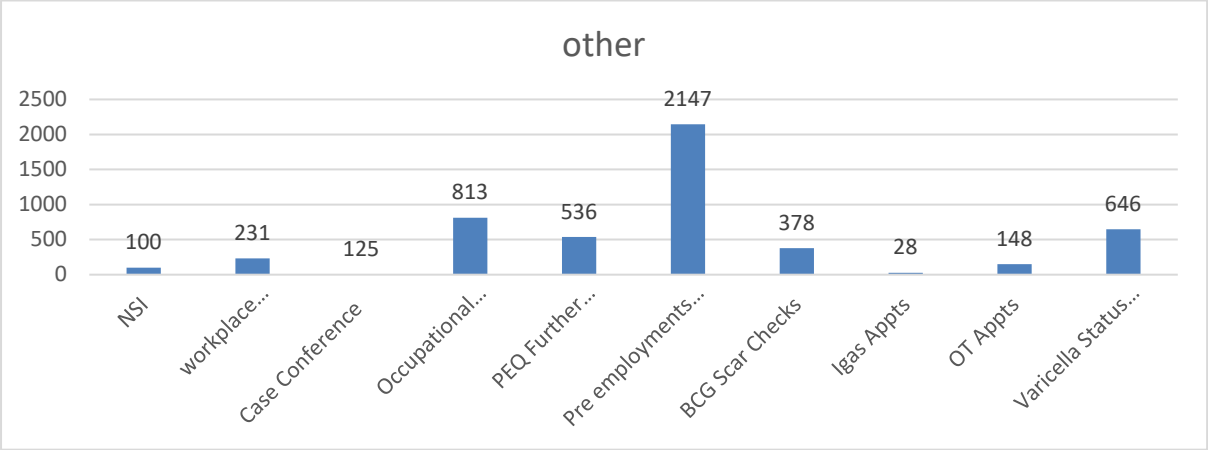
2. **Employee Assistance Programme (EAP) (VIV UP)**

   Usage of the EAP continued to remain at low levels with most people accessing our Independent Counselling service through the Occupational Health Department. There was a total of 393 referrals made with a total of 2104 sessions being delivered.



3. Other Occupational Health duties

During the 2023/24 reporting period Occupational Health carried out several duties to ensure the health and wellbeing of the employees in the workplace. This graph is not exhaustive.



4. SEQOHS Accreditation

The OHS again successfully renewed its SEQOHS (Safe Effective Quality Occupational Health Services) via the Royal College of Physicians' accreditation. We are currently working towards the 2024 five-year reaccreditation.

Staff Turnover

Measure	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Target	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
Rolling 12 Month	15.00%	14.57%	13.95%	13.61%	13.47%	13.22%	12.55%	12.59%	12.39%	12.54%	12.75%	11.91%
Excluding Exceptions	13.09%	12.84%	12.26%	11.88%	11.70%	11.35%	10.65%	10.70%	10.45%	10.67%	10.88%	10.68%

Additional information relating to staff turnover can be found by accessing NHS workforce statistics - NHS Digital

Staff Survey

Statement of approach to Staff engagement

Throughout 2023/24 we have continued our focus on staff engagement with engagement scores remaining consistently good in the staff survey ratings improving year on year between 2017 – 2023.

In 2021 the NHS Staff Survey questions were aligned with NHS England's People Promise to track progress against its ambition to make the NHS the workplace we all want it to be by 2024. Information regarding the People Promise can be found on NHS England's website www.england.nhs.uk

Mechanisms in place include the annual staff survey and quarterly pulse surveys as well as exit questionnaires for staff leaving the organisation which evolved throughout 2023 into a pilot of 'stay conversations.'

We have further developed several additional communication channels with staff, such as the 'Ask the EMT,' several global communications including senior leader VLOGS, Leadership and Senior Leadership forums and Workforce Manager's newsletters. In addition, the staff networks are encouraged to share information and the Trust has expanded the way it communicates and consults with staff side colleagues through the monthly TCNC, monthly staff and management side policy meetings and an open invite to fortnightly staff side meetings to enable more flexibility when consulting or sharing information outside of formal structures.

Expansion of the Health and Wellbeing and EDI steering groups encourage representation from across the organisation to shape actions with meaningful engagement from all divisions.

We have continued to enhance the appraisal process. We run an appraisal window from 1st April each year to drive up compliance and resources, and support are in place to improve the quality of appraisal conversations and to ensure a meaningful health and wellbeing conversation is embedded within the discussion.

Summary of performance

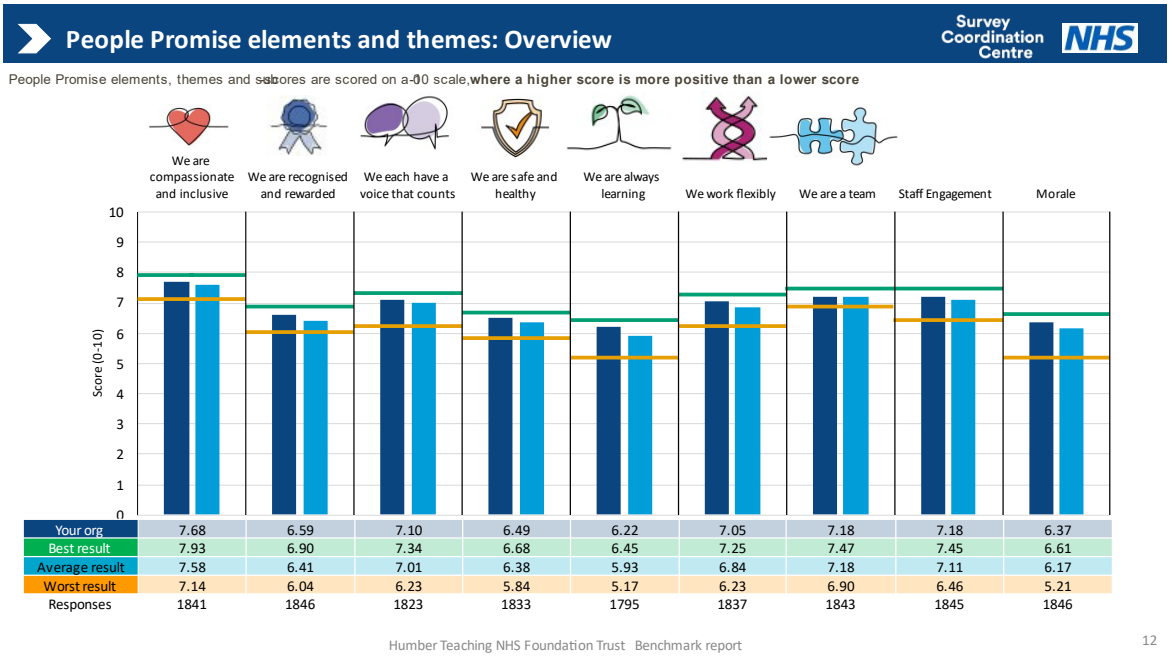
The Trust achieved a response rate of 55.62% in the 2023 staff survey overall which represented 1,847 responses from a sample of 3,321. The overall response rate for Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts *is 52% (51 Trusts)*

The above represents a 11.72% increase in the response rate in comparison to the 2022 survey.

The NHS Staff Survey 2021 In line with the commitment in the 2020/21 People Plan, was redeveloped to align with the People Promise. On that basis the results of the NHS Staff Survey are now measured

against the seven People Promise elements and against two of the themes reported in previous years (Staff Engagement and Morale).

2023 National Staff Survey scores against the People Promise theme areas



Humber Teaching NHS Foundation Trust Benchmark report 12

In 2023 the Trust improved across all People Promise themes compared to our own 2022 scores

The Trust performs better than the average (compared to 51 Trusts in our benchmark group) in all but one people promise theme, where we were equal to the average (We are a team)

Each people promise theme is split into sub themes (of which there are 21 across the people promise categories), with the Trust performing better than the benchmark average in all but two.

Diversity and inclusion policies, initiatives, and longer-term ambitions

- In relation to diversity and inclusiveness of the workforce, the Trust has met its internal equality targets, specifically for its work developing local actions for the individual directorates, collaborating and co-producing the Workforce Race Equality Standard (WRES) and the Workforce disability Equality Standard (WDES) action plans with staff networks and representation from lived experience, as well as taking the quarterly EDI insight deep dive report to the Trusts EDI Steering Group. These are reported in the Workforce Race Equality Standard (WRES) and the Workforce disability Equality Standard (WDES), Gender Pay Gap Report and EDI Annual Report, and to the EDI Steering group every quarter.
- Through the National Staff Survey, the Trust identified the need to work with recruiting managers and line managers on widening participation in recruitment and continued its delivery of Bullying and Harassment and Recruitment and Selection training.
- Over the past 12 months, 35 staff members attended the bullying and harassment training and 137 staff attended the Recruitment and Selection training.
- Improving diversity and inclusiveness in the workforce has been addressed through revising polices such as flexible working, disciplinary, bullying and harassment, recruitment and selection and managing sickness absence as well as improved reasonable adjustment guidance which will contribute and positively address issues identified in the Workforce Race Equality Standard (WRES), Workforce disability Equality Standard (WDES) and Gender Pay Gap Report and the National Staff Survey.

Reporting of other compensation schemes

Exit Packages agreed in 2023/24

Reporting of other compensation schemes - exit packages agreed (subject to Audit)						
	2023/2024			2022/2023		
	Number of compulsory redundancies	**Number of other departures agreed**	**Total number of exit packages by cost band**	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
Exit package cost band (including any special payment element)						
<£10,000						
£10,000 - £25,000				1		1
£25,001 - £50,000				1		1
£50,001 - £100,000						
£100,001 - £150,000						
£150,001 - £200,000						
>£200,000						
Total	**0**	**0**	**0**	**2**	**0**	**2**

There were no compulsory redundancies within the financial year 2022/23

Exit packages: other (non-compulsory) departure payment (Subject to Audit)

	Payments agreed	**Total value of agreements**		Payments agreed	Total value of agreements
	2023/24	**2023/24**		2022/23	2022/23
	No.	£000		No.	£000
Voluntary redundancies including early retirement contractual costs				0	0
Mutually agreed resignations (MARS) contractual costs					
Early retirements in the efficiency of the service contractual costs					
Contractual payments in lieu of notice					
Exit payments following employment tribunals or court orders					
Non-contractual payments requiring HMT approval (special severance payments) *					
Total	**0**	**0**		0	0

Off Payroll Arrangements

As part of its commitment to tackling tax avoidance and ensuring everyone pays their fair share, HM Treasury reviewed the tax arrangements of senior public sector employees and published its report in May 2012. The review recommended that, in central government departments and their arm's length bodies, for all new engagements and contract renewals that board members and senior officials with significant financial responsibility should be on the organisation's payroll, unless there are exceptional circumstances – in which case the Accounting Officer should approve the arrangements – and such exceptions should exist for no longer than six months. The Trust's current position is presented below:

For all off-payroll engagements as of 31 Mar 2024, for more than £245 * per day:

	2023/24
	Number of engagements
Number of existing engagements as of 31 Mar 2024	1
Of which:	
for less than one year at the time of reporting	1
for between one and two years at the time of reporting	0
between two and three years at the time of reporting	0
for between three and four years at the time of reporting	0
for four or more years at the time of reporting	0
**The £245 threshold is set to approximate the minimum point of the pay scale for a Senior Civil Servant.*	

For all off-payroll engagements, between 01 Apr 2023 and 31 Mar 2024, for more than £245 * per day

For all off-payroll engagements, between 01 Apr 20232 and 31 Mar 2024, for more than £245 * per day	
	2023/24
	Number of engagements
Number of temporary off-payroll workers engaged between 01 Apr 2023 and 31 Mar 2024	14
Of which:	
Number not subject to off-payroll legislation	-
Number subject to off-payroll legislation and determined as in-scope of IR35 **	-
Number subject to off-payroll legislation and determined as out of scope of IR35 **	14
Number of engagements reassessed for compliance or assurance purposes during the year	-
Of which : number of engagements that saw a change to IR35 status following review	-
*** A worker that provides their services through their own limited company or another type of intermediary to the client will be subject to off-payroll legislation and the Department must undertake an assessment to determine whether that worker is in-scope of Intermediaries legislation (IR35) or out-of-scope for tax purposes.*	

		2023/24
		Number of engagements
Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year. *		-
Total number of individuals on payroll and off-payroll that have been deemed "board members, and/or, senior officials with significant financial responsibility", during the financial year. This figure must include both on payroll and off-payroll engagements**		6

** There should only be a very small number of off-payroll engagements of board members and/or senior officials with significant financial responsibility, permitted only in exceptional circumstances and for no more than six months*

*** As both on payroll and off-payroll engagements are included in the total figure, no entries here should be blank or zero*

Trade Union Time Reporting of other compensation schemes

Disclosures on trade union facility time is reported on the tables below

Information for the period 1 April 2023 to 31 March 2024

Table 1: Relevant union officials

Number of employees who were relevant union officials during the relevant period	*Full-time equivalent employee number*
24 Trade Union Representatives	23.24 FTE

Table 2: Percentage of time spent on facility time

Percentage of time	*Number of employees*
0%	10
1-50%	14
51%-99%	0
100%	0

Table 3: Percentage of pay bill spent on facility time

First Column	*Figures*
Provide the total cost of facility time	£13,526.34
Provide the total pay bill	£782,383.72
Provide the percentage of the total pay bill spent on facility time, calculated as: (Total cost of facility time ÷ total pay bill) x 100	1.73%

Table 4: Paid trade union activities

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (Total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100 **26.32%**	

Code of Governance

Our Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, revised in October 2022, is based on the principles of the UK Corporate Governance Code.

The Code of Governance provides that trusts are required to make a specific set of disclosures (as part of their annual report) to meet the requirement of the Code of Governance. Schedule A to the Code of Governance sets out the disclosures required, and these are detailed in the table below.

The Board of Directors will reserve certain matters to itself and will delegate others to specific committees and Executive Directors. Details of this are set out in a document called Standing Orders, Scheme of Delegation and Standing Financial Instructions. The document includes the roles and responsibilities of the Council of Governors. Copies of this document are available on the Trust's website.

Schedule A, section 2 of the Code of Governance requires a declaration and supporting explanation for the provisions set out below and an explanation is included, or a reference is made to the relevant section in the Annual Report.

Code of Governance Reference	Requirement
A.2.1	The board of directors should assess the basis on which the trust ensures its effectiveness, efficiency, and economy, as well as the quality of its healthcare delivery over the long term, and contribution to the objectives of the ICP and ICB, and place-based partnerships. The board of directors should ensure the trust actively addresses opportunities to work with other providers to tackle shared challenges through entering partnership arrangements such as provider collaboratives. The trust should describe in its annual report how opportunities and risks to future sustainability have been considered and addressed, and how its governance is contributing to the delivery of its strategy. Comply – Annual Governance Statement
A.2.3	The board of directors should assess and monitor culture. Where it is not satisfied that policy, practices or behaviour throughout the business are aligned with the trust's vision, values, and strategy, it should seek assurance that management has taken corrective action. The annual report should explain the board's activities and any action taken, and the trust's approach to investing in, rewarding, and promoting the wellbeing of its workforce. Comply: Quality Account (closed cultures) Workforce and Organisational Development Committee - page 85 Equality and Diversity – pages 114-120 Health Inequalities – pages 121-126
A.2.8	The board of directors should describe in the annual report how the interests of stakeholders, including system and place-based partners, have been considered in their discussions and decision-making, and set out the key partnerships for collaboration with other providers into which the trust has entered. The board of directors should keep engagement mechanisms under review so that they remain effective. The board

	should set out how the organisation's governance processes oversee its collaboration with other organisations and any associated risk management arrangements. Comply: Annual Quality Account and Quality Priorities – pages 112-113 Risk and Control Framework – page 106-113 Health Inequalities – pages 121-126
B.2.6	The board of directors should identify in the annual report each non-executive director it considers to be independent. Comply - Board of Directors – pages 89-93
B.2.13	The annual report should give the number of times the board and its committees met, and individual director attendance. Comply – Board of Directors – pages 89-93
B.2.17	The schedule of matters reserved for the board of directors should include a clear statement detailing the roles and responsibilities of the council of governors. This statement should also describe how any disagreements between the council of governors and the board of directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the board of directors and the council of governors operate, including a summary of the types of decisions to be taken by each of the boards and which are delegated to the executive management of the board of directors. Comply: Scheme of Matters Reserved to the Trust Board and Scheme of Delegation, Pages 94-103
C.2.5	If an external consultancy is engaged (in the appointment of the Chair and Non-Executive Directors), it should be identified in the annual report alongside a statement about any other connection it has with the trust or individual directors. Comply – Appointments, Terms and Conditions Committee – page 97
C.2.8	The annual report should describe the process followed by the council of governors to appoint the chair and non-executive directors. The main role and responsibilities of the nominations committee should be set out in publicly available written terms of reference. Comply: Council of Governors pages 64 Trust Standing Orders
C.4.2	The board of directors should include in the annual report a description of each director's skills, expertise, and experience. Comply - Board of Directors – pages 89-93
C.4.7	All trusts are strongly encouraged to carry out externally facilitated developmental reviews of their leadership and governance using the Well-led framework every three to five years, according to their circumstances. The external reviewer should be identified in the annual

	report and a statement made about any connection it has with the trust or individual directors. No external reviews took place in 2023/24. A well led review of Governance was undertaken by Grant Thornton in the 2021/22 financial year. Comply as required – Board of Directors
C.4.13	The annual report should describe the work of the nominations committee(s), including: • the process used in relation to appointments, its approach to succession planning and how both support the development of a diverse pipeline • how the board has been evaluated, the nature and extent of an external evaluator's contact with the board of directors and individual directors, the outcomes and actions taken, and how these have or will influence board composition • the policy on diversity and inclusion including in relation to disability, its objectives and linkage to trust vision, how it has been implemented and progress on achieving the objectives • the ethnic diversity of the board and senior managers, with reference to indicator nine of the NHS Workforce Race Equality Standard and how far the board reflects the ethnic diversity of the trust's workforce and communities served • the gender balance of senior management and their direct reports. Comply – Remunerations and Nominations Committee, page 64
C.5.15	Foundation trust governors should canvass the opinion of the trust's members and the public, and for appointed governors the body they represent, on the NHS foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the board of directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied. Comply – Council of Governors (Governor other activities), page 97-98
D.2.4	The annual report should include: • the significant issues relating to the financial statements that the audit committee considered, and how these issues were addressed • an explanation of how the audit committee (and/or auditor panel for an NHS trust) has assessed the independence and effectiveness of the external audit process and its approach to the appointment or reappointment of the external auditor; length of tenure of the current audit firm, when a tender was last conducted and advance notice of any retendering plans • where there is no internal audit function, an explanation for the absence, how internal assurance is achieved and how this affects the external audit • an explanation of how auditor independence and objectivity are safeguarded if the external auditor provides non-audit services. Comply – Audit Committee – page 83

D.2.6	The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, are fair, balanced, and understandable and provide the information necessary for stakeholders to assess the NHS foundation trust's performance, business model and strategy. Comply – Board of Directors – page 103 External Auditors responsibilities page 88 Annual Governance Statement – pages 105-113
D.2.7	The board of directors should carry out a robust assessment of the trust's emerging and principal risks. The relevant reporting manuals will prescribe associated disclosure requirements for the annual report. Comply – Annual Governance Statement
D.2.8	The board of directors should monitor the trust's risk management and internal control systems and, at least annually, review their effectiveness and report on that review in the annual report. The monitoring and review should cover all material controls, including financial, operational and compliance controls. The board should report on internal control through the annual governance statement in the annual report. Comply – Annual Governance Statement
D.2.9	In the annual accounts, the board of directors should state whether it considered it appropriate to adopt the going concern basis of accounting when preparing them and identify any material uncertainties regarding going concern. Comply – Annual Accounts
E.2.3	Where a trust releases an executive director, e.g., to serve as a non-executive director elsewhere, the remuneration disclosures in the annual report should include a statement as to whether or not the director will retain such earnings. Comply – not applicable
Appendix B, para 2.3 (not in Schedule A)	The annual report should identify the members of the council of governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead governor. Comply – Council of Governors – pages 94-103
Appendix B, para 2.14 (not in Schedule A)	The board of directors should ensure that the NHS foundation trust provides effective mechanisms for communication between governors and members from its constituencies. Contact procedures for members who wish to communicate with governors and/or directors should be clear and made available to members on the NHS foundation trust's website and in the annual report. Comply – Council of Governors – page 103
Appendix B, para 2.15 (not in Schedule A)	The board of directors should state in the annual report the steps it has taken to ensure that the members of the board, and in particular the non-executive directors, develop an understanding of the views of governors and members about the NHS foundation trust, e.g., through attendance at

	meetings of the council of governors, direct face-to-face contact, surveys of members' opinions and consultations. Comply – Board of Directors – page 85-87
Additional requirement of FT Annual Reporting Manual (ARM) resulting from legislation	Information should be included in the Annual Report if, during the financial year, the Governors have exercised their power to require one or more of the directors to attend a governors' meeting for the purpose of obtaining information about the foundation trust's performance of its functions or the directors' performance of their duties (and deciding whether to propose a vote on the foundation trust's or directors' performance). This did not occur

The information listed in Schedule A regarding the information which is to be made available to the membership or the public can be found in the Annual Report, on the Trust's website or can be obtained from the Head of Corporate Affairs.

External Reviews

As detailed in the 2021-22 Annual Report, a well led review of Governance was undertaken by Grant Thornton and the recommendations arising from the review have been fully implemented.

Board of Directors Sub-Committees

The Board of Directors has eight sub-committees. Assurance reports from each committee are presented to the Board. During the year it was clarified that the Chief Executive had a standing invitation to attend any committee but would not be a member of all the Sub Committees. The Chair attends and observes each of the committee meetings on one occasion each year.

Remuneration and Nomination Committee - details can be found on page 64 of this report.

Audit Committee

The Audit Committee provides a means of independent and objective review and seeks assurance about the adequate and effective operation of the Trust's internal control systems.

The Committee comprises three Non-Executives Directors and is chaired by Non-Executive Director, Stuart McKinnon-Evans. The Chief Executive has a standing invitation to attend. In accordance with NHS Improvement guidance, Mr McKinnon-Evans has relevant and recent financial experience. The Committee met five times last year and included attendance from the Director of Finance, the external and internal auditors and the Local Counter Fraud Specialist.

The Committee reviewed the Annual Report and Accounts, including the opinion of both the Head of Internal Audit and our External Auditors, prior to their submission to Trust Board. The Committee approved the annual internal audit and counter-fraud plans and reviewed all internal and external audit reports. It also scrutinised risk management, information governance, and procurement matters. -

The Chair of the Committee reports on its proceedings to the Board of Directors as soon as practicable after the meeting, raising any significant issues of concern.

In year, the Committee has undertaken a review against the HFMA audit committee self-assessment checklist, the results of which were deemed to be fully compliant.

The Committee also undertakes an annual effectiveness review, which includes an assessment of the independence and effectiveness of External Audit, and the results are reported to the Trust Board. These provide assurance the Committee is discharging its duties as per the Committee's agreed terms of reference.'

Charitable Funds Committee

The Charitable Funds Committee oversees the administration of the charitable funds on behalf of the Trust (charity number 1052727). The Committee meets quarterly and provides advice to the Trust Board as Corporate Trustee. The Committee is chaired by Stuart McKinnon-Evans, Non-Executive Director and comprises of the Committee Chair, another Non-Executive Director, the Director of Finance (acting as executive lead for the charity) the Director of Workforce and Organisational Development, the Charitable Funds Manager and the Financial Services Manager.

Attendance of directors at the Committee meetings is presented in the Board of Directors' attendance table.

Finance and Investment Committee

The Finance and Investment Committee provides strategic overview and assurance to the Trust Board that there is an effective system of governance and internal control across all financial areas and any potential investment decisions. The primary role of the Committee is to monitor, review and support the Finance Directorate of the Trust, making recommendations to the Board as appropriate and taking actions as required.

The Committee is chaired by Francis Patton, Non-Executive Director. Other core members of the Committee are two other Non-Executive Directors, Chief Operating Officer, Director of Finance, the Deputy Director of Finance/Financial Controller, and a Clinical Director.

Attendance of directors at the Finance and Investment Committee meetings is presented in the Board of Directors' attendance table.

Mental Health Legislation Committee

The Mental Health Legislation Committee is established as a sub-committee of the Board of Directors accountable to the Board of Directors. The principal aims of the committee are to:

- provide strategic leadership pertaining to the Mental Health Act, the Mental Capacity Act and their respective codes of practice and other related mental health legislation.
- monitor, provide challenge and seek assurance of compliance with external standards relating to mental health legislation.
- approve and review mental health legislation policies and protocols.

The Committee is chaired by Mike Smith, Non-Executive Director, and Designated Associate Hospital Manager. The committee comprises of at least two other Non-Executive Directors, Medical Director, Chief Operating Officer, Director of Nursing, Allied Health and Social Care Professionals, Clinical Director, Mental Health Act Clinical Manager, Mental Health Legislation Manager, Safeguarding and MCA Lead, Hull AMHP Lead, and Local Authority representation.

Attendance of directors at the Mental Health Legislation Committee meetings is presented in the Board of Directors' attendance table.

Quality Committee

The Quality Committee provides assurance to the Board of Directors that appropriate processes are in place to give confidence that quality, patient safety performance and associated risks are monitored effectively and that appropriate actions are taken to address any deviation from accepted standards and to manage identified risks. It also reviews performance in relation to information governance and research and development requirements are monitored with appropriate actions being taken to address any performance issues and risks.

The Committee also provides the strategic overview of and assurance against clinical and quality governance, clinical risk and patient and carer experience and engagement issues in the Trust as well as:

- providing a strategic overview of Clinical Governance, Risk and Patient Experience to the Board of Directors.

- providing oversight and assurance to the Board of Directors in relation to all activities relating to Quality, Patient Safety and Patient Experience on behalf of the Board.
- providing an assurance to the Trust Board that risks and clinical governance issues of all types are identified, monitored, and controlled to an acceptable level.

For assurance, reports were received from the Quality and Patient Safety Group (QPaS) demonstrating the work that is being undertaken to improve patient care, patient safety, and patient experience.

The Committee is chaired by Non-Executive Director, Phillip Earnshaw. The Committee has a core membership of two other Non-Executive Directors, the Director of Nursing, Allied Health and Social Care Professionals, the Medical Director, and Chief Operating Officer. Management support is also provided to the Committee.

Attendance of directors at Quality Committee meetings is presented in the Board of Directors' attendance table.

Workforce and Organisational Development Committee

This Committee provides strategic overview and provides assurance to the Trust Board that there is an effective system of governance and internal control across workforce and organisational development that supports the Trust to deliver its strategic objectives and provide high quality care.

It also provides assurance to the Trust Board in relation to the health and wellbeing of staff and assurance on the delivery of the relevant strategic objective assigned to the Workforce and Organisational Development Committee - Goal 4 – Developing an effective and empowered workforce.

The chair of the Committee is Dean Royles, Non-Executive Director.

The Committee has a core membership of another two Non-Executive Directors, Director of Workforce & Organisational Development, Chief Operating Officer, Medical Director, and the Deputy Director of Nursing. Attendance of directors at the Workforce and Organisational Development Committee meeting is presented in the Board of Directors' attendance table.

Collaborative Committee

The Collaborative Committee is the Board Committee established by the Trust as the Lead Provider within the Humber Coast and Vale (HCV) Provider Collaborative. The Committee holds delegated responsibility to provide commissioning leadership and monitoring functions. On behalf of the Provider Collaborative and Lead Provider the Commissioning Committee reviews any significant service proposals to ensure developments are in line with the assessed population needs and can be met from within the resources available within the Provider Collaborative. The Committee reports to the Trust Board after each meeting.

The Chair of the Committee in year was Stuart McKinnon-Evans.

The Committee has a core membership of the Chief Executive, Director of Finance, Director of Nursing, Allied Health and Social Care Professionals and Programme Lead for HCV Provider Collaborative Commissioning.

Board of Directors, Sub-Committee and Council of Governors Meeting Attendance

There were a number of Board of Directors and sub-committee meetings held during the period of this report. The table below shows the attendance by members of the Board of Directors. Some members of the Board of Directors were not members of some of the committees but attended by request if there was a specific item to be discussed where their contribution was required.

On some occasions, Non-Executive Directors attended a committee meeting that they would not normally attend, and these are indicated in the table below*. The Chair attended each committee during the year to observe.

The Chief Executive has a standing invitation to attend all sub committees and there is a requirement to attend one Audit Committee per year.

Name & Position	Board	Remun-eration and Nomination Committee	Mental Health Legislation Committee	Charitable Funds Committee	Audit Committee	Quality Committee	Finance and Investment Committee	Workforce & Organisational Develop-ment Committee	Collabora-tive Committe	Council of Governors** private mtg for Chair/CE only
Caroline Flint Chair	6/6	9/9	1*	N/A	1*	1*	1*	1*	1*	5/5
Michele Moran Chief Executive	6/6	9/9	1*	4*	4/5*	1*	2*	1*	2/4	5/5
Mike Smith Non-Executive Director	6/6	7/9	4/4	N/A	2/5	4/5	3/4	N/A	N/A	2/4
Francis Patton Non-Executive Director	6/6	8/9	N/A	N/A	4/5	N/A	4/4	4/4	4/4	4/4
Dean Royles Non-Executive Director	6/6	8/9	3/4	N/A	N/A	5/5	2/4	4/4	4/4	2/4
Hanif Malik, Associate Non-Executive Director (until 30.9.23)	4/4	4/5	N/A	2/2	N/A	N/A	N/A	1/1	3/3	0/2
Stuart McKinnon-Evans Non-Executive Director	5/6	8/9	4/4	4/4	N/A	N/A	4/4	N/A	4/4	3/4
Phillip Earnshaw, Non-Executive Director	6/6	8/9	4/4	4/4	N/A	4/5	N/A	3/4	N/A	2/4
Priyanka Perera, Associate	3/3	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1/1

Non-Executive Director (from 1.10.23)										
David Smith, Associate Non-Executive Director (from 1.10.23)	2/3	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0/1
Peter Beckwith Director of Finance	6/6	1*	N/A	4/4	5/5	N/A	3/4	N/A	4/4	3/4
Kwame Fofie Medical Director	6/6	1*	3/4	N/A	1*	5/5	N/A	2/4	N/A	N/A
Hilary Gledhill Director of Nursing, Allied Health and Social Care Professionals	6/6	N/A	4/4	N/A	N/A	4/5	N/A	2/4	2/4	N/A
Lynn Parkinson Chief Operating Officer	5/6	1*	4/4	N/A	1*	4/5	3/4	3/4	N/A	4/4
Steve McGowan, Director of Workforce & Organisational Development **	1/6	3/8	N/A	1/4	N/A	N/A	N/A	1/4	N/A	N/A
Karen Phillips, Deputy Director of Workforce & Organisational Development	5/5	3**	N/A	3/4	N/A	N/A	N/A	4/4	N/A	N/A

**Steve McGowan had a period of long-term sickness, during which Karen Phillips Deputy Director of Workforce & OD attended on his behalf.

*denotes optional attendance at committee

*** attended as requested

In addition to our Board and Committee meetings we hold bi-monthly Strategic Board Development meetings with high participation from all members.

External Audit

For 2023/24, the Trust's external auditors continued to be Mazars who did not undertake any non-audit work during the year.

Mazars have undertaken appropriate tests on the Trust's accounts to ensure they have been completed in accordance with the appropriate accounting and reporting standards. The External Auditors will provide a report on their findings (ISA 260 report) to the Audit Committee as part of the year end process.

Appointment of the External Auditors is approved by the Council of Governors, the Director of Finance has Executive responsibility for the external audit process.

Internal Audit

Internal Audit services are provided to the Trust by Audit Yorkshire, whom the Trust are a member of and who are hosted by York and Scarborough Teaching Hospitals NHS Foundation Trust.

The Managing Director of Audit Yorkshire takes a strategic role for overseeing the effective delivery of the audit, and the operational element of the service is undertaken by teams led by an audit manager who maintains regular contact with Trust staff.

The role of internal audit, as defined by the Institute of Internal Auditors, is to provide an independent assurance function that our Trust's risk management, governance and internal control processes are operating effectively. Internal audit oversight forms part of the core remit of the Audit Committee within our Trust – the Committee's terms of reference require it to regularly review the effectiveness of internal audit and to oversee the overall delivery of the internal audit service to our Trust.

Audit work is planned in advance as part of a strategic approach which ensures that fundamentally important and high-risk areas are audited more frequently, and less critical (but nonetheless significant) systems are reviewed cyclically (perhaps only once every three years).

The work of Internal Audit helps form the Head of Internal Audit's annual opinion regarding the Trust's system of internal control, which is used to inform the Annual Governance Statement.

In public sector organisations, internal audit work is regulated by the Public Sector Internal Audit Standards, which govern the way in which all internal audit services operating within the public sector should undertake their functions with regard to assurance audits and consultancy activity. The standards also support the professional practice of internal audit across the NHS.

Attendance of directors at all Committee meetings is presented in the Board of Directors' attendance table. The Terms of Reference of the Audit Committee are published on the Trust website.

Board of Directors: Expertise and Experience

Rt Hon Caroline Flint, Trust Chair (term of office expires 15 September 2027)

Caroline took up post in September 2021, and was re-appointed for a second term of office of three years.

Caroline has a wealth of experience in politics as a Labour MP, from 1997 until 2019. She was the first woman MP for Don Valley and a Minister in five government departments including Health. As Public Health Minister she oversaw the smoke free England legislation and delivery in 2007. She went on to serve in Her Majesty's Opposition Cabinet from 2010 to 2015 leading on Local Government followed by Energy and Climate Change. She was a member of the Public Accounts Committee (2015-19) and the Intelligence and Security Committee (2017-19).

Caroline is Chair of the Government's Advisory Committee on Fuel Poverty and was a member of the UK Commission on COVID Commemoration looking at how we should remember our collective experiences of the pandemic.

She is a broadcaster and commentator on news and current affairs. In 2021 she won Celebrity Mastermind with her specialist subject the movie "Alien" raising money for the National Association for Children of Alcoholics (NACOA).

Caroline chairs the Trust Board and Council of Governors meetings and the Remuneration and Nominations sub-committee. Caroline also attends the following Board Sub-Committees once a year to observe: Finance & Investment Committee, Audit Committee, Collaborative Committee, Quality Committee, Charitable Funds Committee, Mental Health Legislation Committee and Workforce Organisation and Development Committee.

Mike Smith, Non-Executive Director (term of office expires 30 August 2024)

Mike was appointed in October 2016 having previously served as a Non-Executive Director for Rotherham Doncaster and South Humber NHS Foundation Trust. He is also a past Non-Executive Director at The Rotherham NHS Foundation Trust.

He has an Honours Degree in Law, a Masters in Business Administration and a Masters in Mental Health Law for which he was given a commendation.

Mike has extensive experience in the public and private sectors, has been the President of his local Chamber of Commerce, serves as a Director of the Magna Science Adventure Centre and as a trustee on The Rotherham Minster Development Trust. He is also an Associate Hospital Manager for another NHS Foundation Trust. When not working in the NHS, Mike enjoys travel and horse riding.

Mike chairs the Mental Health Legislation Committee and has been interim Chair of the Quality Committee which are Board sub-committees. Mike also attends the Audit Committee, Collaborative Committee and Remuneration & Nomination Committee Board Sub-Committees and the Associate Hospital Managers' Forum.

Francis Patton, Non-Executive Director (term of office expires 31 August 2024)

Francis has worked in the hospitality sector for over 30 years. He started as a graduate trainee with Joshua Tetley, part of Allied Breweries, in 1985 and worked his way up through the various incarnations of the company as an area manager, general manager and finally commercial director for Vanguard Pubs and Restaurants, part of Allied Domecq Inns. In 1999 the pub business of Allied Domecq was bought by Punch Taverns and Francis became the Commercial Director of Punch Taverns as a Board member. He held that role until 2004 when the role was split into Commercial Director and Customer Service Director (both Board roles) and Francis took the Customer Service role.

Francis retired from Punch at the end of 2007 but moved into a series of non-Executive roles including as the Vice Chair and SID for Barnsley Hospital NHSFT, the Chair of Barnsley Facility Services, a wholly owned subsidiary of Barnsley Hospital NHS FT as well as starting his own PR business with some colleagues and becoming a part time lecturer at Leeds Beckett University,

Francis is Non-Executive Chair of the commercial arm of SIBA, is chair of Cask Marque, an accreditation company for quality beer, is a trustee on the Spirit Pension Trust and is a Trustee Director on both the Baxi Partnership Limited and the Baxendale Employee Ownership Trustees Limited.

Francis has extensive experience in corporate strategy, finance, customer services, public relations, and corporate lobbying.

Francis is the Senior Independent Director and chairs the Finance & Investment Committee Board sub-committee and is a member of the Audit Committee, the Charity Committee, the Remuneration & Nomination Committee and the Workforce, Organisational & Development Committee which are Board Sub- Committees.

Francis is also the Trust lead for Cyber Security.

Dean Royles, Non-Executive Director (term of office expires 31 August 2025)

Dean Royles has been a highly regarded, leading figure in Human Resources (HR) within the NHS for nearly two decades. He now works independently and provides strategic advice and leadership development to organisations and boards. He is President of the HPMA. Former Chief Executive of NHS Employers, Dean joined Leeds Teaching Hospitals in 2014 as Executive Director of HR and OD. Other notable positions have included Director of Workforce and Education at NHS Northwest and Deputy Director of Workforce for the NHS in England at the Department of Health. He started his career working in a local authority.

Dean has an MSc in Human Resources and is a member of Sheffield Business School's Advisory Board. He is former national Chair of the Board of the Chartered Institute of Personnel and Development (CIPD) and was awarded Companionship of the CIPD in 2015. He has an Honorary Doctorate from the University of Bradford for his contribution to health services management.

Dean is a regular conference speaker, has published works in a number of journals, is on the editorial board of HRMJ and the International Journal of Human Resources Development, a social media advocate and provides expert opinion in the national media. His easy style, expertise and high energy approach to HR ensured he was voted UK's Most Influential HR Practitioner three years running. His book, with Oxford University Press on Human Resource Management was published in February 2018.

Hanif Malik OBE, Associate Non-Executive Director (term of office expired 30 June 2023)

Hanif had over 20 years' experience operating at a senior level in the not for profit and public sectors. He is a Director of a Charitable Foundation having held previous roles as Chief Executive of a leading Community organisation in Leeds and Chief Operating Officer of an International Humanitarian Charity.

His support for communities at a local, regional, and national level was recognised in 2014 with an Honorary Doctorate from Leeds Beckett University for 'services to the public' and an OBE for 'Services to the Community' in 2016.

Stuart McKinnon-Evans, Non-Executive Director (term of office expires 31 January 2025)

Stuart has over 30 years' experience in financial management, 15 of which have been at Board level. He has experience in local and central government, further and higher education, health, charities, capital markets, and management consulting.

He was the Chief Finance Officer at the University of Bradford from 2018 to July 2022, responsible for finance, planning, procurement, project management, property, and commercial services.

He is still retained by the University, acting as a Trustee of two charities which the University supports, including the Bradford Culture Company which will deliver Bradford's UK City of Culture 2025 programme.

Stuart was the Finance Director and Director of Corporate Services for Bradford Council from 2011 to 2018, and before that, the Finance Director for the Pension, Disability and Carers Service. He was Treasurer at ADD International for 8 years, a charity specialising in supporting people with disabilities.

Stuart is fully qualified with the Chartered Institute of Public Finance and Accountancy and his core specialism is not-for-profit financial strategy and management. Over the course of his career, he has prided himself on helping organisations reshape to remain effective and sustainable, and developing strategies for growth and development.

Stuart's motivation is a commitment to public service, ensuring organisations use resources wisely, and serve well those in the local community who rely on them.

Stuart chairs the Audit Committee, Collaborative Committee and Charitable Funds Committee Board sub-committees. He also attends the Finance and Investment Committee and Remuneration & Nomination Committee Board Sub-Committee.

Dr Phillip Earnshaw, Non-Executive Director (term of office expires 24 July 2025)

Phillip was appointed to the Board as the Clinical Non-Executive Director from July 2022. He has been a GP partner In the Wakefield District for over 30 years. He is passionate about ensuring that people receive the best care possible. He has led continuous innovation in his practice and has been involved in developing primary care regionally.

He has a broad range of experience at board level both inside and outside the NHS. He was formerly Chair of Wakefield CCG and currently is Vice Chair of a large Housing Association and is a Trustee of his local Hospice.

Phillip is chair of the Quality Committee and is a member of the Mental Health Legislation Committee, Workforce and Organisational Development Committee and Remuneration & Nomination Board Sub Committee

Priyanka Perera, Associate Non-Executive Director (term of office expires 30.9.24)

Priyanka is the Managing Director of B. Cooke & Son Ltd., Established 1863 in Hull. She oversees the management and operations of the company which distributes Navigational Publications and Manufactures Nautical Instruments. With 21 years of service to the Company, of which 12 as MD, Priyanka together with her team provides an essential service to Mariners locally, nationally, and internationally, winning the Outstanding Contribution to the City award from Hull BID.

With a BSc and MBA from the University of Hull, Priyanka is also a Fellow of the Chartered Management Institute, with a Level 7 Diploma in Strategic Management and Leadership. Other qualifications include Internal auditor training from British Standards Institute and The Certificate of Teaching in the Lifelong Learning Sector.

Passionate to contribute to her City and Community, Priyanka has served as a Governor of a local primary school acting as the Link governor with the Hull City Council, a business Mentor for the Princes Trust supporting and mentoring startup businesses, and is a Current Trustee for "Child Dynamix", a local charity providing childcare and family services.

Priyanka is the present chair of her Parish council at Our Lady of Lourdes and St. Peter Chanel Church Hull, with a Multicultural Congregation and Student population from the University of Hull.

As an Associate Non-Executive director, Priyanka is committed to learn the responsibilities of the new role and keen to contribute by her experience of Strategic & Operations management, leadership & decision making, international work experience, and multicultural interpretation.

David Smith, Associate Non-Executive Director (term of office expires 30.9.24)

Following an early career in Finance, David moved to the charity sector in 1995 working in housing and welfare rights before specialising in mental health care. He eventually moved into hospice care in 2018. Developing a strong vision for sustainable, person-centred healthcare has allowed David to lead service redesign and develop lasting relationships with partners that clearly demonstrate the positive impact collaboration with and amongst the voluntary sector can bring.

A former charity Chief Executive, David also holds a Master's in Charities Resource Management and regularly engages in public debate on issues such as strengthening civil society, mental health, end of life care, charities, and leadership.

David is also a trustee at Hospice UK and St Leonard's Hospice in York.

Michele Moran, Chief Executive appointed January 2017.

As Chief Executive, Michele is the Accounting Officer for the organisation.

Michele is a Nurse, Midwife and Health Visitor by background and has more than 35 years' experience of front-line roles in NHS management and care covering Acute, Mental Health, Learning Disabilities and Community Services. She holds a Master's degree in Health Services Management from the University of Manchester.

She is passionate about integrated patient centred care and staff health and wellbeing and has been a Chief Executive in the NHS since 2012. A nurse by background, is defined by her values of making a positive difference to patients and staff.

Michele currently chairs the Yorkshire and Humber Clinical Research Network alongside playing a key role in the Humber Coast and Vale Integrated Care System leading the Mental Health and Learning Disabilities Collaborative Programme.

Michele is passionate about working with and supporting people to be the best they can be. Her values of caring, improving the quality and safety for patients whilst supporting and developing staff are central to the way that she works.

Peter Beckwith, Director of Finance appointed 10 March 2017

Peter joined the Trust in December 2015 as Deputy Director of Finance and Contracting and was promoted to the role of Director of Finance in April 2017. Peter has accumulated 10 years senior NHS Finance experience holding senior roles with local NHS organisations including NHS England and NHS Hull. Prior to joining the NHS, Peter accumulated 19 years' finance experience in local government across several different local authorities.

Peter is a Fellow of the Association of Chartered Certified Accountants (ACCA).

Dr Kwame Fofie, Medical Director appointed 1 October 2022

Kwame has over 27 years' experience as a medical doctor including 18 years as a consultant psychiatrist and over 14 years' experience in management and leadership roles. Prior to taking up the post as Medical Director, Dr Fofie was the Clinical Director, Deputy Medical Director, and Chief Clinical Information Officer at Humber Teaching NHS Foundation Trust.

Since joining the Trust in 2006 as consultant psychiatrist, Kwame has held a variety of leadership and management roles, including Clinical Lead, Clinical Director, Associate Medical Director and in 2014 he was the Acting Executive Medical Director.

Kwame is a highly respected clinician and a passionate advocate of high-quality patient care.

He has been a key figure behind various service developments and innovations, working with other professionals and service users to effect change.

Kwame has a keen interest in education and training, and he is an Honorary Senior Clinical Tutor at the Hull York Medical School.

Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals, appointed 1 June 2015

Hilary joined the Trust in June 2015 and has over 40 years' experience in the NHS. She qualified as a registered nurse in 1983 and worked as a nurse in acute hospital services and the community before moving into senior quality improvement and nurse leadership roles, gaining experience in community and Primary Care and commissioning organisations.

Hilary completed an MSc in Health Professional Studies (Leadership) at Hull University in 2011.

Prior to joining the Trust, Hilary spent two years as the Director of Quality and Integrated Governance and the Executive Nurse for East Riding of Yorkshire Clinical Commissioning Group, which included commissioning acute ambulance and mental health and community services for residents of the East Riding of Yorkshire.

Lynn Parkinson, Chief Operating Officer appointed 1 October 2018

Lynn has spent a significant proportion of her career working in mental health in Leeds and York. Lynn started as a student nurse and worked her way up management positions working as Deputy and then Interim Chief Operating Officer in Leeds and York NHS Foundation Trust before joining our Trust in February 2018. Since qualifying as a registered mental health nurse in 1989 Lynn has gained a wealth of experience in a wide variety of clinical services including acute inpatients, community and for a number of years within the Eating Disorder Service. Lynn has a background in Service Improvement and expertise in applying improvement methodology such as lean six sigma in clinical settings.

Steve McGowan, Director of Workforce and Organisational Development appointed 18 June 2018

Born in Bedford, Steve grew up in Lincoln and holds a Master's degree in Human Resource Management. Beginning his career in 1992 in local government, Steve worked first for Lincolnshire County Council, then Cannock Chase District Council and Bromsgrove District Council in senior HR roles.

In 2006 Steve moved back to Lincolnshire, when he took up the role of Head of HR Operations at Lincolnshire Police before becoming Head of HR - Regional Collaboration across the five East Midlands Police forces in 2011.

A return to local government and the West Midlands in 2013 saw Steve take up the role of Head of HR at Walsall Metropolitan Borough Council, where he remained until moving back to Lincolnshire and into the NHS at United Lincolnshire Hospitals NHS Trust as Deputy Director of Human Resources and Organisational Development in 2016, before joining Humber Teaching NHS Foundation Trust as Workforce and OD Director in June 2018.

Register of Directors' Interests

The Register of Directors' Interests is held by the Trust Secretary. It is a public document which can be accessed by contacting the Head of Corporate Affairs or through the Board papers section of the website. Directors' interests have been fully considered and it has been concluded that there are no such interests which may conflict with their management responsibilities as per the requirements of the NHS Code of Governance for Provider Trusts.

It is reported that the Chair had no other significant commitments that affected her ability to carry out her duties to the full and was able to allow sufficient time to undertake those duties.

The Board of Directors works as a unitary board and members have been selected to ensure the success of the organisation as a foundation trust, with an appropriate balance of clinical, financial, business and management backgrounds and skills. Should it be necessary to remove either the Chair or any non-

executive director, this shall be undertaken by the Council of Governors in accordance with the Trust's constitution.

The Chair and Non-Executive Directors of the Trust are appointed by the Council of Governors and are remunerated in accordance with terms and conditions approved by the Council of Governors.

Council of Governors

A message from the Lead Governor Doff Pollard (Lead Governor until 31 January 2024)

It was a privilege to serve a second year as the Lead Governor at Humber Teaching NHS Foundation Trust and to give my support to the Trust and particularly other Governors. As the elected Governor for Whitby, I saw the developing use of the facilities at Whitby Hospital and contributed to exploring ways that the facility could be used to the fullest extent.

The role of the Council of Governors is to represent the wider interests of the community, to ask questions, give feedback and seek assurance from the Non-Executive Directors that the high-quality standards we all expect are being met.

During the 2023-24 financial year, the Trust said fair well (and thank you) to a number of retiring governors who had made a significant contribution to the work of the Council of Governors, and it welcomed others. Work has and continues to take place to support new governors to understand their roles and to be able to fulfil their statutory duties. The Appointments, Terms and Conditions Committee and Engaging with Members Group continued to undertake the work they were established to deliver, including the appointment of two Associate Non-Executive Directors, the re-appointment of the Chair and the development and delivery of a Membership Engagement Plan.

The Engaging with Members Group also paid attention to the ways the Trust enabled the patient voice to be heard through a variety of means and ensured patients, service users and carers were invited to sign up as members of the Trust.

It was a pleasure to work alongside the Chair of Governors, Caroline Flint who has worked with Governors to improve the Governor contribution to the Trust.

The Council of Governors is keen to hear the views of local people about the Trust's services and plans.

I would like to thank all the other Governors for their support and commitment and wish them well for the future. I was pleased to hand over the Lead Governor role to Marilyn Foster who I am confident will fulfil it extremely well.

Message from New Lead Governor, Marilyn Foster (from 1 February 2024)

I took over the role of Lead Governor on 1 February 2024 and Doff's shoes will be hard to fill. I totally agree with Doffs comments above. I am a Patient / Carer Governor and my background involves working with Patient Participation groups in Primary Care. I, like Doff, would like to encourage anyone living in the area that Humber NHS Teaching Foundation Trust serves to contact their constituency governor should they have any comments regarding the Trust's services and plans. Information regarding the Trust's governors can be found on the website at: Meet the Governors (humber.nhs.uk)

I look forward to working with you in the future.

Council of Governors

The Council of Governors is made up of individuals who have been elected by local people and staff who represent our constituencies. The Council also includes representatives who are nominated from a range of partner organisations. The Council of Governors meeting is chaired by the Trust Chair who ensures that there is effective communication between the Board of Directors and the Council of Governors, and that, where appropriate, the views of the governors are obtained and considered by the Board of Directors. Executive and Non-Executive Directors attend the Council of Governors' meetings and the Governor Development meetings throughout the year. The Chair, supported by the Senior Independent Director,

also seeks to foster a strong, engaging relationship between the Board of Directors and the Council of Governors. There is regular attendance at the Board of Directors' meetings by governors and further details of governors' involvement at the Trust are provided on pages 99-101.

NHS England requires foundation trusts to appoint a Lead Governor. Doff Pollard was Lead Governor up to the end of January 2024, when Marilyn Foster was elected to the role.

The specific statutory powers and duties of the Council of Governors are to:

- Appoint and, if appropriate, remove the Chair.
- Appoint and, if appropriate, remove the other Non-Executive Directors.
- Decide the remuneration and allowances and the other terms and conditions of office of the Chair and the other non-executive directors.
- Approve (or not) any new appointment of a Chief Executive.
- Appoint and, if appropriate, remove the Trust's auditor.
- Receive the Trust's annual accounts, any report of the auditor on them and the annual report.
- Hold the Non-Executive Directors, individually and collectively, to account for the performance of the Board of Directors.
- Represent the interests of the members of the Trust as a whole and the interests of the public at large.
- Approve "significant transactions".
- Approve an application by the Trust to enter into a merger, acquisition, separation, or dissolution.
- Decide whether the Trust's non-NHS work would significantly interfere with its principal purpose, which is to provide goods and services for the health service in England, or the performance of its other functions.
- Approve amendments to the Trust's constitution.

Non-Executive Directors are appointed for a term of three years up to the maximum specified in the Trust's constitution. Non-Executive Director appointments may be terminated in line with the requirements of the constitution.

The Council of Governors holds the Non-Executive Directors on the Board of Directors to account for the performance of the Trust, including ensuring the Board of Directors acts so that the Trust does not breach the terms of its licence.

During the year, the Council of Governors approved the re-appointment of the Trust Chair, Caroline Flint for a second term of office. It also approved an extension to Francis Patton's term of office to the end of August 2024 to support succession planning for the Non-Executive Directors.

Two Associate Non-Executive Directors were appointed. Recruitment was through an external agency (Nurole). Stakeholder groups were held with Governors and Board members. Feedback from these groups was provided to the interview panel. This company had no connection with the Trust or individual directors.

The Council of Governors comprises 25 Governors who are members of the public and staff constituencies and representatives from partner organisations.

A review of the constitution was undertaken during the year. The Council of Governors considered the proposed changes at its meeting on 20 July 2023. The proposed changes ensure the Constitution remains fit for purpose in the future and addresses requirements brought about by the Health and Care Act 2022.

The following changes were made:

- The maximum number of terms a governor could serve increased from two to three (a maximum of nine years)
- The Whitby constituency was renamed Whitby, Scarborough and Ryedale and the Wider Yorkshire and Humber constituency was renamed Rest of England.
- The quorum for Council of Governors Meeting changed from at least six public governors, a staff governor and an appointed governor to one third of governors.

Other recommendations were made to change the number of governor seats on the Council of Governors, but these were not approved.

The table below sets out the composition of the Council of Governors.

Composition of the Council of Governors 1.4.23 – 20.7.23	
Public - 14 Governors	6 East Riding of Yorkshire
	4 Hull
	1 Wider Yorkshire & Humber
	2 Service User and Carer
	1 Whitby
Staff - 5 Governors	2 non-clinical 2 clinical 1 clinical or non-clinical
Partner Organisations - 6 Governors	University of Hull
	Humberside Police
	Voluntary Partner
	Hull Local Authority
	East Riding of Yorkshire Local Authority
	Humberside Fire and Rescue

Composition of the Council of Governors 1.4.23 – 20.7.23	
Public - 14 Governors	6 East Riding of Yorkshire
	4 Hull
	1 Wider Yorkshire & Humber
	2 Service User and Carer
	1 Whitby
Staff - 5 Governors	2 non-clinical 2 clinical 1 clinical or non-clinical

Council of Governors' Meetings

The Council of Governors met on a quarterly basis, with meetings held in April, July, October 2023, and January 2024. The meetings were held either remotely via Microsoft Teams or in person. An Annual Members' Meeting/Annual General Meeting was also held in October. Council of Governors' public meetings are open to members of the public to attend, and the meeting dates and papers are published on the Trust's website. For the online meetings in April 2023 and January 2024, a livestream of the meeting

was provided. Governor attendance at these meetings is provided in the table later in this section. Governors are involved in setting the agenda for the Council's meetings. Each meeting, when possible, began with a patient or staff story which involved a presentation by a patient/service area team where they gave their views on services and the challenges they may have faced during their journey.

Directors attended the Council of Governors meetings as appropriate, often to present their reports. The Council of Governors did not use its powers to require one or more of the Directors to attend a Council of Governors meeting for the purpose of obtaining information about the Trust's performance of its functions or the Directors' performance of their duties. A summary of attendance is included in the table detailing attendance at Board and subcommittee meetings. Further information about the work of the Board of Directors can be found in the Directors' Report.

Council of Governors' Sub Committee/Groups

The Council of Governors may not delegate its responsibilities but can choose to carry out its duties through groups, committees, or individuals. A sub-committee (statutory requirement) and one other governor group held meetings during the year as detailed below:

- Appointments, Terms and Conditions Committee
- Engaging with Members Governor Group

Appointments, Terms and Conditions Committee

The Appointments, Terms and Conditions Committee met five times during 2023/24. The committee was chaired by Sue Cooper, elected governor for East Riding. The group was attended by the Trust Chair and consisted of a team of governors and valued support and guidance from Senior Independent Director, Francis Patton. The Director of Workforce and Organisational Development attended, as required, as did other members of staff who shared their expertise and specialist knowledge. Any decisions made by this group were presented to the full Council of Governors for its approval.

During this year the committee recommended to the Council of Governors the re-appointment of the Trust Chair for a second term of office, an extension to the term of office for Francis Patton until the end of August 2024 and the appointment of two Associate Non-Executive Directors. In considering these appointments the committee considered the views of the Board of Directors regarding the skills, experience and qualifications required for these roles. Recommendations for appointments and extension of term of office for the Trust Chair, Non-Executive Director and Associate Non-Executive Directors were made to the Council of Governors for approval.

A recruitment agency, Nurole, was used for the Associate Non-Executive Director recruitment.

The Committee also considered succession planning for the Non-Executive Directors.

Governors considered future approaches to recruitment to ensure that the talent pool for future Non-Executive Directors was as wide as possible with a particular emphasis on reaching under-represented groups.

Engaging with Members Governor Group

This group meets to consider how the governors might effectively engage the Trust's membership. This includes reviewing engagement activities and purposes and membership representativeness. The group works to identify and deliver actions required to ensure we are able to target any areas for enhancement or improvement.

Governors' other activities

Governors took part in the Patient-Led Assessment of the Care Environment (PLACE) inspections for 2023/24.

In contributing to the development of the Operational Plan Governors drew on their personal experiences/expertise, liaison with the members that they represent and local people they met through their engagement activities. Governors have continued to participate in a programme of development

opportunities over the last 12 months. They have also engaged with members of their constituencies and attended meetings/events or taken part in activities including:

- Annual Members' Meeting
- Governor briefing sessions with the Chair
- Governor Development meetings
- Public Board of Directors' meetings
- Developing an understanding of the strategic priorities / activities of the Trust
- Developing professional relationships with other Governors through networking at meetings and events
- Involved in Non-executive Director appraisals
- Non-executive Director recruitment/reappointment
- Involved in the Patient and Carer Experience forums.
- Meeting prospective/new Governors to explain the role
- Attended Governwell courses

The Governor development meetings focussed on the following key areas:

- Quality Accounts
- Work of the Quality Committee
- Networking lunch - Governors/Non-executive Directors (NEDs)/Directors
- Integrated Care Board (ICB)
- Contracting at Humber NHS Foundation Trust
- How we collect feedback - Friends & Family test, Complaints & Research
- Collaborative Committee
- Charitable Funds Committee
- Looking ahead to 2024

In March 2024, a facilitated Governor/Board Development session took place. This gave an opportunity for colleagues to learn more about one another and the roles and responsibilities of Governors, Board, Non-Executive Directors, Associate Non-Executive Directors and Executive Directors.

The Board of Directors recognises the importance of ensuring that the Governors have sufficient knowledge and understanding in order to fulfil their roles and support Governors throughout the year in this respect. Ongoing engagement ensures that all parties maintain an understanding of the views and aspirations of the Trust and its members and contribute to the future development of the Trust.

To help improve communication between the Board of Directors and Council of Governors, Directors attend the Governor Development sessions as required and the Director of Finance and Chief Operating Officer attend the Council of Governors meetings. Additional sessions with the Board of Directors are built into the Governor Development Day programme as required. Governors set the agenda for the Development days by identifying areas they wish to receive more information about including presentations from specific teams/services. Members of the Board of Directors engage with governors in various ways including:

- attendance at Governor groups/committee
- attendance at development days and Council of Governor meetings
- involvement in visits by Governors to patient areas and services

The Board of Directors is responsible for the day-to-day running of the Trust although the Board of Directors takes account of the views of Governors when developing its strategy and forward plans.

Governors are invited to attend the Trust's public Board of Directors meetings as a public member. The Board of Directors met monthly with every other meeting held in public. All meetings were held remotely and livestreamed. The agenda and supporting papers for the public meetings are published on our website. Details of attendance at these meetings for the period of this report are detailed in another section of this report.

Confidential and commercially sensitive matters are discussed in Part II (private) meetings and matters which are not confidential or commercially sensitive are discussed at meetings held in public. Governors are sent a link to the website for the public papers, the agenda for the Part II meeting and also have access to the Part II minutes.

The detailed breakdown of current governors is below. Public and staff governors were publicly elected.

Council of Governors Members and their Attendance in 2023/24.

Name/Start Date	**Constituency**	No of Council Meetings attended / possible total	Term of Office end date
Current Governors			
Patrick Hargreaves (elected uncontested on 1 June 2022)	Hull Public	3/5	31 May 2025
Brian Swallow (elected uncontested on 1 June 2022)	Hull Public	3/5	31 May 2025
Maureen Bristow (elected uncontested from 1.2.24 to 26.3.24). Seat now vacant	Hull Public	0/0	Jan 2027 Resigned 26 March 2024
Isabel Carrick (elected uncontested on 1 February 2024)	Hull Public	0/0	31 Jan 2027
John Cunnington (elected 1 February 2018)	East Riding Public	3/5	31 Jan 2024
Dominic Kelly (elected contested on 1 February 2023)	East Riding Public	0/5	31 Jan 2026
John Morton (replaced Soraya Hutchinson whose term of office began on 1 February 2022)	East Riding Public	3/5	31 Jan 2025
Sue Cooper (elected uncontested on 1 February 21)	East Riding Public	5/5	31 Jan 2024
Tim Durkin (elected uncontested on 1 February 2023)	Rest of England	4/5	31 Jan 2026
Antony Douglas (elected 1 February 2022)	East Riding Public	5/5	31 Jan 2025

Ruth Marsden (elected 1 February 2022)	East Riding Public	1/5	31 Jan 2025
Ted Burnside (elected 1 February 2024)	East Riding Public	0/0	31 Jan 2027
Kimberley Harmer (elected 1 February 2024)	East Riding Public	0/0	31 Jan 2027
Doff Pollard (elected uncontested on 1 February 2018)	Whitby, Scarborough & Ryedale Public	5/5	31 Jan 2024
Anthony Houfe (elected uncontested on1 June 2025)	Service User & Carer	5/5	31 May 2025
Marilyn Foster (elected uncontested on1 June 2025)	Service User & carer	5/5	31 May 2025
Will Taylor (elected uncontested on1 June 2022)	Staff Clinical	5/5	31 May 2025
Joanne Garner (elected on 1 June 2022)	Staff non-clinical	2/5	May 2025
Sharon Nobbs (elected uncontested on 1 February 2022)	Staff non-clinical	4/5	31 Jan 2025
Tom Nicklin (elected on1 February 2021	Staff non-clinical	3/5	31 Jan 2024
John Duncan (elected on1 February 2024	Staff non-clinical	0/0	31 Jan 2027
Vacant			
Cllr Linda Chambers (appointed June 2022)	Kingston upon Hull City Council	4/5	June 2025
Emma Dallimore (appointed January 2024)	HEY MIND	1/1	January 2027
Cllr David Tucker (appointed July 2023	East Riding Council	0/3	July 2026
Jacquie White (appointed November 2018)	Hull University	4/5	November2026
Jonathan Henderson (appointed September 2022)	Humberside Fire and Rescue	4/5	September 2025

Superintendent Jenny Bristow (appointed April 2020	Humberside Police	1/1	June 2023
Superintendent Paul French (appointed June 2023)	Humberside Police	0/4	resigned March 2024
Cllr Julie Abraham (appointed May 2022)	East Riding Council	0/2	March 2023
Governors who retired/stood down during 2023/24			
Superintendent Jenny Bristow (appointed) Superintendent Paul French (appointed)	Humberside Police	Stood down	
Doff Pollard	Whitby, Scarborough & Ryedale Public Governor	End of term of office	
Sue Cooper	East Riding Public Governor	End of term of office	
John Cunnington	East Riding Public Governor	End of term of office	
Tom Nicklin	Staff Governor	End of term of office	
Cllr Julie Abraham (appointed)	East Riding Council	Stood down	
Joanne Gardner	Staff Governor	Resigned Feb 2024	
Maureen Bristow	Hull Public Governor	Resigned 26.3.24	

There is a procedure for dealing with disputes between the Council of Governors and the Board of Directors and this is set out in Annex 9 of the Trust's constitution, but it was not necessary to use this during the year.

Governors receive no remuneration for their role. However, the Trust provides appropriate reimbursement, for example to cover travel expenses for governors who participate in events or activities arranged by the Trust. During the period 1 April 2023 to 31 March 2024, six Governors claimed reimbursement for expenses. The cost last year was £1810.95.

Register of Interests
Governors are required to declare any interests as per constitutional requirements. The register of interests for the Council of Governors is available from the Membership Office on 01482 389132 or by emailing HNF-TR.governors@nhs.net.

Governor Elections
One election campaign was held during October to December 2023 for a total of seven Governor seats covering four constituencies as follows:

- Public – Hull: two seats were available – both seats were filled uncontested.
- Public – East Riding of Yorkshire: two seats were available, and both these seats were filled following an election.
- Staff: two seats available, one non-clinical and one clinical – The non-clinical seat was contested and filled through election. The clinical seat remained unfilled.

Membership

The Membership Plan, agreed by the Engaging with Members Group in January 2023, outlines the activities to be undertaken by Governors to recruit and engage members.

The plan contained an action to ask existing members whether they wished to remain a member of the Trust. A letter was sent to all those Public and Service User/Carer members without an email address (8,719 in total) to advise them that all future communications would be via email (unless they requested otherwise) and, in line with good practice, requested that they let us know if they still wished to remain a member of the Trust.

Results of the Cleanse

Prior to the cleanse, we had 11,717 Public/Service User and Carer members. Following the cleanse, the number reduced to 3,807. We now have email addresses for 3,482 Public/Service User and Carer members (which should cut down significantly on postal costs) - just 325 of the members did not provide an email address.

The results of the membership cleanse were reported by the Lead Governor at the Annual Members' Meeting and shared with the Council of Governors at its public meeting in January 2024.

The Membership data is held on a secure database, developed, and supplied by Civica (which provides the membership database to a significant number of trusts)

The membership data collected complies with data collection requirements originally required by Monitor.

Membership Representativeness

At its meeting in November 2023, the Engaging with Members' Group received a report regarding the representativeness of the membership. This outlined how many of the members lived in which constituency, their age, their gender, and their ethnicity.

The Engaging with Members' Group considered the membership to be broadly representative and did not believe a targeted recruitment campaign was required to recruit members from any specific groups or areas.

The Trust aims to develop its membership to reflect the diversity of services provided and to ensure it is representative of the people it serves. One of the greatest benefits of being a foundation trust is having a vibrant membership that is passionate about the people we care for and the services we provide.

As of 31 March 2024, the Trust had 1,761 members in the East Riding, 1,702 in Hull, 279 in the Rest of England area, 102 in the Whitby, Scarborough and Ryedale area, 45 patient and service users and 3545 staff members. Our Trust membership is fairly static, and Governors are encouraged to invite people they meet to become a member of the Trust, should they have an interest in healthcare.

Trust members must be at least 14 years of age in order to be a member of the Trust. Our membership constituencies comprise of: Hull; East Riding of Yorkshire; Whitby, Scarborough, and Ryedale; Rest of

England; Service User and Carer; and Clinical or Non-Clinical.

The Trust's members play an important part in our future development by providing feedback to our governors about our services and plans. Membership is about community engagement and developing our organisation in partnership with the community.

Through our membership we want our members to be truly interested in making a difference and getting involved.

One of the greatest benefits of being a foundation trust (FT) is having a membership that can influence the services we provide. We recognise we need to communicate regularly with our members in order to keep them abreast of services and other developments at the Trust. We do this through a monthly e-newsletter, Humber Happenings,

Our Membership Plan identifies how our Governors will engage the membership including:

- Encouraging anyone that has an interest in healthcare to become a member of the Trust.
- Promoting membership at meetings and events which have a healthcare focus.
- Directing people to the website to find out more about membership.
- Advising anyone with an interest in becoming a Governor of the need to become a member.
- Ensuring that existing members are asked if they wish to remain a member (through a database cleanse).

It also outlines how the Governors will represent the views of members and the public regarding the Trust's services and plans by:

- Inviting views from people the Trust may not reach through its normal engagement channels. This includes people they talk to through attendance at meetings, events, and networks.
- Inviting views from people that attend the Annual Members Meeting and any healthcare events hosted by the Trust.
- Inviting views regarding new plans from those members with an email address and interested members of the public that they meet through their personal networks.
- Representing the views in a fair and balanced way at Council of Governor meetings.
- Reporting the outcome of any discussion to those people that provided their views.
- Arranging to attend team meetings to outline the role of a Staff Governor and obtain feedback and encouraging members of staff to complete the Annual Staff Survey (Staff Governors)

Contact details

The Membership Office is the initial contact point for new and existing members. Details of how to contact the Membership Office and our Governors are as follows:

Membership Office
Freepost RLZB-RKZB-AJSJ
Trust Headquarters
Willerby Hill
Beverley Road
Willerby
HU10 6ED

Tel. 01482 389132

Email. HNF-TR.governors@nhs.net

To contact members of the Board of Directors, please telephone our Trust Headquarters reception on 01482 301700 or write to us using the freepost address provided.

Statement of the Chief Executive's responsibilities as the Accounting Officer of Humber Teaching NHS Foundation Trust

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS foundation

trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS England.

NHS England has given Accounts Directions which require Humber Teaching NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Humber Teaching NHS Foundation Trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

• Observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis

• Make judgements and estimates on a reasonable basis

• State whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health and Social Care Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements

• Ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance

• Confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy and

• Prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable them to ensure that the accounts comply with requirements outlined in the above-mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

As far as I am aware, there is no relevant audit information of which the foundation trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

Signed  **Date:** 20th June 2024

Michele Moran, Chief Executive

Annual Governance Statement

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that Humber Teaching NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Humber Teaching NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively, and economically. The system of internal control has been in place in Humber Teaching NHS Foundation Trust for the year ended 31 March 2024 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The Trust has a comprehensive, integrated framework in place to ensure that a structured control environment is in place where risks are identified, assessed, and properly managed, where high standards are safeguarded, and excellence can flourish. To support this, we have a Corporate Risk and Incident Manager responsible for the development and implementation of the Trust Risk Management Strategy and framework across the organisation. This role provides dedicated leadership and coordination to the development and delivery of the Risk Management Strategy Implementation Plan and leads on the development of information technology solutions to support the intelligent risk management environment.

Ultimate responsibility for the management of the risks facing the organisation sits with the Board of Directors. The Board considers the strategic and high-level Trust-wide operational risks facing the organisation as part of its routine business in order to satisfy itself collectively that risks are being effectively managed. The Trust Board continuously strives to strengthen the culture of risk management throughout the organisation. Each Board Committee and its sub-groups have a collective responsibility to ensure effective risk management and good governance as they discharge their duties, and this is reflected in their respective Terms of Reference. Through their work plans, they contribute towards reducing the Trust's exposure to risk. Risks identified by Committees and reporting groups are communicated and recorded on the appropriate directorate risk registers and are subject to overview, monitoring and intervention by the Corporate Risk and Incident Manager and internal governance arrangements. Assurance is provided through these routes to the Audit Committee, Trust Board, and relevant board committees.

As the Chief Executive, I am accountable for having effective risk management systems and internal controls in place and for achieving statutory requirements. I have delegated overall duty to ensure risk management is discharged appropriately to the Director of Nursing, Allied Health, and Social Care Professionals, who is responsible for the implementation of the Risk Management Strategy. Financial risk management has been delegated to the Director of Finance.

All Executive Directors, Divisional General Managers, Divisional Clinical Leads and Managers are responsible for identifying, communicating, and managing the risks associated with their portfolios in accordance with the Trust's risk management framework. 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.

Guidance on populating risk registers and managing risk is available to all staff electronically via the Trust intranet. Roles and responsibilities in terms of risk management are incorporated into the Trust Risk

Management Policy and Strategy and are also displayed via the intranet on the dedicated Risk Management pages. 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. Training covers mandatory requirements and elements that are dependent on the job role and are determined appropriately based on the authority and duties associated with these roles and the level of risk that staff may be exposed to in the delivery of their duties.

The Trust publishes its Register of Interests on the Trust website in accordance with our policy Standards of Business Conduct and Managing Conflicts of Interest Policy.

The risk and control framework

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 services. The Trust Board has in place a Risk Management Strategy which sets out the Trust's commitment to embedding an integrated approach to managing risk. The Trust's Risk Management Strategy was reviewed and updated in March 2022 and will be refreshed in 2024. The Trust's Risk Management Policy was updated in January 2024, approved by the Trust's Executive Management Team, and was ratified by Trust Board in March 2024.

The Trust's Risk Management Strategy continues the proactive approach to risk management to enable a reduction in harm to patients and staff, assist in creating safer care environments and is essential for the achievement of the Trust's strategic goals as well as the Trust's corporate and clinical objectives. The Trust's Risk Management Policy provides operational guidance to support Trust staff with the identification and management of risk and outlines the process of escalation within the parameters of the Trust's governance arrangements.

The Trust regularly undertakes self-assessments to identify further areas for improvement within risk management and has developed four Risk Management Priorities as part of the Risk Management Strategy for 2021-2024. These priorities focus on key areas for further development to increase the risk maturity of the Trust, its supporting processes, and the overall risk management culture of the organisation.

A review was undertaken in 2023/24 by the Trust Board to review the definition of the Trust's risk appetite or the level of risk that it is prepared to accept, tolerate, or be exposed to. A revised risk appetite statement was developed following agreement by the Trust Board which defines the level of risk that can be accepted against the Trust's strategic goals. This updated appetite statement has been included in the Trust Risk Management Strategy.

The management of risks 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. All staff are expected to identify, manage and reduce risk as one of their fundamental duties in an environment of honesty and openness, where mistakes and untoward incidents are identified quickly and dealt with in a positive and responsive way.

Current risks confronting the organisation are identified as part of a 'top down' assessment process and a 'bottom up' risk identification process involving analysis of incidents, claims and complaints and other tools such as unit risk assessments. Any risks identified by stakeholders either on an individual basis or as a group are taken account of in the risk assessment process.

To ensure risk management is robust, we have used the 'Alarm National Model for Risk Management' to undertake a self-assessment of our 'risk maturity'. We will continue to use this resource as a development tool, identifying areas for improvement, as well as setting and implementing clear plans.

The Trust has not identified any risks to compliance with the NHS provider licence section 4 (governance). The Trust maintains an effective board and committee governance structure, with clear responsibilities for its Board, its committees for reporting to the Board, as well as clear responsibilities for Trust staff reporting to the Board or its committees. The Trust has established clear lines of reporting and accountabilities through the organisation, and all Executive Directors, Divisional General Managers, Divisional Clinical

Leads and Managers are responsible for identifying, communicating, and managing the risks associated with their portfolios in accordance with the Trust's Risk Management Framework.

The risks outlined below have been identified as the principal risks to the delivery of the Trust's strategic goals and underlying objectives. These risks are presented in the Board Assurance Framework which outlines the assurances in place and areas where further assurances are required:

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, the Trust's reputation and CQC rating.

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.

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 the ability to deliver excellent services.

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.

Developing an effective and empowered workforce

Failure to recruit and retain a 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.

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.

The principal risks to the achievement of the Trust's strategic goals and underlying objectives are managed through the Board Assurance Framework which is reviewed regularly by the Executive Management Team. Each section of the Board Assurance Framework is aligned to a relevant assuring committee of the Board which reviews the document on a quarterly basis throughout the year. Following review at the relevant board committees, the framework is presented to the Trust Board for oversight and assurance around those risks that may affect the foundation Trust in delivering its objectives and/or its future success and sustainability.

Alongside the risks highlighted above which pose a potential risk to the achievement of the Trust's strategic goals and their underlying objectives, the highest rated risks that, should they be realised, would have implications at Trust-level and would have a significant impact upon the organisation, are managed through the organisation's Trust wide risk register which is reviewed alongside the Board Assurance Framework.

The Trust Board maintains overarching responsibility for risk management throughout the organisation and considers the content of the Trust-wide Risk Register and Board Assurance Framework at quarterly intervals. Content of the Trust-wide risk register is reviewed regularly by the Executive Management Team and is also discussed at Board committee meetings alongside relevant sections of the Board Assurance Framework.

Internal Risk Review Process

All Divisions undergo a six-monthly process by which the safe staffing establishment for each unit/ward is assessed utilising the triangulated methods outlined by National Quality Board (NQB 2018) including the use of evidence-based tools; professional judgement; and identified quality, efficiency, and safety outcome indicators at a unit/ward level. Costs are then calculated for the required establishment and any

discrepancies with the budgeted establishment are identified and flagged as a future financial commitment for the Trust. The evidence-based tool used to assess the safe staffing by each division varies dependent on the function of the unit, the acuity of the patients/service users, the agreed bed base, expected length of stay, usual occupancy levels and percentage of headroom included in order to appropriately cover annual leave, sickness, and training. The identified tools licensed for this purpose by the Shelford Group include the Mental Health Optimal Staffing Tool (MHOST). The Trust also uses a modified version of the Safer Nursing Care tool for our community wards (with the permission of the author) and the Learning Disability Optimal Staffing Tool (again with the permission of the author). Training for trainers on the use of the MHOST tool was delivered by the NHS England team to Matrons; Clinical leads; Professional Nurse Educators and Safer Staffing leads in May 2023 and this allowed the cascade of training to all staff involved in dependency data collection.

All teams have completed the safer staffing reviews as outlined by the NQB guidance. This involves collection of dependency data; using the tool to calculate minimum staffing levels/Care Hours Per Patient Day and use of professional judgement and quality; efficiency and safety performance data. Safer staffing reviews are co-ordinated by the Assistant Director of Nursing with representation from the units/wards; finance; e-roster teams and HR where necessary. Information is triangulated to make recommendations to the Executive Management Team and Board through the six-monthly safer staffing report both in relation to the current safer staffing position and any gaps in the budgeted establishment.

The financial impact on the unit/ward safe staffing levels is acknowledged as part of this process – any financial savings will follow the process for Budget Reduction Schemes, i.e., completion of a Quality Impact Assessment (QIA), and any financial cost pressure will be acknowledged as a future financial commitment which will be factored into the Trust's financial planning and budget setting process for the following financial year. Where changes to the staffing establishment are indicated, including the introduction of new roles both to enhance the Multi-Disciplinary Team (MDT) offer to patients or through redesigning skill mix and roles to address hard to recruit vacancies, then a QIA will be completed (included in the NQB guidance)

Local quality dashboards are shared from ward to Board that include comparative data on staffing and skill mix with other quality, efficiency and safety metrics and the six-monthly report includes benchmarking with the Model Health System data which has consistently evidenced that the Trust performs favourably in relation to Care Hours Per Patient Day (CHPPD) compared with peer and national performance.

Real Time' management of staffing levels to mitigate risk is initially undertaken by the nurse in charge who will use their professional judgement to manage staffing levels on a day to day, shift by shift basis. They will use judgement to determine if the activity/acuity of the ward is matched by the skill mix and levels of staff present in order to ensure safe effective care. This will include consideration of patient factors, ward factors and staff factors.

An Operational Pressures Escalation Levels (OPEL) framework is in place for circumstances where the nurse in charge needs to report an escalated status in relation to safe staffing levels including any actions taken and the impact on patients and staff. This is initially communicated to the service manager; on-call manager and staff also complete a Datix clearly outlining the impact for patients and staff. Where inadequate staffing levels persist beyond 30 minutes of the initial escalation being made, this is escalated further through the operational structure and where necessary to the Chief Operating Officer; the Executive Director of Nursing and out of hours to the Director on Call who will sanction action in Line with business continuity plans.

Divisional Workforce Plans are produced by leaders across the Trust to forecast future workforce requirements in order to deliver high quality services to our patients. The Workforce Planning process is fully integrated with the Service Planning cycle, maintaining clear linkage between workforce requirements and patient outcomes. Divisional Plans are then consolidated into a Trust wide Workforce Plan, which aligns to both service activity and financial planning and fits with the Trust's and Integrated Care System's strategic objectives.

The Trust also participated in phase 2 of the Community Safer Staffing Nursing tool implementation nationally and undertook their first census (of the community caseload) in July 2023.

The Trust is fully compliant with the registration requirements of the Care Quality Commission. The Care Quality Commission (CQC) carried out its announced scheduled Well-Led inspection of the Trust from 12–14 February 2019. Following the inspection, the Trust received a full report into the quality of care provided. The overall rating of the Trust was 'Good', the same as our previous rating. The CQC rated the domains of effective, caring, responsive and well-led as 'good'. The safe domain was rated as 'requires improvement' and work continues to drive improvement in this area.

The Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the trust with reference to the guidance) within the past twelve months, as required by the '*Managing Conflicts of Interest in the NHS*' guidance.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The Trust has undertaken risk assessments on the effects of climate change and severe weather conditions which have been used to create two documents: the Adverse Weather Plan and the Adaption Plan. These two documents have been used to support and develop a Green Plan following the guidance of the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are met and complied with.

Review of economy, efficiency, and effectiveness of the use of resources

The Board of Directors and its sub-committee structure have a clear role in providing assurance and governance leadership within the Trust, particularly around the achievement of efficiency and effectiveness, which is a key area of focus under the Trust's governance arrangements supported by internal and external audit reviews.

The Audit Committee is the senior sub-committee with a remit including independently scrutinising other Board committees. It also reviews the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the whole of the Trust's activities. This committee gains assurance that confirms effective systems of internal control are in place. The Finance and Investment Committee ensures that processes governing strategic investments are being followed and makes recommendations to the Board of Directors on major capital expenditure, joint ventures, acquisitions and mergers, purchase, sale, or alteration of property (above an agreed threshold) and service expansion or major service change.

Findings and recommendations from audits are monitored and reported through the Audit Committee. The Trust's external auditors are required as part of their annual audit to satisfy themselves that the Trust has made proper arrangements for securing economy, efficiency, and effectiveness in its use of resources and report by exception if in their opinion the Trust has not.

The Remuneration and Nominations Committee make recommendations regarding the remuneration allowances and terms of service for Executive Board members. The Charitable Funds Committee oversees the use of charitable funds on behalf of the Trust.

Trust performance is monitored by the Board of Directors on a bi-monthly basis. Finance reporting is undertaken, which informs the Board of the Trust's current financial position and provides a comparison with the planned position for the reporting period. Regular reports are also provided in relation to the Trust's Budget Reduction Strategy (BRS) and its level of achievement. Finance and Investment Committee is responsible for oversight of the Trust's financial position and meets on a quarterly basis to consider the financial reports and seeks assurance regarding the management of finance related risks.

Performance against key indicators is reported via the Integrated Board Performance Report which provides data with clinical and workforce key indicators alongside national or local targets and objectives. Any areas of concern or poor performance are highlighted, and mitigating actions are determined as appropriate by the Board of Directors. Specific reporting of service waiting times and regular updates for

the Trust's Divisions are also considered through the Trust Board to ensure that resources are being used effectively within the Trust and that any areas of concerns can be addressed quickly.

There is an accountability framework and Trust accountability reviews are regularly undertaken to further review performance and governance indicators with divisional leaders. The framework mirrors the NHS Single Oversight Framework and monitors key performance indicators (KPIs) and identifies areas for improvement.

Information governance

'The Trust maintains a strict management and accountability framework for information governance and data security. Information Governance (IG) is assured by the annual information governance self-assessment using the NHS Data Security and Protection (DSP) Toolkit. The DSP Toolkit self-assessed scores for 2023/24 is being independently audited in April 2024 and the outcome will be available in June 2024. The DSP Toolkit assessment status for 2023/24 is expected to be 'Standards Met'.

The Trust demonstrates its 'accountability' by ensuring its policies and procedures are UK GDPR/DPA 18 compliant, Data Protection Impact Assessments are undertaken ensuring that privacy concerns are considered and addressed. Privacy Notices are reviewed and updated regularly; taking account of any changes of data use to ensure transparency. Trust processor contracts have been reviewed and mapped for UK GDPR/DPA 18 compliant clauses, and new contracts are checked to ensure appropriate data protection clauses are in place. IG due diligence is performed on service providers prior to entering a new contract. Records of Processing Activities have been undertaken and maintained providing a comprehensive overview of personal data processing activities within the Trust and Data Breaches are reported to the Information Commissioner's Office within 72 hours.

To provide assurance that information governance practices are compliant with Trust policy, legal and regulatory requirements are embedded in the Trust culture, a programme of random 'spot check' audits are conducted throughout the Trust. This ensures that information governance policies, process and operational activities are effective on the ground and compliant with Information Governance Toolkit requirements and CQC outcomes 2 and 21. If this is not the case, corrective action is recommended by the Information Governance Department. The results of these audits confirm that Information Governance practices are well established and are compliant with Trust policy, legal and regulatory requirements.

The Trust has encrypted laptops, encrypted data devices and desktop computers and has reviewed the security of all bulk data in transit and personal identifiable data flows identified and mitigated against any risks. The Trust has undertaken a refresh and review of its critical information assets. Its key information assets have been identified and approved by the IG Group this year and each has an Information Asset Owner assigned. Each asset has been updated in the Information Asset Register which has been approved by the Information Governance Group. All data classified incidents were reviewed and none were deemed to be significant. The Trust has a qualified Chief Information Officer who is up to date with the training required by the Information Authority. The Trust has also previously migrated to NHS Mail for additional security for data transfers.

Seven incidents were declared during 2023/24 by the Trust in relation to data protection breaches. Five of the incidents have been closed by the Information Commissioner's Office with no further action and two incidents are still awaiting a response. Any recommendations from the ICO are followed up to ensure they are implemented.

Cyber threats are constantly evolving, and increasingly digital health and care organisations must remain prepared. The Office of the SIRO accesses our Cyber Operational Readiness to ensure cyber specific security risks are identified and addressed within our Cyber plan. The Trust has shown enhanced cyber resilience, embedding cyber security into the Trust culture, and has achieved Cyber Essentials in 2021 and is now working on Cyber Essential Plus for 2024/2025. To support this work, we have appointed one of our Non-Executive Directors as the non-executive lead for cyber security.

Data quality and governance

The Trust has continued to take necessary steps to assure itself of the robustness of its data quality. Processes are in place within the Trust for the monitoring of performance information, both centrally through the Trust's Performance team and at operational level through the Performance and Productivity

Group.

The Performance and Productivity Group ensures that Divisions are working within the developed performance framework and ensure that the Operational Delivery Group is fully sighted on work undertaken by the group.

The Trust has developed the Integrated Board Performance Report which serves as a useful tool for bringing together all aspects of Trust performance and allows for effective identification of trends, as well as the escalation of key issues to the Trust Executive Management Team and Board of Directors as required. The report information is presented using Statistical Process Control Charts for several key indicators, mapped against each of the Trusts Strategic Goals. The use of Statistical Process Control Charts allows for key performance data to be analysed over a period to establish trends in performance. Upper and lower statistical thresholds are utilised to analyse performance and identify where movements in performance are within normal ranges (common cause variation) or require further investigation/understanding (special cause variation). Exceptions are highlighted alongside the Statistical Process Control Charts and operational commentary is provided for further assurance around performance metrics.

A Quality Report is presented to the Board of Directors outlining the Trust's performance against key quality objectives including comparative data, and a safer staffing dashboard is presented highlighting key staffing indicators. New weekly return forms have been introduced to allow for consistent entry submissions limiting the choices to the nationally set criteria. This process also allows for more accurate data quality in terms of clinical effectiveness at Divisional level.

The Trust has a Data Quality Group which provides a forum to consider performance against data quality standards, audits, and ad hoc requirements across a range of Trust activities. The Data Quality Group co-ordinates action plans and reports on progress to the Information Governance Group and Audit Committee (in respect of audits) and a range of Data Quality reports are available for services to review and make amendments to systems where required.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within Humber Teaching NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board of Directors, Audit Committee, Quality Committee and the Finance and Investment Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

Our internal auditors provide me with an opinion on the overall arrangements for gaining assurance through the assurance framework and on the controls reviewed as part of the internal audit work.

Executive managers within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance. The assurance framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed.

My review is also informed by assurances from other sources which include the Care Quality Commission, patient and staff surveys, Patient Led Assessment of the Care Environment (PLACE) inspections, NHS Resolution, a number of Foundation Trust driven external reviews and the registration requirements of the Care Quality Commission and Information Governance Toolkit self-assessments.

The outcomes of the seven audits undertaken by Audit Yorkshire in 2022/23 were:

- 5 provided significant assurance
- 1 provided limited assurance

- 1 provided low assurance

The Audit Committee has provided the Board of Directors with an independent and objective review of controls in place within the organisation based on assurance it has received from Internal Audit and External Audit, and from management. Internal and external audit have reviewed and reported on control, governance, and risk management processes, based on audit plans approved by the Committee. Where scope for improvement was found, recommendations were made, and appropriate action plans agreed with management. This includes specific action plans overseen by the Executive Management Team for the audits classified as low and limited. The Trust has a mechanism in place to track progress in implementing agreed recommendations and the results of re-audit are fed back to the Audit Committee. The Trust's Finance and Investment, Workforce and Organisational Development and Quality committees provide the board with assurance that effective controls are in place with regards to Trust finances, workforce, and the quality of services the organisation delivers to its users.

The Trust continues to be committed to delivering safe, quality, and compassionate care.

Annual Quality Account

Annual Quality Accounts are published as part of the Trust Annual Report and the Trust has worked with key stakeholders such as: Governors; Health Watch; local authority members; representatives from local community groups; patients/carers and their representatives as well as commissioners, to ensure that the Quality Priorities selected are appropriate and that the publication fairly represents the quality of our service delivery.

Stakeholders are sent a draft version of the accounts for consultation prior to publication, and where these partners have commented on the quality accounts, feedback is printed verbatim within the final version under annex 1.

The Trust is committed to continuous quality improvement and uses a range of initiatives to drive improvement in all the services it provides. Full details of our 2024/25 quality priorities are detailed within our Quality Account 2024/25. Our Quality Account provides patient and family stories and in part three of the report provides information on quality performance including key national indicators and performance in relation to other indicators monitored by the Board.

As part of the 2023/24 Quality Accounts, four quality priorities were developed for delivery within the 2023/24 financial year. These priorities have been stepped down as they are now part of mainstream activities and will be monitored internally to ensure improvements continue to be made.

Quality Priorities for 2024-2025

Our 2024/25 priorities were developed in collaboration with a range of stakeholders and agreed by the Executive Management Team, and Board. These priorities are
described below:

Priority One: To strengthen our approach to physical health to maximise the best possible physical health and wellbeing outcomes for our patients/service users.

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Priority Two: To maximise quality of care through the roll out of a strengthened person-centred approach to assessment and formulation in mental health, learning disability, Child and Adolescent Mental Health Services (CAMHS) and forensic services. Streamline the information we gather to ensure it is relevant, accurate, up to date, accessible and avoids unnecessary repetition for service users and is aligned to person centred planning review processes and the introduction of the Dialog+ as our patient reported outcome measure (PROM).

Priority Three: To roll out the Mental Health, Learning Disability and Autism Inpatient Quality Transformation Programme (2022) to support cultural change and a new model of care for the future across all NHS-funded mental health, learning disability and autism inpatient settings.

Conclusion

The Head of Internal Audit opinion statement has been received on the effectiveness of governance, risk management and the system of internal control. The overall opinion is that there is significant assurance that the system of internal control has been effectively designed to meet the organisation's objectives, and that controls are being consistently applied.

The system of internal control has been in place in Humber Teaching NHS Foundation Trust for the year ended 31 March 2024 and up to the date of approval of the Annual Report and Accounts.

In summary, I am assured that the NHS Foundation Trust has an overall sound system of internal control in place, which is designed to manage the key organisational objectives and minimise the NHS Foundation Trust's exposure to risk. There are no significant control issues identified. Actions are in place to address recommendations for improvement to this system made within internal audit assurance reports. We also continue to review and update the governance assurance processes to further strengthen arrangements to ensure our services are well-led. The Board of Directors is committed to continuous improvement and enhancement of the system of internal control.

Signed:  **Date: 20th June 2024**

Michele Moran, Chief Executive

Equality and Diversity

We have been successful in meeting targets for promoting diversity and inclusion within the workforce. This achievement is primarily due to the work undertaken by the Trust in developing local actions for its individual directorates. We have also actively collaborated with staff members and co-produced action plans for both the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES). These efforts have been documented in the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES). Additionally, we have published a report on our gender pay gap and regular updates have been provided to the EDI Steering group on a quarterly basis. Through these measures, we have demonstrated our commitment to fostering a workforce that values diversity and inclusivity.

Through the National Staff Survey results we recognised that there was a need to work collaboratively with recruiting managers and line managers to enhance diversity in recruitment. This resulted in a bi-annual Recruitment Deep dive with an EDI lens on the protected characteristics of those applying for roles, through the recruitment process to appointment. Through this analysis we can identify areas that are underrepresented when compared to the communities we serve. This analysis has been provided to our HR Business Partners to share in their workforce planning discussions, providing a range of area specific EDI actions, as well as more general organisational actions to widening participation in recruitment, and address any underrepresentation in our workforce. Additionally, we have continued its delivery of Bullying and Harassment and Recruitment and Selection training to further support this.

Following a Cultural Assessment by the National Centre for Diversity, and given the contradiction between casework and reporting data (which remains low), compared to anecdotal and staff survey data suggesting a prevalence of incidents aimed at those within underrepresented groups, we embarked on a programme of work to drive up the reporting of incidents and demonstrate its zero tolerance approach to bullying, harassment and discrimination across all underrepresented groups, with the overall aim of providing a safe and supportive culture to report incidents of this nature. In November of 2023 we launched the Respect Campaign.

This campaign provided physical resources (such as posters and other marketing materials) that were positioned across work environments, with messaging aimed at encouraging the reporting of ‘staff to staff’ incidents of bullying, harassment or discrimination, towards all people, but with particular emphasis on reaching underrepresented groups, namely but not limited to, the LGBTQ+ community, those with a disability or long-term condition and ethnically diverse colleagues.

The launch was supported by a comprehensive communications campaign that utilised all internal communications channels. Alongside this, Report It! posters were designed for the campaign, and these were adapted through a process of consultation with our staff networks, to ensure we were capturing the opinions of the intended audience. In addition, a ‘Report It’ intranet page went live and provided a resource hub, hosting all relevant information, contact details and policies. Similarly, a Report It! email address was created to help improve the opportunity for staff to report incidents of bullying and harassment, this email address belongs to the HR operations team, and wider HR management team.

Formal casework linked to bullying and harassment for the period October 2022 to September 2023, demonstrated we managed 3 cases of bullying and harassment through formal processes. As a result, and since the launch of the respect campaign, the number of referrals for bullying and harassment increased by 70%.

We continued our focus on the accuracy of the workforce equality data and have seen a continuation in the reduction in the number of unspecified entries in ESR for ethnicity, disability, or sexual orientation. As part of the onboarding process for any new employee, the recruitment team must ensure that EDI data is collated. In addition, the importance of collecting this data is discussed at Corporate Induction and all employees now could update their own records on ESR and they are sent annual reminders to do so. This is in addition to receiving emails to remind new starters to provide the information. Employees do have the option to choose not to declare their information; however, the above measures are designed to improve our data quality and minimize the number of unspecified records. In February 2024 there were 17 ESR records showing unspecified data, an improvement on March 2023 when that figure was 86.

From the 1st April 2023 the Learning and Development team delivered Recruitment and Selection training

to 182 staff, an improvement on 137 in the previous year. The internal Bullying & Harassment for Leaders and Managers training is a brand-new course and is being piloted in April.

We have improved inclusiveness in the workforce through revising polices such as the Equality, Diversity and Inclusion Policy which includes support for trans staff, Support for Trans Patients Policy, improving the Trust's Access to Work provision, Recruitment and Selection Policy, Grievance Policy, Rostering Policy, Remote Working Policy, Learning and Staff Development Policy, Attendance Policy, Alcohol and Substance Misuse, Disciplinary Policy, Performance Improvement Policy, Job Evaluation Policy, Personal Relationships at work (Professional Boundaries and Personal Relationships at work policy) and the Your Leave Plus toolkit. This policy is an enhanced provision for employees and acts as a single point of reference supporting employees to take time off when they need it. It covers all areas of leave such as maternity, special leave, holiday of a lifetime, terminal care leave, fertility treatment leave and religious observance.

The process of applying to work flexibly from day one of employment has been moved onto ESR which has made the process easier to access, a better experience for the employee and more reportable. In the last 12 months we have received 453 applications for flexible working of which 296 have been accepted. This compares to last year where 244 applications for flexible working were requested of which 161 were accepted. This work will contribute and positively address issues identified in the Workforce Race Equality Standard (WRES), Workforce disability Equality Standard (WDES) and Gender Pay Gap Report and the National Staff Survey.

Barriers
Sporadic attendance from operational areas at the Trust EDI Steering group has led to limited joined up work when tackling both strategic and local equality issues.

Changes in staff composition
Over the previous 12 months, we has seen the composition of our workforce improve. We continue to retain approximately 80% of our female workforce and certain underrepresented groups have witnessed an increase in representation. For example, the representation of staff from an ethnically diverse background is 7.19%, which is better than across the communities we serve. Staff with a disability or long-term condition now stands at 9.14% while the percentage of staff from the LGBTQ+ community has climbed to 4.5%.

However, during this period, significant efforts have been dedicated to enhancing the quality and accuracy of workforce ESR records. This involved removing unspecified equality data, transforming it into positive values such as "yes", "no", or "prefer not to say", and achieving a greater degree of accuracy in terms of staff ethnicity (was 5.11% in 2023), staff disability (was 6.74% in 2023), and LGBTQ+ representation (was 3.42% in 2023).

By implementing these changes, we have successfully enhanced our ability to accurately capture and represent the diversity of our workforce.

Performance against targets

NO	Objective as set out in the EDI Annual Report 2022/23	Progress Review
1	Analysis of applications to work for the Trust show that males, and disabled people are underrepresented compared to the communities we serve. Targeted recruitment and advertising actions to be established to attract those underrepresented to the Trust	Recruitment deep dive report developed that examines shortlisting and appointment with an EDI lens, analysis covers all protected characteristics, with biannual reporting for assurance. This report has provided insight and targeted recruitment actions for divisions and taken into areas by HRBPs, with bespoke actions agreed in areas. A new EDI bulletin has been developed to ensure the EDI lead and HRBPs can collaborate on actions for divisions. In the period between 1st April 2023 and 1st October 2023 the percentage of male applicant s

		was 33.0%, and males appointed to roles at the Trust was 22.7% which is higher than male representation at the Trust which is 20.48%.
2	To achieve the NHS Rainbow Badge Accreditation	We have successfully been accredited by the LGBT Foundation for the NHS Rainbow Badge Scheme, we are at the initial stage and have been provided with an action plan that will inform our EDI workstreams moving forward. The Trust is ambitious to progress to bronze accreditation, and the improvement action plan provided by the LGBT Foundation will be actioned in collaboration with the Trust LGBTQ+ staff network, and our divisional areas, in EDI workstreams over the coming year.
3	To deliver upon the actions following the NCFD cultural audit, by implementing a Respect campaign.	Our Respect campaign was launched in the November, a range of 9 different 'Report It' posters were displayed in the workplace, this a part of developing a positive and safe workplace culture. This campaign has focused on developing a safe culture to report 'staff to staff' incidents of bullying, harassment or discrimination, towards all people, but with particular emphasis on reaching underrepresented groups, namely but not limited to, the LGBTQ+ community, those with a disability or long-term condition and colleagues from ethnically diverse backgrounds. In addition, a 'Report It' intranet page has been developed as a resource hub, hosting all relevant information, contact details and policies.
4	Move from disability confident employer to disability confident leader status.	Our work to become a Disability Confident Leader will be actioned in our 2024/25 EDI workstreams to give our new Access to Work arrangements time to be embedded, work with the newly embedded Occupational Health team, and to take time to understand the challenges faced by colleagues with a disability or long-term condition when requesting reasonable adjustments. A collaborative working group with the Staff Disability network will support the application.
5	ED&I Workforce Lead, in collaboration with HRBPs, to review advertising strategy for band 7 - VSM	Since December 2023, the EDI Lead reviews job roles advertised on NHS Jobs monthly for language, quality and accuracy of information. Findings are shared with the HR Business partners, with targeted EDI actions for workforce planning purposes and establish what new channels for advertising have been exploited such as Pink Jobs, and Stonewalls Proud Employer portal.
6	Use available communications channels to showcase success stories and promote the Humber	Prior to intakes of the Humber High Potential Development Scheme, the Leadership and Senior Leadership programmes in April 2024, the full

	High Potential Development Scheme, the Leadership and Senior Leadership programmes, and NHSI targeted development to our ethnically diverse, Disabled/LTC and LGBTQ+ staff.	range of communications channels were used to promote and provide information to all staff about the development opportunities. This included targeted communications to our staff networks, managers newsletter and EDI MS teams channels to reach a more diverse candidate base. The Trust was successful in attracting underrepresented candidates from our staff networks.
7	Through our governance structures, support and empower our Race Equality, LGBTQ+ and Disability Staff Networks to work with ethnically diverse and Disabled/LTC staff on the development of the WRES/WDES action plan, and development opportunities	The Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES) data is drawn down after March 31st, 2024, and the raw data will be taken to the Race Equality and Disability Staff Network meetings in April 2024 to facilitate coproduction with the analysis and action planning to inform our EDI workstreams in 2024/25.
8	Continue to deliver Trust bullying and harassment awareness training for managers	In 2024, the external training is moving to an internal delivery model. Following the Trusts revised policy on Bullying and Harassment the internal Bullying & Harassment for Leaders and Managers training is a brand-new course and is being piloted in April. It will provide practical steps and conscientious guidance to help prevent, identify, and confidently confront bullying and harassment at work. It will provide leaders and managers with information, knowledge and understanding of Bullying & Harassment for staff in the workplace.
9	Continue to drive the process to reduce the number of 'unspecified' entries in staff records.	The Trust continued its focus on the accuracy of the workforce equality data and has seen a continuation in the reduction in the number of unspecified entries in ESR for ethnicity, disability or sexual orientation. As part of the onboarding process for any new employee, the recruitment team must ensure that EDI data is collated. In addition, the importance of collecting this data is discussed at Corporate Induction and all employees can update their own records on ESR and they are sent annual reminders to update. This is in addition to receiving several emails to remind new starters to provide the information. Employees do have the option to choose not to declare their information however the above measures are designed to improve our data quality and minimise the number of unspecified records. In February 2024 there were 17 ESR records showing unspecified data, an improvement in March 2023 when that figure was 86.
10	Ensure high visibility of the Trust Behavioural Standards framework.	Being Humber standards are interwoven into the new people strategy, into our leadership development programmes, values-based recruitment and the Respect campaign. Work is currently being undertaken with the OD team to link the Trust Behavioural Standards framework to inclusive language guidance

		provided in support for teams. The first collaborative training event with OD and EDI took place on 19th January 2024.
11	Deliver and monitor female participation in Career Confidence Coaching sessions	On March 8th, 2024, we celebrated the Big Conversation event in support of International Women's Day. At the event the Trust promoted its coaching, mentoring and leadership development opportunities with stories form candidates and discussion around empowering women to develop and growing our own leaders. From the event a number of candidates requested information on the Trusts development opportunities. The Trust has a coaching and mentoring offer designed to support candidates to grow and develop in their careers and participation is monitored and reviewed regularly. We are supporting the Humber and North Yorkshire Health and Care Partnership's coaching network, which is for anyone working or volunteering in health and social care across Humber, North Yorkshire and West Yorkshire.
12	Moving away from equal distribution local clinical excellence awards and implement an assessment-based approach	Whilst processes have been agreed for competitive rounds for 24/25 awards, there is an indication that LCEA processes will cease under new pay award arrangements for consultants.
13	Embed and monitor the newly launched mentoring programme to take an intersectional approach to identifying collaborative actions	The Trust has developed a comprehensive mentoring offer, through the Trusts Mentoring Hub currently there are 19 trained female mentors available for colleagues to work with. Alongside this the Trust are seeking mentors to establish a reverse mentoring offer, with information available via the mentoring hub, and a wide range of communication methods used to inform colleagues of the benefits of reverse mentoring.
14	Develop a succession planning process	A new template has been developed that will support the Trusts workforce planning activities to ensure succession planning around female leaders is central to future recruitment plans.

Gender Pay Gap Report

We are committed to promoting fair treatment and reward for all staff members, regardless of their gender or any other protected characteristic. In producing this report, we acknowledge that we still have more work to do in reducing the gender pay gap, and we are unwavering in our dedication to creating a workplace that values and leverages equality and diversity. We are dedicated to improving the gender pay gap by implementing the actions outlined in this document.

Information on our 2023 Gender Pay Gap data will be published on our website when ratified by the Board.

In summary, the Gender Pay Gap information for 2023 is shown below:

- Mean gender pay gap has decreased from 12.42% to 13.2% down from 13.2% in the previous year.
- Median gender pay gap is 5.17% which is down from last year when the figure was 6%.
- Mean bonus gender pay gap is 40.78% and has increased on the previous year's -11.48%

- Median bonus gender pay gap is 66.67% which is an increase on the previous year's figure of 50%.
- The proportion of males receiving a bonus is 0.93% slightly lower than the previous year's figure of 1.26%
- The proportion of females receiving a bonus is 0.14% slightly lower than the previous year's figure of 0.26%

The proportion of males and females in each quartile pay band is:

- Quartile 1: 80.75% Female and 19.25% Male
- Quartile 2: 78.84% Female and 21.16% Male
- Quartile 3: 82.57% Female and 17.43% Male
- Quartile 4: 74.80% Female and 25.20% Male

2023 Workforce Disability Equality Standard (WDES)

In 2023, we undertook several initiatives and, as a result, performed better than the national figure in all metrics.

Other Key findings include:

- The percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it is 70.5% which is better than the national figure of 51%.
- The percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties is 17.3%, which is significantly better than the national figure of 28%.
- The relative likelihood of disabled staff entering the formal capability process continues to be extremely low and demonstrates that disabled staff are not disadvantaged by the Trust's formal capability processes.
- 76.9% of disabled staff believe the Trust has made adequate adjustments to enable them to carry out their work, this is better than the national figure of 73%.
- The engagement score of our disabled staff (6.7) is better than the national figure (6.4).
- The percentage of our staff with a disability who are satisfied with the extent to which they believe the organisation values their work (41.8%) is significantly above the national (34.7%).
- The percentage of staff with a disability who believe they have experienced harassment, bullying or abuse from managers in the last 12 months is 11.7% (down on the previous year 13.8%), this is nearly double the comparative figure for staff without a disability which is 6.4%. However, the Trust figure is the lowest it has been for five years, continuing a year on year improving trend and is better than the national figure (16.4%).
- The percentage of staff with a disability who believe they have experienced harassment, bullying or abuse from other colleagues in the last 12 months is 22.6% this compares to 10.9% of staff without a disability, and is better than the national figure of 25%.
- The Trust has no disabled staff represented across pay bands 8c – VSM in non-clinical roles.
- The percentage of our disabled staff believing that the Trust provides equal opportunities for career progression (52.6%) is better than the national figure of 51.7%.

2023 Workforce Race Equality Standard (WRES)

We have undertaken a number of initiatives in the preceding 12 months and as a result its 2023 WRES data demonstrated better results than the national average in 8 of the 9 indicators. Trust scores improved on 2022 in three of the indicators (where one remains only 0.1% worse than the national figure), showing a positive trajectory, although more work remains. A notable achievement is that we were a top performing provider for WRES indicator 2, 'Relative likelihood of hiring staff from shortlisting'.

Key findings include:

- The percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months is 21.2%, which is a reduction of 9.2% on the previous year, as well as being significantly better than the national figure of 30.4%.

- The percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months is 25.8%, a similar figure to the previous year but this is better than the national figure of 27.7%.
- The percentage of staff believing that the organisation provides equal opportunities for career progression or promotion is 47%, which is in line with the previous year but slightly ahead of the national figure which is 46.4%.
- The percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months is 16.7%, which is an improvement on the previous year and only 0.1% above the national figure of 16.6%.
- The relative likelihood of White staff being appointed from shortlisting compared to BME staff is 0.78, which is an improvement on the previous year's figure of 1.26. This means BME staff are not disadvantaged during the recruitment process.
- The relative likelihood of BME staff entering the formal disciplinary process compared to White staff is 0.94, which is an improvement on last year's figure of 1.08, which means BME staff are not overly represented in the formal disciplinary process.
- During the period, we have seen an improvement in Black, Asian and Ethnic Minority representation on the Trust board.

The Trust will continue to review the experiences of its disabled and ethnically diverse employees and establish objectives and action plans to support our staff to work collaboratively with the staff network to achieve these ambitions.

Signed  **Date:** 20th June 2024

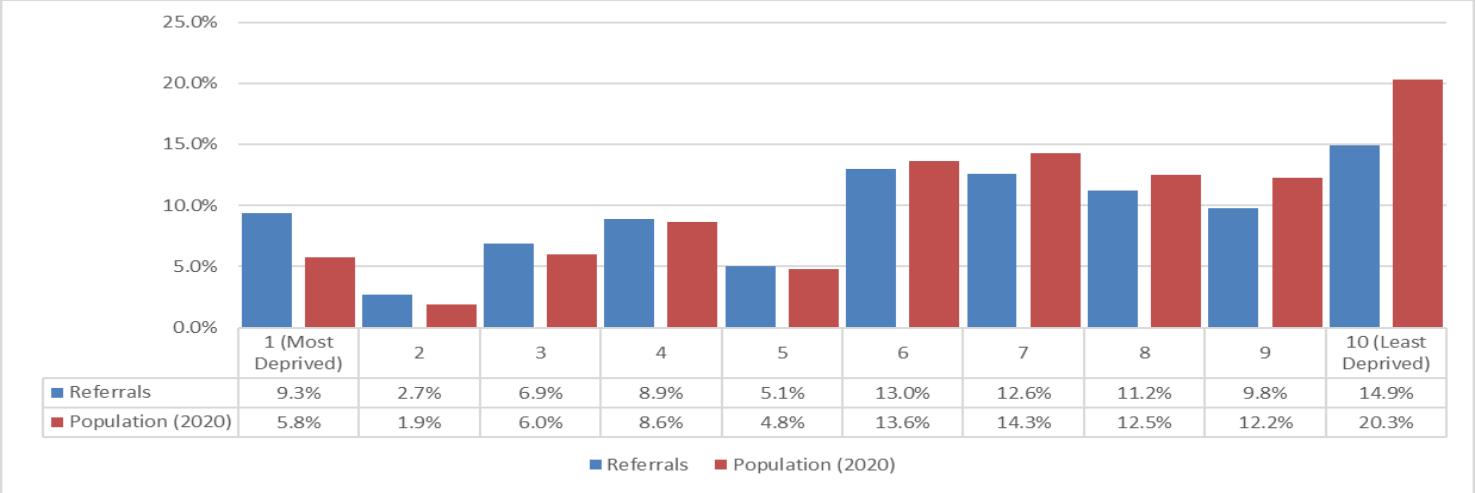
Michele Moran, Chief Executive

Health Inequalities

This section presents the Trust's health inequalities data required by NHS England's Statement on Information on Health Inequalities. As this is the first year the Trust has been required to produce health inequalities data in this format, the process has identified some areas where the findings are not fully contextualised and understood, either because benchmarking or national data is not available for comparison or because the drivers of apparent trends cannot be seen in this dataset. Further exploration of the data and co-production work with the voice of lived experience will be undertaken in the coming year to understand the experiences of minoritized communities and people from areas of high deprivation in our services.

NHS Talking Therapies

Figure 1

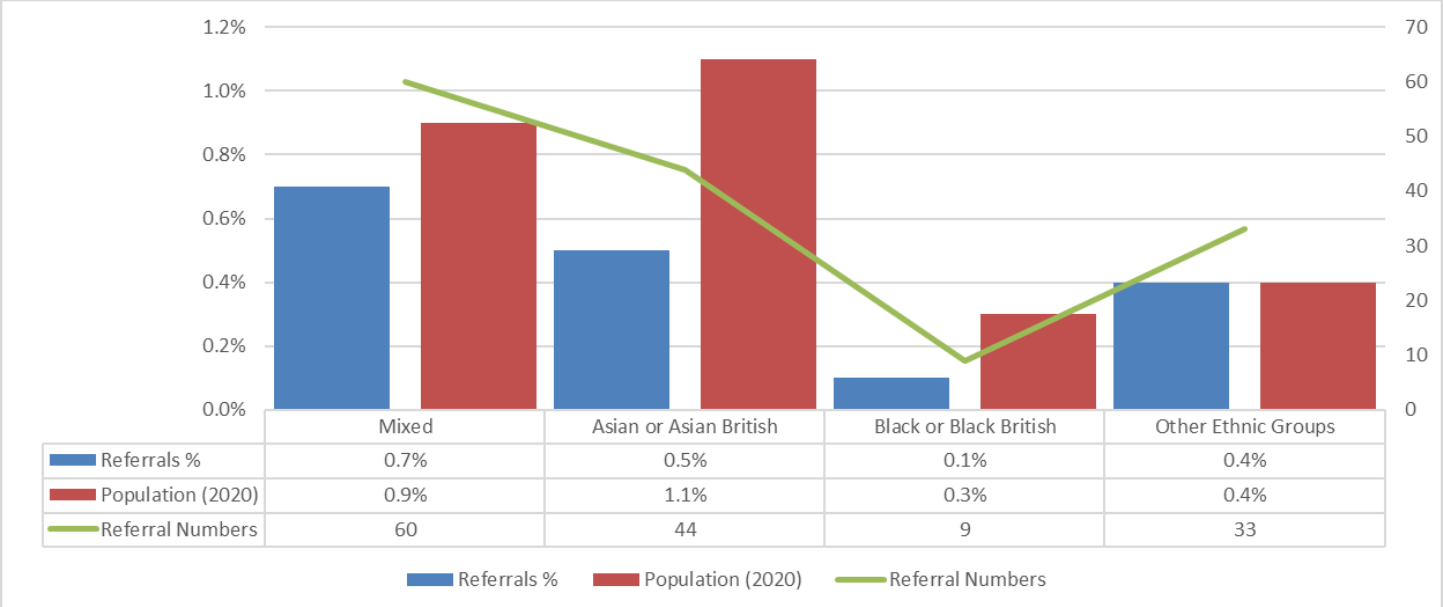


	1 (Most Deprived)	2	3	4	5	6	7	8	9	10 (Least Deprived)
Referrals	9.3%	2.7%	6.9%	8.9%	5.1%	13.0%	12.6%	11.2%	9.8%	14.9%
Population (2020)	5.8%	1.9%	6.0%	8.6%	4.8%	13.6%	14.3%	12.5%	12.2%	20.3%

The chart above shows the rates of Talking Therapies Referrals in the East Riding by Deprivation decile level vs East Riding population deprivation decile.

Is it reassuring that patients in the lowest deprivation area are findings referral routes into Talking Therapies Services, which is illustrated in figure 1. Most of the other deprivation deciles have a very small difference between the proportion accessing the service vs the population.

Figure 2



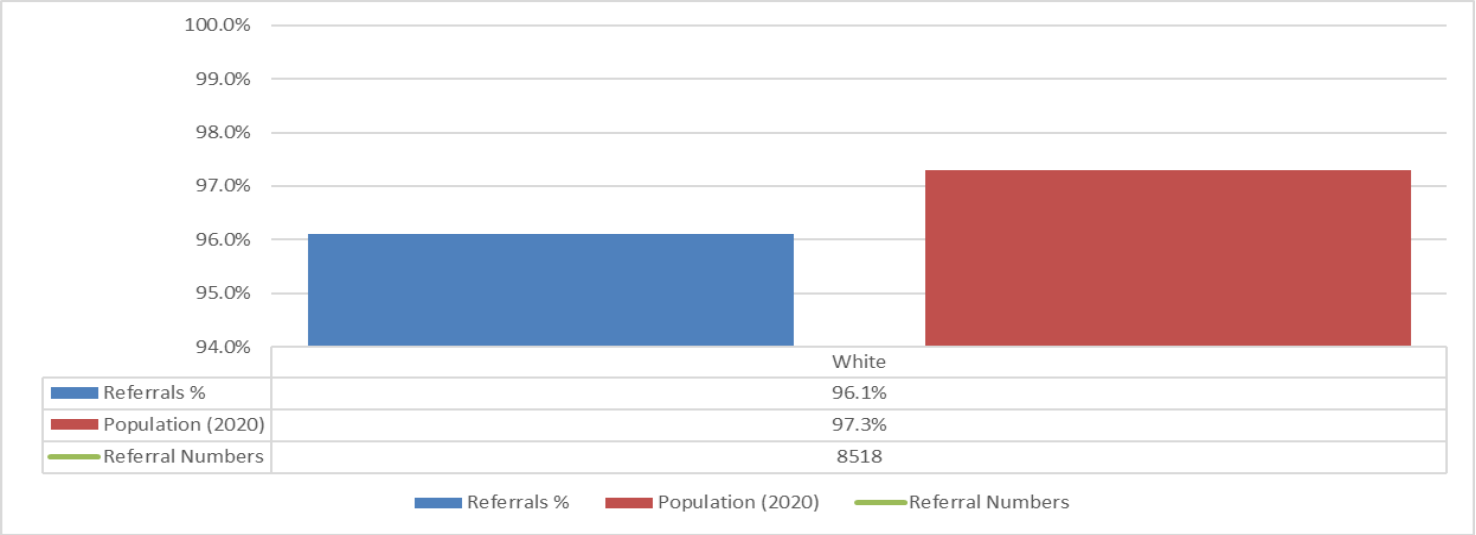
	Mixed	Asian or Asian British	Black or Black British	Other Ethnic Groups
Referrals %	0.7%	0.5%	0.1%	0.4%
Population (2020)	0.9%	1.1%	0.3%	0.4%
Referral Numbers	60	44	9	33

The chart above demonstrates the rates of Talking Therapies Referrals in the East Riding by Ethnic groups vs East Riding population of Ethnic groups. The East Riding population is over 97% White British and the numbers of individual service users in the ethnic groups shown in figure 3 are relatively low. The biggest gap in referrals versus population is within the 'Asian or Asian British' community, which we will be

exploring in more detail in 2024/25 with the aim to close the gap and ensure that people from those communities are able to access the health services they require.

Targeted work has taken place in East Riding with travelling groups. All services have had promotional and information material converted into a range of languages. Services are focusing on improving the capture of protected characteristics to provide targeted support where required.

Figure 3



The chart above demonstrates the rates of Talking Therapies Referrals by White groups vs population of White groups. There is small gap of 1.2% between the proportion of referral received from White groups compared to the non-White group population. This gap may be partly accounted for by the fact that 2% of referrals do not have the Ethnicity field completed.

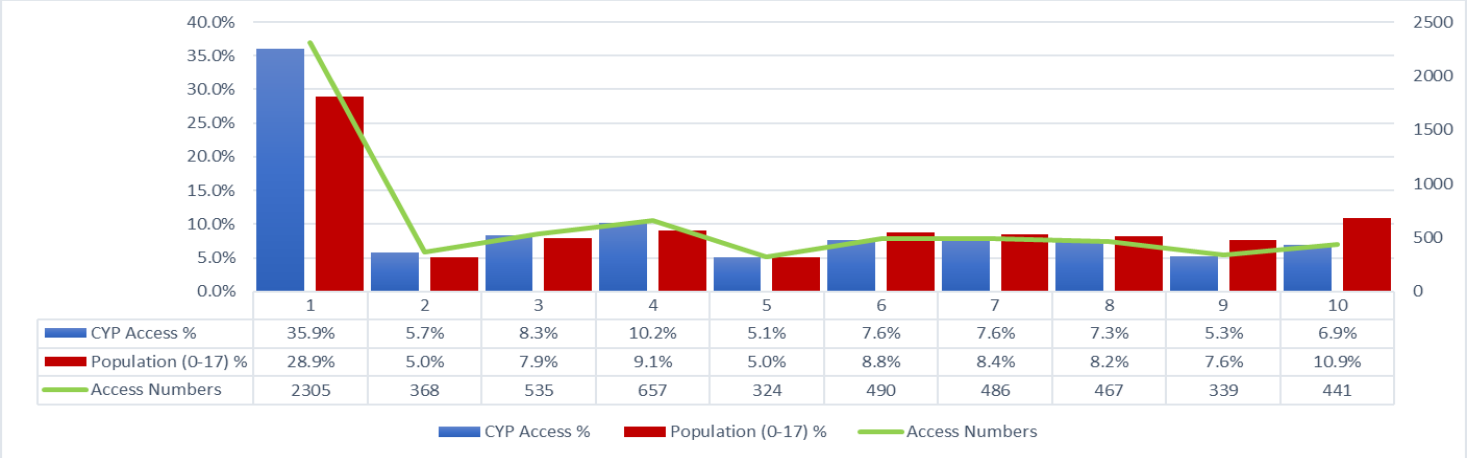
Talking Therapies - Summary of Progress

2023/24 is the first year the Trust has been required to report Health Inequalities data in this way. The data indicates that people from areas of higher deprivation are well represented in our services, but that some minoritized communities may be accessing the service at slightly lower rates than expected. 2023/24 is a baseline position and we will continue to monitor our progress to ensure we are meeting the needs of our local communities both from a deprivation decile and ethnicity perspective. Co-production and co-design of solutions with our communities will be at the heart of any proposed changes to the service.

Utilising population health data and targeted approaches, we will develop awareness with partners and the VCSE to deliver community engagement across the East Riding, which will contribute to prevention, health improvement and tackling health inequalities. We plan to complete specific outreach to minoritized communities, coordinating efforts with key partners to build wider connections. The Trust's mental health support grants have supported some projects aimed at supporting better mental health and awareness and access to services within ethnic minority groups and these relationships will be used to develop future work.

CYP (Children & Young People) Access (Hull & East Riding)

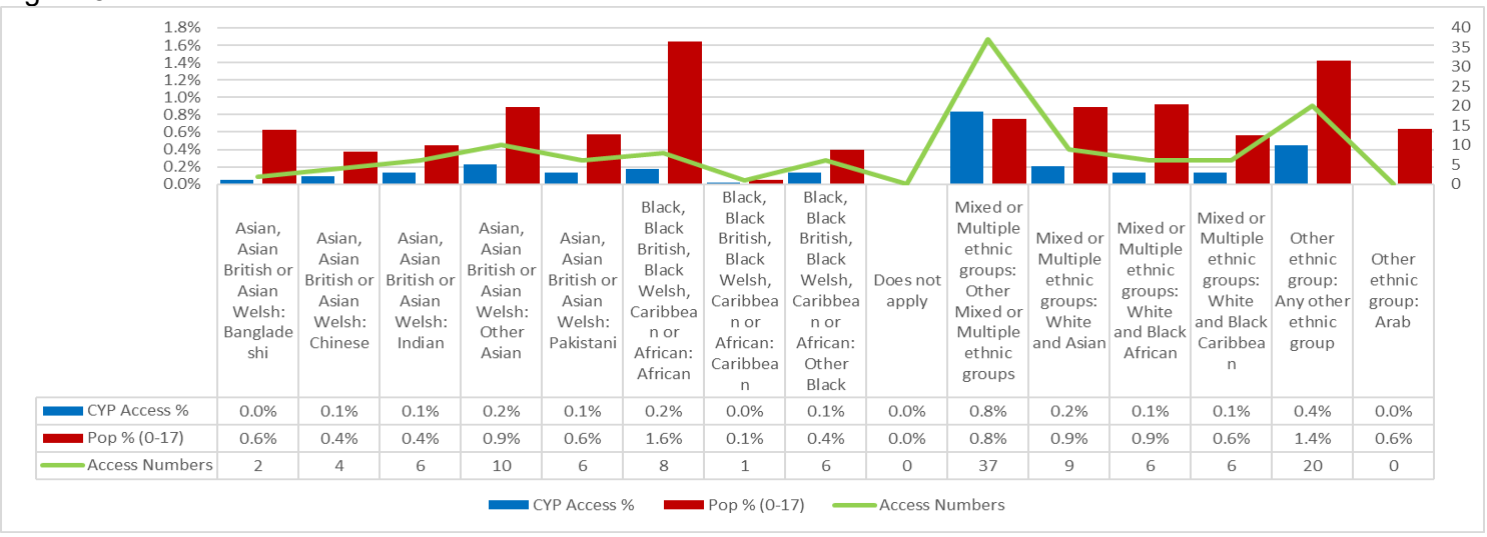
Figure 4



	1	2	3	4	5	6	7	8	9	10
CYP Access %	35.9%	5.7%	8.3%	10.2%	5.1%	7.6%	7.6%	7.3%	5.3%	6.9%
Population (0-17) %	28.9%	5.0%	7.9%	9.1%	5.0%	8.8%	8.4%	8.2%	7.6%	10.9%
Access Numbers	2305	368	535	657	324	490	486	467	339	441

The chart above shows the rates of Children & Young People accessing Mental Health Services by Deprivation decile level vs population by Deprivation decile level. The biggest gap between access and population are within Decile 1 (most deprived) where these patients are accessing services at a higher rate than the proportion of the population. Conversely, access to the service is 4% lower in Decile 10 when compared to the population split. The reasons for this difference are not clear from the data but may reflect higher acuity level or greater levels of contact with other referring services.

Figure 5



	Asian, Asian British or Asian Welsh: Bangladeshi	Asian, Asian British or Asian Welsh: Chinese	Asian, Asian British or Asian Welsh: Indian	Asian, Asian British or Asian Welsh: Other Asian	Asian, Asian British or Asian Welsh: Pakistani	Black, Black British, Black Welsh, Caribbean or African: African	Black, Black British, Black Welsh, Caribbean or African: Caribbean	Black, Black British, Black Welsh, Caribbean or African: Other Black	Does not apply	Mixed or Multiple ethnic groups: Other Mixed or Multiple ethnic groups	Mixed or Multiple ethnic groups: White and Asian	Mixed or Multiple ethnic groups: White and Black African	Mixed or Multiple ethnic groups: White and Black Caribbean	Other ethnic group: Any other ethnic group	Other ethnic group: Arab
CYP Access %	0.0%	0.1%	0.1%	0.2%	0.1%	0.2%	0.0%	0.1%	0.0%	0.8%	0.2%	0.1%	0.1%	0.4%	0.0%
Pop % (0-17)	0.6%	0.4%	0.4%	0.9%	0.6%	1.6%	0.1%	0.4%	0.0%	0.8%	0.9%	0.9%	0.6%	1.4%	0.6%
Access Numbers	2	4	6	10	6	8	1	6	0	37	9	6	6	20	0

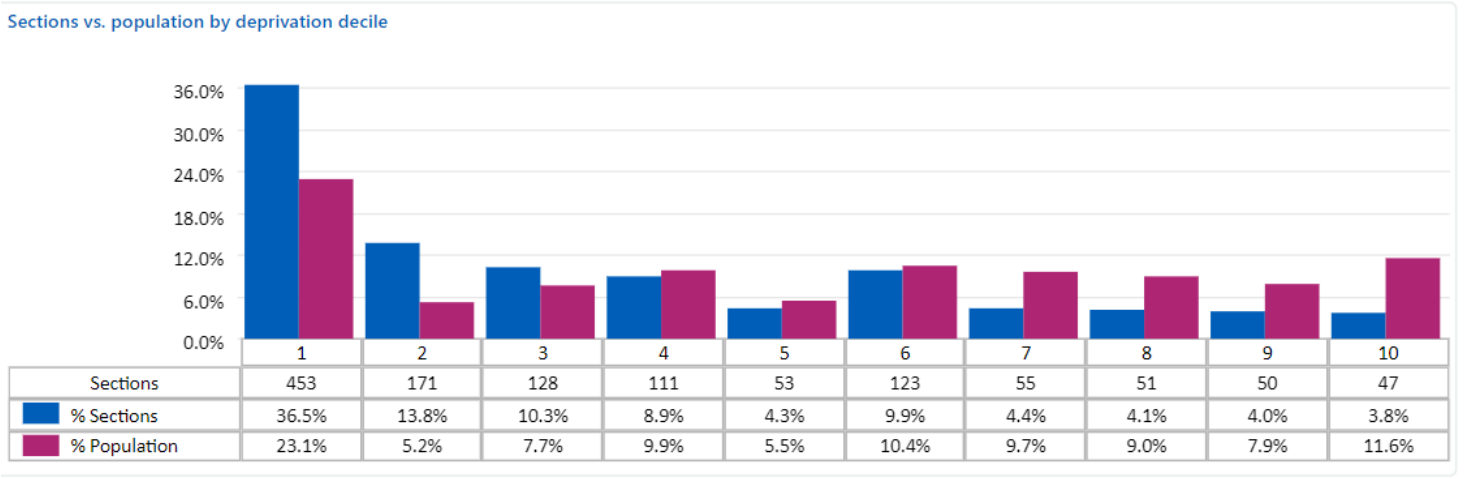
The chart above shows the rates of Children & Young People accessing Mental Health Services by minority Ethnic Groups versus population by minority Ethnic Groups. 'Black/Black British African' communities are not accessing services at the same rate as the population. The Trust currently has a higher access rate for White British than the population level, reflecting the lower access rate for non-White groups. More work is required during 2024/25 to fully understand why Children and Young People from some ethnic communities are not coming forward to receive Mental Health Care, including engagement and co—production work with under-represented communities.

The 0-19 Service are developing action plans regarding Health Inequalities to target awareness in minority groups and improve data capture by improving recording of protected characteristics. The physical health monitoring within Learning Disability Services will support awareness and access to health services.

Caveat - 32% of the CYP Access service users do not have a recorded Ethnicity in the Electronic Patient Record (EPR). The CYP access analysis has been completed based on the services users with a recorded ethnicity in the EPR.

Admissions under the Mental Health Act

Figure 6

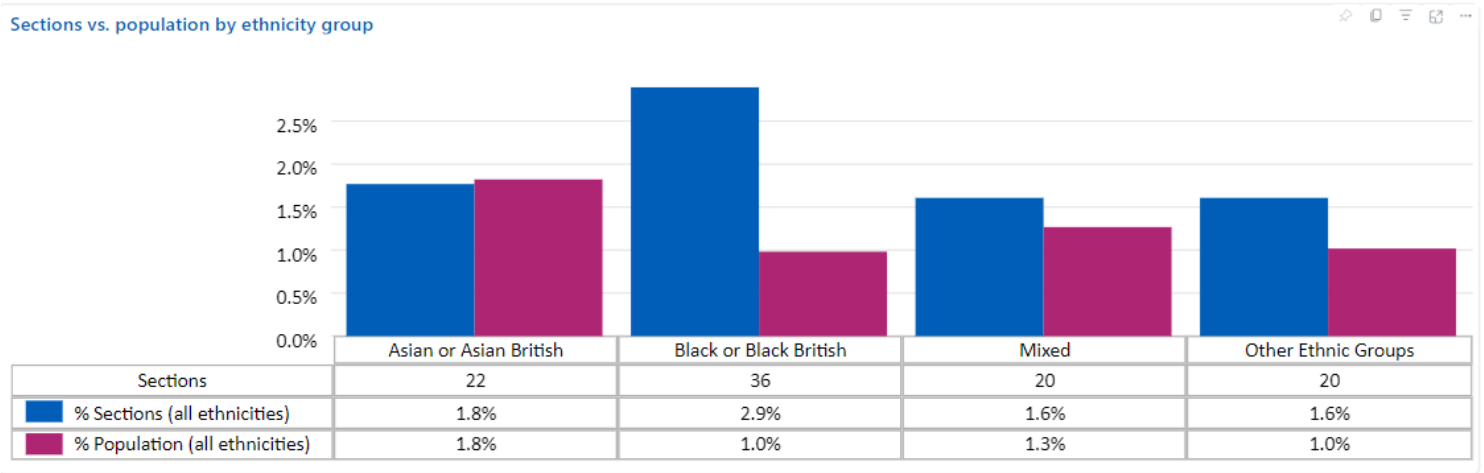


	1	2	3	4	5	6	7	8	9	10
Sections	453	171	128	111	53	123	55	51	50	47
% Sections	36.5%	13.8%	10.3%	8.9%	4.3%	9.9%	4.4%	4.1%	4.0%	3.8%
% Population	23.1%	5.2%	7.7%	9.9%	5.5%	10.4%	9.7%	9.0%	7.9%	11.6%

The chart above shows the rates of patients sectioned under the Mental Health Act (MHA) by Deprivation decile level vs population deprivation decile. Deprivation decile 1 (most deprived) has a higher rate of Mental Health Act admissions than the population split. The rate of MHA detention is much lower among patients from less deprived areas (deciles 6-10). This picture may be partially reflective of higher prevalence of mental health issues and higher rates of access to mental health services within this decile. It may also be linked to higher acuity and higher levels of trauma among patients within the most deprived deciles. The equalities group continue to support by engagement and co-design of solutions with our communities.

The Mental Health Act and Ethnicity report 23/24 indicates that Hull is one of the most deprived areas in the country; the annual figures report Hull to have 145 detentions per 100,000 population (equal to the national figures for the highest rates of detention in the country), whilst East Riding is reported to have 65 per 100,000 population.

Figure 7



	Asian or Asian British	Black or Black British	Mixed	Other Ethnic Groups
Sections	22	36	20	20
% Sections (all ethnicities)	1.8%	2.9%	1.6%	1.6%
% Population (all ethnicities)	1.8%	1.0%	1.3%	1.0%

The chart above shows the rates of patients sectioned under the Mental Health Act (MHA) by Ethnic minorities versus population ethnic groups. Service user numbers are relatively low for the minority ethnic groups and in most ethnic groups, MHA admissions are broadly in line with the population. However, rates of MHA admissions are significantly higher than would be expected based on population split within the 'Black or Black British' ethnic group. This group represents 1% of the overall local population, but 3% of MHA admissions. Higher rates of MHA admissions within Black communities have been noted as an issue nationally, but more work is required within our services and communities to understand the local drivers underlying this trend.

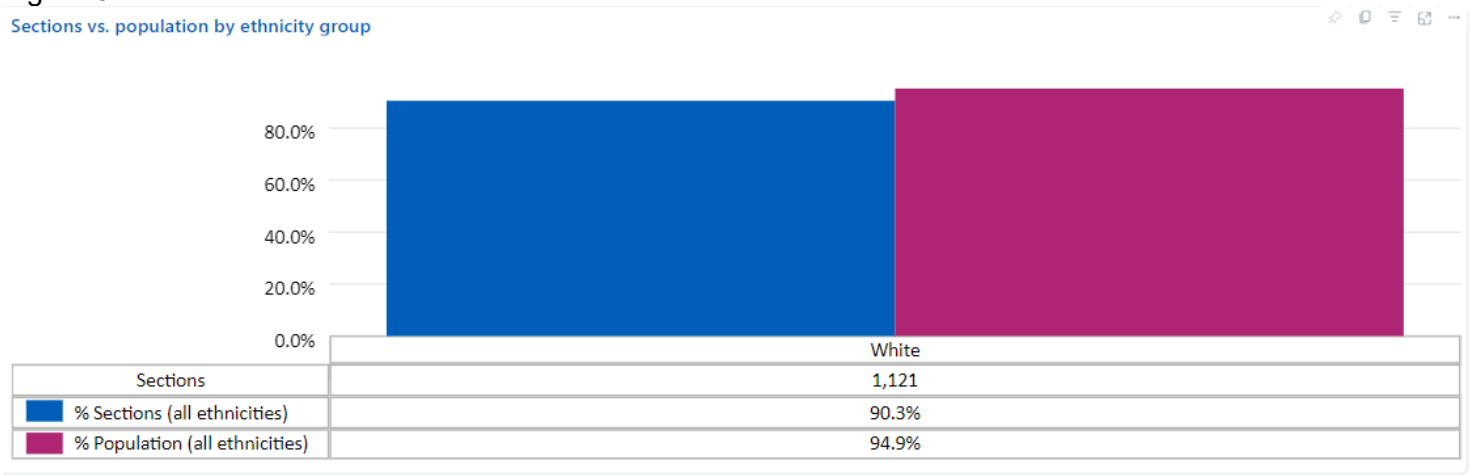
The Trust in partnership with NHSE is developing a competency framework for social workers with regards to equality, diversity and inclusion with the aim of:

1. Scoping anti-discriminatory practice (ADP)

2. Identifying the opportunities for working differently with communities experiencing health inequalities and/or discriminatory practice in mental health services.
3. Demonstrating how improving knowledge and skills in delivering personalised care and accessing routes to community asset-based provision, can positively impact the experiences of communities experiencing health inequalities and/or discrimination in mental health services.
4. The development of a clear understanding of the workforce capabilities needed to put equalities into practice which will form a useful resource for the workforce strand of the Patient and Carer Race Equality Framework (PCREF).
5. The focus of the training package will be on developing Action Learning Sets in 4 ICBs, to address cultural competences and cultural inclusivity in the delivery of mental health services and will be co-produced.

Additionally, the Equality, Diversity and Inclusion Group and Health Inequalities Operational Group will focus on methods for identifying and engaging minority groups to attempt to avoid detention by engaging much earlier with these groups to prevent crisis and subsequent detention.

Figure 8



The rates of patients sectioned under the Mental Act by White groups versus population of white groups is underrepresented by 4.6% in comparison to the population split. This reflects the higher rate of MHA admissions in other ethnic minorities detailed in Figure 7.

Restrictive Interventions (Hull & East Riding)

The use of restrictive interventions across the Trust is low, with 82 individual service users subject to restrictive intervention in this year. The Trust's Reducing Restrictive Intervention Group continues to strive to reduce this number further.

The cohort of service users subject to RI is relatively low (n=82). However, in a similar trend to MHA admissions, the use of RI is much higher in Decile 1 (Most Deprived) than the proportion of the population in the same decile and much less for the Decile 10 (Least Deprived). As noted above, this may be linked to higher acuity and higher levels of trauma among patients within the most deprived deciles, but more work is required to understand the factors underlying this trend. Understanding service user experience will be essential to building a holistic picture.

Data on the number of service users from minority ethnic groups who have been subject to restrictive intervention (RI) has also been analysed. The small cohort size (n=10 overall, n=1 in some ethnic groups) means that it has not been possible to publish the data due to the risk that individual patients could be identified. A deep dive into individual incidences of restriction of people from minority ethnic groups will be undertaken within the reducing restrictive intervention work stream with our co -production group to identify ways of further reducing restriction where possible.

In line with the Use of Force Act, the Reducing Restrictive Intervention Group has developed a Dashboard which allows the review of restrictive interventions by various factors including Ethnicity. The Group routinely review and include actions in their workplan from the information available from the Dashboard.

Training on cultural differences is incorporated throughout the Trust’s training packages on use of restraint.

Independent auditor's report to the Council of Governors of Humber Teaching NHS Foundation Trust

Report on the audit of the financial statements Opinion on the financial statements

We have audited the financial statements of Humber Teaching NHS Foundation Trust ('the Trust') for the year ended 31 March 2024 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows, and notes to the financial statements, including material accounting policy information. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual 2023/24 as contained in the Department of Health and Social Care Group Accounting Manual 2023/24, and the Accounts Direction issued under the National Health Service Act 2006. In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2024 and of the Trust's income and expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2023/24; and
- have been properly prepared in accordance with the requirements of the National Health Service Act 2006.
-

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.
Based on the work we have performed, and taking into account the requirements of the Department of Health and Social Care Group Accounting Manual, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.
Our responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. The Directors are responsible for the other information. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.
In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.
We have nothing to report in these regards.

Responsibilities of the Accounting Officer for the financial statements

As explained more fully in the Statement of Accounting Officer's Responsibilities, the Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. The Accounting Officer is required to comply with the Department of Health and Social Care Group Accounting Manual 2023/24 and prepare the financial statements on a going concern basis, unless the Trust is informed of the intention for dissolution without transfer of services or function to another public sector entity. The Accounting Officer is responsible for assessing each year whether or not it is appropriate for the Trust to prepare financial statements on the going concern basis and disclosing, as applicable, matters related to going concern.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. Based on our understanding of the Trust, we identified that the principal risks of non-compliance with laws and regulations related to the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) and we considered the extent to which non-compliance might have a material effect on the financial statements.
To help us identify instances of non-compliance with these laws and regulations, and in identifying and assessing the risks of material misstatement in respect to non-compliance, our procedures included, but were not limited to:

- inquiring with management and the Audit Committee, as to whether the Trust is in compliance with laws and regulations, and discussing their policies and procedures regarding compliance with laws and regulations;
- communicating identified laws and regulations throughout our engagement team and remaining alert to any indications of non-compliance throughout our audit; and
- considering the risk of acts by the Trust which were contrary to applicable laws and regulations, including fraud.

We evaluated the Accounting Officer's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls) and determined that the principal risks were related to posting manual journal entries to manipulate financial performance, management bias through judgements and assumptions in significant accounting estimates, and significant one-off or unusual transactions.

Our audit procedures in relation to fraud included but were not limited to:

- making enquiries of management and the Audit Committee on whether they had knowledge of any actual, suspected or alleged fraud;
- gaining an understanding of the internal controls established to mitigate risks related to fraud;
- discussing amongst the engagement team the risks of fraud; and
- addressing the risks of fraud through management override of controls by performing journal entry testing.

There are inherent limitations in the audit procedures described above and the primary responsibility for the prevention and detection of irregularities including fraud rests with management and the Audit Committee. As with any audit, there remained a risk of non-detection of irregularities, as these may involve

collusion, forgery, intentional omissions, misrepresentations or the override of internal controls.

We are also required to conclude on whether the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate. We performed our work in accordance with Practice Note 10: Audit of financial statements and regularity of public sector bodies in the United Kingdom, and Supplementary Guidance Note 01, issued by the Comptroller and Auditor General in February 2023.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at **www.frc.org.uk/auditorsresponsibilities**. This description forms part of our auditor's report.

Report on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources Matter on which we are required to report by exception

We are required to report to you if, in our opinion, we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2024.

We have nothing to report in this respect.

Responsibilities of the Accounting Officer

The Chief Executive as Accounting Officer is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in the Trust's use of resources, to ensure proper stewardship and governance, and to review regularly the adequacy and effectiveness of these arrangements.

Auditor's responsibilities for the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required by Schedule 10(1) of the National Health Service Act 2006 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.
We have undertaken our work in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in May 2024.

Report on other legal and regulatory requirements

Opinion on other matters prescribed by the Code of Audit Practice. In our opinion:

- the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2023/24; and
- the other information published together with the audited financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception under the Code of Audit Practice.

We are required to report to you if:

- in our opinion the Annual Governance Statement does not comply with the NHS Foundation Trust Annual Reporting Manual 2023/24; or
- the Annual Governance Statement is misleading or is not consistent with our knowledge of the Trust and other information of which we are aware from our audit of the financial statements; or
- we refer a matter to the regulator under Schedule 10(6) of the National Health Service Act 2006; or
- we issue a report in the public interest under Schedule 10(3) of the National Health Service Act 2006.

We have nothing to report in respect of these matters.

Use of the audit report

This report is made solely to the Council of Governors of Humber Teaching NHS Foundation Trust as a body in accordance with Schedule 10(4) of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust as a body for our audit work, for this report, or for the opinions we have formed.

Certificate

We certify that we have completed the audit of Humber Teaching NHS Foundation Trust in accordance with the requirements of chapter 5 of part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

Gavin Barker (Key Audit Partner)
For and on behalf of Mazars LLP

The Corner
Bank Chambers
26 Mosley Street
Newcastle
NE1 1DF
United Kingdom

6 February 2025

Humber Teaching NHS Foundation Trust

Annual accounts for the year ended 31 March 2024

Foreword to the accounts

Humber Teaching NHS Foundation Trust

These accounts, for the year ended 31 March 2024, have been prepared by Humber Teaching NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed 

Name **Michele Moran**
Job title **Chief Executive**
Date **29/01/2025**

Statement of Comprehensive Income

		2023/24	2022/23
	Note	£000	£000
Operating income from patient care activities	3	**239,271**	236,691
Other operating income	4	**18,683**	13,141
Operating expenses	7, 9	**(267,368)**	(272,869)
Operating surplus/(deficit) from continuing operations		**(9,414)**	(23,037)
Finance income	11	**2,114**	1,010
Finance expenses	12	**(823)**	(717)
PDC dividends payable	1.16	**(1,966)**	(2,424)
Net finance costs		**(675)**	(2,131)
Other gains / (losses)	13	**-**	5
Surplus / (deficit) for the year		(10,089)	(25,163)
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	8	**(1,885)**	2,625
Revaluations	17	**656**	2,103
Remeasurements of the net defined benefit pension scheme liability / asset	32	**(2,731)**	5,949
Total comprehensive income / (expense) for the period		**(14,049)**	(14,486)

Statement of Financial Position

	Note	31 March 2024 £000	31 March 2023 £000
Non-current assets			
Intangible assets	14	15,904	13,708
Property, plant and equipment	15	89,910	90,633
Right of use assets	18	9,398	10,302
Receivables	21	123	159
Other assets	22	791	3,402
Total non-current assets		**116,126**	118,204
Current assets			
Inventories	20	169	152
Receivables	21	12,064	19,410
Cash and cash equivalents	24	28,012	30,906
Total current assets		**40,245**	50,468
Current liabilities			
Trade and other payables	25	(32,522)	(37,677)
Borrowings	27	(1,325)	(1,870)
Provisions	28	(199)	(105)
Other liabilities	26	(7,758)	(7,610)
Total current liabilities		**(41,804)**	(47,262)
Total assets less current liabilities		**114,567**	121,410
Non-current liabilities			
Borrowings	27	(34,806)	(31,193)
Provisions	28	(1,449)	(1,666)
Total non-current liabilities		**(36,255)**	(32,859)
Total assets employed		**78,312**	88,551
Financed by			
Public dividend capital		83,082	79,271
Revaluation reserve		16,880	18,823
Other reserves		2,804	5,535
Income and expenditure reserve		(24,454)	(15,078)
Total taxpayers' equity		**78,312**	88,551

The notes on pages 7 to 55 form part of these accounts.

Michele Moran
Chief Executive
29th January 2025

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2024

	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2023 - brought forward	**79,271**	**18,823**	**5,535**	**(15,078)**	**88,551**
Surplus/(deficit) for the year	-	-	-	(10,089)	**(10,089)**
Other transfers between reserves	-	(713)	-	713	**-**
Impairments	-	(1,885)	-	-	**(1,885)**
Revaluations	-	656	-	-	**656**
Transfer to retained earnings on disposal of assets	-	(1)	-	1	**-**
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	(2,731)	-	**(2,731)**
Public dividend capital received	3,811	-	-	-	**3,811**
Taxpayers' and others' equity at 31 March 2024	**83,082**	**16,880**	**2,804**	**(24,454)**	**78,312**

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2023

	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2022 - brought forward	76,937	14,776	(414)	8,969	100,268
Implementation of IFRS 16 on 1 April 2022	-	-	-	435	435
Surplus/(deficit) for the year	-	-	-	(25,163)	(25,163)
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits	-	(673)	-	673	-
Other transfers between reserves	-	(8)	-	8	-
Impairments	-	2,625	-	-	2,625
Revaluations	-	2,103	-	-	2,103
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	5,949	-	5,949
Public dividend capital received	2,334	-	-	-	2,334
Taxpayers' and others' equity at 31 March 2023	79,271	18,823	5,535	(15,078)	88,551

Information on reserves

Public dividend capital
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve
Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Financial assets reserve
This reserve comprises changes in the fair value of financial assets measured at fair value through other comprehensive income. When these instruments are derecognised, cumulative gains or losses previously recognised as other comprehensive income or expenditure are recycled to income or expenditure, unless the assets are equity instruments measured at fair value through other comprehensive income as a result of irrevocable election at recognition.

Other reserves
The balance on this reserve is the movement in the East Riding of Yorkshire Council Pension scheme relating to the membership of Humber Teaching NHS Foundation Trust.

Income and expenditure reserve
The balance of this reserve is the accumulated surpluses and deficits of the trust.

Statement of Cash Flows

	Note	2023/24 £000	2022/23 £000
Cash flows from operating activities			
Operating surplus / (deficit)		(9,414)	(23,037)
Non-cash income and expense:			
Depreciation and amortisation	7.1	6,683	7,569
Net impairments	8	11,284	24,782
Income recognised in respect of capital donations		(1,092)	-
Non-cash movements in on-SoFP pension liability		(120)	315
(Increase) / decrease in receivables and other assets		7,497	(3,240)
(Increase) / decrease in inventories		(17)	(15)
Increase / (decrease) in payables and other liabilities		(6,239)	9,767
Increase / (decrease) in provisions		(142)	(2,217)
Net cash flows from / (used in) operating activities		**8,440**	13,924
Cash flows from investing activities			
Interest received		2,114	1,010
Purchase of intangible assets		(5,771)	(3,649)
Purchase of PPE and investment property		(7,961)	(9,225)
Sales of PPE and investment property		-	338
Initial direct costs or up front payments in respect of new right of use assets		(179)	(43)
Receipt of cash donations to purchase capital assets		1,092	-
Net cash flows from / (used in) investing activities		**(10,705)**	(11,569)
Cash flows from financing activities			
Public dividend capital received		3,811	2,334
Other capital receipts		-	1,412
Capital element of finance lease rental payments		(2,005)	(1,931)
Interest paid on finance lease liabilities		(354)	(319)
PDC dividend (paid) / refunded		(2,081)	(2,331)
Net cash flows from / (used in) financing activities		**(629)**	(835)
Increase / (decrease) in cash and cash equivalents		**(2,894)**	1,520
Cash and cash equivalents at 1 April - brought forward		**30,906**	29,386
Cash and cash equivalents at 31 March 2024	24.1	28,012	30,906

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS England has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2023/24 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity’s services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

Note 1.3 Interests in other entities

Humber Teaching NHS Foundation Trust holds an interest in Humber Primary Care Limited. Humber Primary Care is a limited company, set up to hold General Medical Services (GMS) contracts for Humber Primary Care in Bridlington and such figures are included within the Trust's accounts.

Note 1.4 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under International Financial Reporting Standards (IFRS) 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS) which replaced the National Tariff Payment System on 1 April 2023. The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare.

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner and accounted for as variable consideration under IFRS 15.

Mental health provider collaboratives

NHS led provider collaboratives for specialised mental health, learning disability and autism services involve a lead NHS provider taking responsibility for managing services, care pathways and specialised commissioning budgets for a population. As lead provider for Humber and North Yorkshire Specialist Provider Collaborative, the Trust is accountable to NHS England and as such recognises the income and expenditure associated with the commissioning of services from other providers in these accounts. Where the trust is the provider of commissioned services, this element of income is recognised in respect of the provision of services, after eliminating internal transactions.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of International Accounting Standards (IAS) 20 for government grants.

Note 1.5 Other forms of income

Grants and donations

Government grants are from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the Statement of Comprehensive Income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.6 Expenditure on employee benefits

Short-term employee benefits
Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

Local Government Pension Scheme

Since December 2016, some employees are members of the Local Government Pension Scheme which is a defined benefit pension scheme. The scheme assets and liabilities attributable to these employees can be identified and are recognised in the trust’s accounts. The assets are measured at fair value, and the liabilities at the present value of future obligations.

The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The net interest cost during the year arising from the unwinding of the discount on the net scheme liabilities is recognised within finance costs. Remeasurements of the defined benefit plan are recognised in the income and expenditure reserve and reported in the Statement of Comprehensive Income as an item of ‘other comprehensive income’.

Note 1.7 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.8 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:
• it is held for use in delivering services or for administrative purposes
• it is probable that future economic benefits will flow to, or service potential be provided to, the trust
• it is expected to be used for more than one financial year
• the cost of the item can be measured reliably
• the item has cost of at least £5,000, or
• collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.
• items form part of the initial equipping and setting up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. Specialised assets equates to 26 buidlings being valued at MEA, (13 non specilaist being land and buildings)

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

A desktop valuation exercise was carried out in February / March 2024 with a valuation date of 31st March 2024 and involved applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2022 ('Red Book')

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as ‘held for sale’ cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the trust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of ‘other comprehensive income’.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.
Other impairments are treated as revaluation losses. Reversals of ‘other impairments’ are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as ‘held for sale’ once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their ‘fair value less costs to sell’. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as ‘held for sale’ and instead is retained as an operational asset and the asset’s useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Land	-	-
Buildings, excluding dwellings	1	96
Plant & machinery	5	15
Transport equipment	5	7
Information technology	5	7
Furniture & fittings	4	10

Note 1.9 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

Software

Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below (slight change from previous year due to tidy up of the fixed asset register):

	Min life Years	Max life Years
Information technology	-	-
Software licences	5	10
Other (purchased)	10	10

Note 1.10 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

The Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

Note 1.11 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.12 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.13 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The Trust as a lessee

Recognition and initial measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 3.51% applied to new leases commencing in 2023 and 4.72% to new leases commencing in 2024.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset. The desktop valuation exercise was carried out 31/03/2024

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

The Trust as a lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases

Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Initial application of IFRS 16 in 2022/23

IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury was applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaced *IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations.

The standard was applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 were only applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments were not revisited.

The Trust as lessee

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability and adjusted for prepaid and accrued lease payments and deferred lease incentives recognised in the Statement of Financial Position immediately prior to initial application. Hindsight was used in determining the lease term where lease arrangements contained options for extension or earlier termination.

No adjustments were made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets had a value below £5,000. No adjustments were made in respect of leases previously classified as finance leases.

The Trust as lessor

Leases of owned assets where the Trust was lessor were unaffected by initial application of IFRS 16. For existing arrangements where the Trust was an intermediate lessor, classification of all continuing sublease arrangements was been reassessed with reference to the right of use asset.

Note 1.14 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2024:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	4.26%	3.27%
Medium-term	After 5 years up to 10 years	4.03%	3.20%
Long-term	After 10 years up to 40 years	4.72%	3.51%
Very long-term	Exceeding 40 years	4.40%	3.00%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2024:

	Inflation rate	Prior year rate
Year 1	3.60%	7.40%
Year 2	1.80%	0.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's post-employment benefits discount rate of 2.45% in real terms (prior year: 1.70%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at Note 28.2 but is not recognised in the Trust’s accounts.

Non-clinical risk pooling

The trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.15 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity’s control) are not recognised as assets, but are disclosed in Note 29 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in Note 29, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity’s control; or

• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.16 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the “pre-audit” version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.17 Value added tax

Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.18 Corporation tax

Under current regulations Humber Teaching NHS Foundation Trust is not liable to corporation tax, as the Trust's activities are purely healthcare related and therefore exempt.

Note 1.19 Climate change levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

Note 1.20 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury’s *FReM, (Financial Reporting Manual).*

Note 1.21 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.22 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 1.23 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2023/24.

Note 1.24 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

In the application of Humber Teaching NHS Fiundation Trust 's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not really apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates and the estimates, and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and the future periods if the revision affects both current and future periods.

Note 1.25 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

The main use of estimates by Humber Teaching NHS Foundation Trust relate to Property valuation and asset lives.

Valuations are undertaken by an independent external valuer. These values will therefore be subject to changes in market conditions and market values. The asset lives are also estimated by the independent external valuer and are subject to professional judgement.

Note 1.26 Early adoption of standards

IFRS 18 - Presentation and Disclosure in finanical Statements will replace IAS 1 and if adapted will become effective as from 2027/28 - the Trust will need to review the impact of the introduction of this standard

Note 2 Operating Segments

IFRS 8 / IAS14 has detailed guidance as to which items of revenue and expense are included in segment revenue and segment expense. All companies will report a standardised measure of segment result – basically operating profit before interest, taxes, and head office expenses. For an entity's primary segments, it requires disclosure of:

- income (distinguishing between external income and intersegment income)
- profit or loss
- assets
- the basis of intersegment pricing
- liabilities
- capital additions
- depreciation and amortisation
- significant unusual items
- non-cash expenses other than depreciation
- special disclosures are required for changes in segment accounting policies.
- where there has been a change in the identification of segments, prior year information should be restated. If this is not practicable, segment data should be reported for both the old and new bases of segmentation in the year of change.
- disclosure is required of the types of products and services included in each reported business segment.
- segment revenue should be reconciled to consolidated revenue
- segment result should be reconciled to a comparable measure of consolidated operating profit or loss and consolidated net profit or loss
- segment assets should be reconciled to entity assets
- segment liabilities should be reconciled to entity liabilities.

The Trust is primarily a provider of NHS healthcare services and from 1 October 2021 hosted a Provider Collaborative arrangement for commissioning adult eating disorders, adult secure mental health services, and child and inpatient children's and adolescent mental health services. The provider collaborative commissions services on behalf on NHS England.

The Humber and North Yorkshire Specialist Provider Collaborative develops all proposals for investment or disinvestment in services. Members of the provider collaborative, (i.e. NHS and non NHS healthcare providers providers), CCG's, and Local Authorities along with service users work together to agree strategic plans and ensure best use of the resources available

Plans are agreed by the Provider Collaborative Oversight Group and the Trust's Board with clear decision making governance arrangements which are included in a Provider Collaborative Partnership Agreement.
As well as a Partnership Agreement, there is also a Financial Risk and Gain share agreement which all NHS collaborative members (have signed up to.) All partners are provided with a financial plan – spend and projected spend – at each Provider Collaborative Oversight Group to ensure transparency

The overall results for the Provider Collaborative are included in the financial position reported to the Trust's Board because the Trust acts as the Lead Provider and host. However, the Trust's Board has no power to influence commissioning decisions or manage the performance of the Provider Collaborative outside of its role as a partner within the Collaborative. It may however, as lead provider influence the collaborative where it feels there is a financial risk to the Trust.

As the revenue from the Provider Collaborative / commissioning segment is > 10% of the total revenue for all sectors added together, the Trust has made the judgement to disclose the Provider Collaborative element under segmental reporting disclosure, as below:

	Commissioning	**Provider**	**Total for the Trust**
	£'000	**£'000**	**£'000**
Income	43,426	216,642	260,068
Expenditure	(43,426)	(226,731)	(270,157)
Surplus / Deficit	-	(10,089)	(10,089)
Assets	2,108	158,086	160,194
Liabilities	(2,857)	(75,202)	(78,059)

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4

Note 3.1 Income from patient care activities (by nature)	2023/24 £000	2022/23 £000
Mental health services		
Income from commissioners under API contracts*	111,017	102,048
Services delivered under a mental health collaborative	23,056	20,054
Income for commissioning services in a mental health collaborative	41,412	42,090
Other clinical income from mandatory services	3,773	3,372
Community services		
Income from commissioners under API contracts*	35,360	29,750
Income from other sources (e.g. local authorities)	9,647	13,253
All services		
National pay award central funding***	30	6,323
Additional pension contribution central funding**	6,545	5,920
Other clinical income ****	8,431	13,881
Total income from activities	**239,271**	236,691

*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2023/25 NHS Payment Scheme documentation.

https://www.england.nhs.uk/pay-syst/nhs-payment-scheme/

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

*** Additional funding was made available by NHS England in 2023/24 and 2022/23 for implementing the backdated element of pay awards where government offers were made at the end of the financial year. 2023/24: In March 2024, the government announced a revised pay offer for consultants, reforming consultant pay scales with an effective date of 1 March 2024. Trade Unions representing consultant doctors accepted the offer in April 2024. 2022/23: In March 2023, the government made a pay offer for staff on agenda for change terms and conditions which was later confirmed in May 2023. The additional pay for 2022/23 was based on individuals in employment at 31 March 2023.

**** Mainly relating to Primary Care Income

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2023/24 £000	2022/23 £000
NHS England	72,325	74,763
Clinical commissioning groups		32,358
Integrated care boards	144,823	107,643
Other NHS providers	3,982	3,878
NHS other	-	41
Local authorities	17,907	16,072
Non NHS: other	234	1,936
Total income from activities	**239,271**	236,691

All income relates to continuing operations

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

Humber Teaching NHS Foundation Trust received no income from overseas visitors in 2023/24 (Nil return 2022/23)

Note 4 Other operating income

	2023/24			2022/23		
	Contract income	**Non-contract income**	**Total**	Contract income	Non-contract income	Total
	£000	**£000**	**£000**	£000	£000	£000
Research and development	905	-	**905**	784	-	784
Education and training	4,484	610	**5,094**	3,651	503	4,154
Non-patient care services to other bodies	5,677		**5,677**	424		424
Income in respect of employee benefits accounted on a gross basis	3,473		**3,473**	3,345		3,345
Receipt of capital grants and donations and peppercorn leases		1,092	**1,092**		-	-
Charitable and other contributions to expenditure		16	**16**		122	122
Revenue from finance leases (variable lease receipts)		-	**-**		2,325	2,325
Revenue from operating leases		1,706	**1,706**		947	947
Other income	-	720	**720**	-	1,040	1,040
Total other operating income	**14,539**	**4,144**	**18,683**	8,204	4,937	13,141

All income relates to continuing operations

Note 5.1 Additional information on contract revenue (IFRS 15) recognised in the period

	2023/24	2022/23
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	7,610	7,513

This comprises of income that the Trust was paid in 2022/23 but related to activities to be delivered in 2023/24.

Note 5.2 Transaction price allocated to remaining performance obligations

	31 March 2024	31 March 2023
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:	**£000**	£000
within one year	7,758	7,610
after one year, not later than five years	-	-
after five years	-	-
Total revenue allocated to remaining performance obligations	**7,758**	7,610

The trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the trust recognises revenue directly corresponding to work done to date is not disclosed.

Note 5.3 Income from activities arising from commissioner requested services

The trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider licence and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2023/24	2022/23
	£000	£000
Income from services designated as commissioner requested services	224,265	155,179
Income from services not designated as commissioner requested services	15,006	82,514
Total	**239,271**	237,693

Note 5.4 Profits and losses on disposal of property, plant and equipment

Humber Teaching NHS Foundation Trust has no disposal of assets in 2023/24 (Nil return 2022/23)

Note 5.5 Fees and charges

HM Treasury requires disclosure of fees and charges income. The following disclosure is of income from charges to service users where income from that service exceeds £1 million and is presented as the aggregate of such income. The cost associated with the service that generated the income is also disclosed. This is not applicable for the Trust as their fees and charges do not exceed £1m.

Note 6 Operating leases - Humber Teaching NHS Foundation Trust as lessor

This note discloses income generated in operating lease agreements where Humber Teaching NHS Foundation Trust is the lessor.

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis. This includes a different maturity analysis of future minimum lease receipts under IAS 17 compared to IFRS 16.

Humber Teaching NHS Foundation Trust receives operating income from buildings leased to private tenants and local authorities

Note 6.1 Operating lease income

	2023/24	2022/23
	£000	£000
Lease receipts recognised as income in year:		
Minimum lease receipts	1,706	947
Total in-year operating lease income	**1,706**	947

Note 6.2 Future lease receipts

	31 March 2024	31 March 2023
	£000	£000
Future minimum lease receipts due in:		
- not later than one year	1,693	1,217
- later than one year and not later than two years	1,688	1,158
- later than two years and not later than three years	1,678	1,072
- later than three years and not later than four years	1,678	1,057
- later than four years and not later than five years	1,678	395
- later than five years	-	-
Total	**8,415**	4,899

Note 7.1 Operating expenses

	2023/24	2022/23
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	20,188	21,197
Purchase of healthcare from non-NHS and non-DHSC bodies	35,767	30,294
Staff and executive directors costs	163,502	159,245
Remuneration of non-executive directors	144	130
Supplies and services - clinical (excluding drugs costs)	6,211	5,393
Supplies and services - general	1,423	1,738
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	1,145	1,395
Establishment	3,797	3,008
Premises	10,738	9,753
Transport (including patient travel)	1,720	1,826
Depreciation on property, plant and equipment	5,464	6,402
Amortisation on intangible assets	1,219	1,167
Net impairments	11,284	24,782
Movement in credit loss allowance: contract receivables / contract assets	(1,672)	1,269
Increase/(decrease) in other provisions	-	(2,204)
Fees payable to the external auditor		
audit services- statutory audit *	90	90
Internal audit costs	99	94
Clinical negligence	1,242	935
Legal fees	185	199
Insurance	106	88
Research and development	1,082	913
Education and training	2,040	1,995
Redundancy	-	57
Car parking & security	101	102
Hospitality	7	5
Losses, ex gratia & special payments	-	2
Other services, eg external payroll	332	640
Other **	1,154	2,354
Total	**267,368**	272,869
Of which:		
Related to continuing operations	267,368	272,869
Related to discontinued operations	-	-

* Amount includes VAT

** Relates to Yorkshire Humber Care Records project

Note 7.2 Other auditor remuneration

There was no 'other' audit remuneration other than the statutory fee

Note 7.3 Limitation on auditor's liability

There is no limitation on auditor's liability for external audit work carried out for the financial years 2023/24 or 2022/23.

Note 8 Impairment of assets

	2023/24	2022/23
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
price	11,284	24,782
Total net impairments charged to operating surplus / deficit	**11,284**	24,782
Impairments charged to the revaluation reserve	1,885	(2,625)
Total net impairments	**13,169**	22,157

The carrying value of the Trust's land and buildings at 31 March 2024 were assessed by Valuers Cushman and Wakefield. Despite an increase in building cost indices over the year, the overall impact of their assessment was a decrease in value of £5.129m in respect of owned assets and a decrease in the value of right of use assets of £1.283m.For owned assets this reflects enhancements which do not impact the value of an equivalent asset. Leased assets have reduced in age, and are valued on a net basis.

Included in the overall impact of the change in owned assets was £2.016m of impairments charged to the revaluation reserve and £3.651m to the statement of comprehensive income. Reversals of previous impairments were £0.318m, with £0.187m were charged the statement of comprehensive income and £0.131m charged to the revaluation reserve. The revaluation reserve was increased by £0.221m.

The £1,899m impairment of right of use assets was charged wholly to the statement of comprehensive income. £0.180m reversal of previous impairment was via the statement of comprehensive income. The revaluation reserve was increased by £0.437m

Also in year, the Interweave system was impaired by £2.382m and Whitby Hospital impaired by £3.719m. Both were charged to the statement of comprehensive income. Interweave is an intangible asset constructed by the Trust, impaired to reflect legal and professional costs which would not be repeated if the asset were to be reconstructed. Whitby is a leased hospital, and was impaired to reflect that a rent increase on 1/4/23 does not increase the value of the building in excess of the valuation provided on 31/3/23.

Revaluation / Impairment Overview:

	Adjustments to Revaluation Reserve			***Adjustments to I&E***		
Asset	***Reverse Previous Impairments to Reserves***	***Increase Revaluation Reserve***	***Impairments to Revaluation Reserve***	***Reverse Previous Impairments to I&E***	***Impairment Charged to I&E***	***Net impact on asset value***
Interweave					(2,382)	(2,382)
Whitby Hospital					(3,719)	(3,719)
ROU Assets Valuation exercise		437		180	(1,899)	(1,282)
Owned Assets Valuation exercise	131	221	(2,016)	187	(3,651)	(5,128)
Total	**131**	**658**	**(2,016)**	**367**	**(11,651)**	**(12,511)**

Note 9 Employee benefits

	2023/24 Total £000	2022/23 Total £000
Salaries and wages	122,718	120,643
Social security costs	12,913	11,449
Apprenticeship levy	620	538
Employer's contributions to NHS pensions *	21,576	19,510
Pension cost - other	533	496
Temporary staff (including agency)	7,801	8,773
Total gross staff costs	**166,161**	161,409
Recoveries in respect of seconded staff	(175)	(193)
Total staff costs	**165,986**	161,216
Of which		
Costs capitalised as part of assets	894	514

* Employer's contribution to NHS Pensions include additional costs related to the increase in the employer contribution rate for NHS Pensions from 14.3% to 20.6% from April 2019, the value is £6,545k for 2023/24 (£5,920k for 2022/23)

Note 9.1 Retirements due to ill-health

During 2023/24 there were 7 early retirements from the trust agreed on the grounds of ill-health (1 in the year ended 31 March 2023). The estimated additional pension liabilities of these ill-health retirements is £584k (£111k in 2022/23).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 10 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2024, is based on valuation data as at 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from April 2024. The Department of Health and Social Care has recently laid Scheme Regulations confirming the the employer contribution rate will increase to 23.7% of pensionable pay from 1 April 2024 (previously 20.6%). The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

Note 10.1 Local government Superannuation Scheme

East Riding of Yorkshire Council Penson Scheme.

Further disclosure of the East Riding of Yorkshire Council Pension Scheme relating to the Trust is shown in note 32

Note 10.2 NEST Pension Scheme

Some employees are members of the NEST Pension Scheme. NEST was set up by the Government especially for auto enrolement. The intention of the scheme is to ensure that all employees have access to a scheme that meets the requirements of the pension rules. Further disclosure can be found in Note 1.6 Employer contributions to the Scheme in 2023/2024 were £73k (2022/23 £76k)

Note 11 Finance income

Finance income represents interest received on assets and investments in the period.

	2023/24	2022/23
	£000	£000
Interest on bank accounts	1,505	685
Other finance income	609	325
Total finance income	**2,114**	1,010

Note 12.1 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2023/24	2022/23
	£000	£000
Interest expense:		
Interest on lease obligations	355	320
Total interest expense	**355**	320
Unwinding of discount on provisions	19	8
Other finance costs	449	389
Total finance costs	**823**	717

Note 12.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

	2023/24	2022/23
	£000	£000
Total liability accruing in year under this legislation as a result of late payments	-	0

Note 13 Other gains / (losses)

	2023/24	2022/23
	£000	£000
Gains on disposal of assets	-	9
Losses on disposal of assets	-	(4)
Total other gains / (losses)	**-**	5

Note 14.1 Intangible assets - 2023/24

	Software licences	Intangible assets under construction	Other (including Interweave)	Total
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023 - brought forward	**3,417**	**2,542**	**12,141**	**18,100**
Additions	-	5,771	-	**5,771**
Impairments	-	-	-	**-**
Revaluation	-	-	(4,275)	**(4,275)**
Reclassifications	1,740	(4,443)	2,729	**26**
Disposals / derecognition	(1,660)	-	-	**(1,660)**
Valuation / gross cost at 31 March 2024	**3,497**	**3,870**	**10,595**	**17,962**
Amortisation at 1 April 2023 - brought forward	**2,428**	**-**	**1,964**	**4,392**
Provided during the year	396	-	823	**1,219**
Impairments	-	-	2,382	**2,382**
Revaluation	-	-	(4,275)	**(4,275)**
Reclassifications	71	-	(71)	**-**
Disposals / derecognition	(1,660)	-	-	**(1,660)**
Amortisation at 31 March 2024	**1,235**	**-**	**823**	**2,058**
Net book value at 31 March 2024	**2,262**	**3,870**	**9,772**	**15,904**
Net book value at 1 April 2023	**989**	**2,542**	**10,177**	**13,708**

The useful lives attached to Intangibles Assets are shown in note 1.9

Note 14.2 Intangible assets - 2022/23

	Software licences	Intangible assets under construction	Other (including Interweave)	Total
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2022 - as previously stated	2,741	1,478	9,876	14,095
Additions	-	3,649	-	3,649
Reclassifications	676	(2,585)	2,265	356
Valuation / gross cost at 31 March 2023	3,417	2,542	12,141	18,100
Amortisation at 1 April 2022 - as previously stated	2,140	-	1,085	3,225
Provided during the year	288	-	879	1,167
Amortisation at 31 March 2023	2,428	-	1,964	4,392
Net book value at 31 March 2023	989	2,542	10,177	13,708
Net book value at 1 April 2022	601	1,478	8,791	10,870

Note 15.1 Property, plant and equipment - 2023/24

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2023 - brought forward	**8,825**	**74,078**	**4,437**	**3,336**	**133**	**18,905**	**1,213**	**110,927**
Additions	-	-	8,721	-	-	-	-	**8,721**
Impairments	(71)	(1,945)	-	-	-	-	-	**(2,016)**
Reversals of impairments	3	128	-	-	-	-	-	**131**
Revaluations	(55)	(5,691)	-	-	-	-	-	**(5,746)**
Reclassifications	21	6,823	(8,512)	-	-	1,642	-	**(26)**
Disposals / derecognition	-	(1,276)	-	(3,153)	(121)	(10,934)	(1,140)	**(16,624)**
Valuation/gross cost at 31 March 2024	**8,723**	**72,117**	**4,646**	**183**	**12**	**9,613**	**73**	**95,367**
Accumulated depreciation at 1 April 2023 - brought forward	**-**	**1,702**	**-**	**3,268**	**123**	**14,022**	**1,179**	**20,294**
Provided during the year	-	2,789	-	47	2	1,444	8	**4,290**
Impairments	57	3,594	-	-	-	-	-	**3,651**
Reversals of impairments	(1)	(186)	-	-	-	-	-	**(187)**
Revaluations	(56)	(5,911)	-	-	-	-	-	**(5,967)**
Disposals / derecognition	-	(1,276)	-	(3,153)	(121)	(10,934)	(1,140)	**(16,624)**
Accumulated depreciation at 31 March 2024	**-**	**712**	**-**	**162**	**4**	**4,532**	**47**	**5,457**
Net book value at 31 March 2024	**8,723**	**71,405**	**4,646**	**21**	**8**	**5,081**	**26**	**89,910**
Net book value at 1 April 2023	**8,825**	**72,376**	**4,437**	**68**	**10**	**4,883**	**34**	**90,633**

Note 15.2 Property, plant and equipment - 2022/23

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2022 - as previously stated	8,264	67,959	3,555	3,336	133	18,463	1,225	102,935
Additions	-	(1,032)	7,020	-	-	-	-	5,988
Impairments	(94)	(648)	-	-	-	-	-	(742)
Reversals of impairments	416	3,090	-	-	-	-	-	3,506
Revaluations	239	(643)	-	-	-	-	-	(404)
Reclassifications	-	5,352	(6,138)	-	-	442	(12)	(356)
Valuation/gross cost at 31 March 2023	8,825	74,078	4,437	3,336	133	18,905	1,213	110,927
Accumulated depreciation at 1 April 2022 - as previously stated	-	-	-	2,983	121	12,628	1,130	16,862
Provided during the year	-	2,507	-	285	2	1,394	49	4,237
Impairments	-	3,069	-	-	-	-	-	3,069
Reversals of impairments	-	(1,367)	-	-	-	-	-	(1,367)
Revaluations	-	(2,507)	-	-	-	-	-	(2,507)
Accumulated depreciation at 31 March 2023	-	1,702	-	3,268	123	14,022	1,179	20,294
Net book value at 31 March 2023	8,825	72,376	4,437	68	10	4,883	34	90,633
Net book value at 1 April 2022	8,264	67,959	3,555	353	12	5,835	95	86,073

Note 15.3 Property, plant and equipment financing - 31 March 2024

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	8,723	70,986	4,646	20	-	5,081	26	**89,482**
Owned - donated/granted *	-	419	-	1	8	-	-	**428**
Total net book value at 31 March 2024	**8,723**	**71,405**	**4,646**	**21**	**8**	**5,081**	**26**	**89,910**

* This includes grant monies recevied relating to Salix / Decarbonisation

Note 15.4 Property, plant and equipment financing - 31 March 2023

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	8,789	72,326	4,437	66	-	4,883	34	**90,535**
Owned - donated/granted	36	50	-	2	10	-	-	**98**
Total net book value at 31 March 2023	**8,825**	**72,376**	**4,437**	**68**	**10**	**4,883**	**34**	**90,633**

Note 15.5 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2024

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Subject to an operating lease	-	18,733	-	-	-	-	-	**18,733**
Not subject to an operating lease	8,723	52,671	4,606	21	8	5,080	24	**71,133**
Total net book value at 31 March 2024	**8,723**	**71,404**	**4,606**	**21**	**8**	**5,080**	**24**	**89,866**

Note 15.6 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2023

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Subject to an operating lease	-	1,155	-	-	-	-	-	**1,155**
Not subject to an operating lease	8,825	71,221	4,437	68	10	4,883	34	**89,478**
Total net book value at 31 March 2023	**8,825**	**72,376**	**4,437**	**68**	**10**	**4,883**	**34**	**90,633**

Note 16 Donations of property, plant and equipment

Humber Teaching NHS Foundation Trust has received no donated assets in this financial year.

Note 17 Revaluations of property, plant and equipment

Land and Buildings are included in the statement of financial position at their valuation on 31 March 2024. A desk top valuation was undertaken by an independent RICS valuer, Cushman and Wakefield, in accordance with RICS guidance .

The valuation took into account improvements undertaken during the year and took into account their current condition and an agreed level of obsolesence. The valuation methodology assumes that our buildings will be maintained to their current condition over their remaining lives. The valuation was undertaken on a modern equivelent asset basis and reflects the current service potential .

The impact of the valuation on land and property in full use was a net decrease in value of £5.129m (2022/23 £3.327m increase.) £0.352m of this was an increase in Revaluation Reserve, £2.016m decrease reduced the revaluation reserve and £3.464m relates to net movements in impairments and reversal of impairments. Further details on the revaluation can be found in note 8.

Note 18 Leases - Humber Teaching NHS Foundation Trust as a lessee

The Trust leases a range of specialised and non specialised buildings from which it delivers clinical services and administration functions. The Trust also leases a fleet of pool vehicles used primarily to deliver Estate and facilities services accross the Trust.

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis.

Under IFRS16 where the Trust leases assets and enjoys substantial occupancy and control of them, they have been included in the Statement of Financial Position as a "right of use" asset. An associated "borrowing" has also been added to the Statement of Financial Positionto to reflect the lease payment obligation.

Note 18.1 Right of use assets - 2023/24

	Property (land and buildings) £000	Transport equipment £000	Total £000	Of which: leased from DHSC group bodies £000
Valuation / gross cost at 1 April 2023 - brought forward	**35,289**	**322**	**35,611**	**25,152**
Additions	110	463	**573**	-
Remeasurements of the lease liability	4,700	-	**4,700**	3,864
Revaluations	(31,081)	-	**(31,081)**	(23,598)
Disposals / derecognition	-	(106)	**(106)**	-
Valuation/gross cost at 31 March 2024	**9,018**	**679**	**9,697**	**5,418**
Accumulated depreciation at 1 April 2023 - brought forward	**25,175**	**134**	**25,309**	**18,575**
Provided during the year	1,005	169	**1,174**	378
Impairments	5,618	-	**5,618**	4,799
Reversal of impairments	(180)	-	**(180)**	(24)
Revaluations	(31,516)	-	**(31,516)**	(23,728)
Disposals / derecognition	-	(106)	**(106)**	-
Accumulated depreciation at 31 March 2024	**102**	**197**	**299**	**-**
Net book value at 31 March 2024	**8,916**	**482**	**9,398**	**5,418**
Net book value at 1 April 2023	**10,114**	**188**	**10,302**	**6,577**
Net book value of right of use assets leased from other NHS providers				520
Net book value of right of use assets leased from other DHSC group bodies				4,898

Note 18.2 Right of use assets - 2022/23

	Property (land and buildings) £000	Transport equipment £000	Total £000	Of which: leased from DHSC group bodies £000
Valuation / gross cost at 1 April 2022 - brought forward	-	-	-	-
IFRS 16 implementation - adjustments for existing operating leases / subleases	35,025	204	35,229	25,292
Additions	519	118	637	8
Disposals / derecognition	(255)	-	(255)	(148)
Valuation/gross cost at 31 March 2023	35,289	322	35,611	25,152
Accumulated depreciation at 1 April 2022 - brought forward	-	-	-	-
Provided during the year	2,031	134	2,165	920
Impairments	23,219	-	23,219	17,674
Disposals / derecognition	(75)	-	(75)	(19)
Accumulated depreciation at 31 March 2023	25,175	134	25,309	18,575
Net book value at 31 March 2023	10,114	188	10,302	6,577
Net book value at 1 April 2022	-	-	-	-
Net book value of right of use assets leased from other NHS providers				481
Net book value of right of use assets leased from other DHSC group bodies				6,096

Note 18.3 Revaluations of right of use assets

Further and better market information became available in respect of the valuation of peppercorn right of used assets during the year and these have been reflect in the value of the asset. The overall impact was a decrease in value of £1.283m. This consisted of a £0.437m increase (to revaluation reserve), a £0.187m increase (reversing previous impairment) and a £1.899m decrease (charged to I&E). The valuation was undertaken by Cushmen and Wakefield.

Note 18.4 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 27.1.

	2023/24	2022/23
	£000	£000
Carrying value at 31 March	**33,063**	-
IFRS 16 implementation - adjustments for existing operating leases		34,588
Lease additions	394	594
Lease liability remeasurements	4,700	-
Interest charge arising in year	355	320
Early terminations	(22)	(189)
Lease payments (cash outflows)	(2,359)	(2,250)
Carrying value at 31 March	**36,131**	33,063

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.
These payments are disclosed in Note 7.1. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

There is no income generated from the sub-lease of right of use assets.

Note 18.5 Maturity analysis of future lease payments

	Total 31 March 2024 £000	**Of which leased from DHSC group bodies: 31 March 2024 £000**	Total 31 March 2023 £000	Of which leased from DHSC group bodies: 31 March 2023 £000
Undiscounted future lease payments payable in:				
- not later than one year;	1,662	1,163	2,172	1,023
- later than one year and not later than five years;	7,097	4,143	6,374	3,699
- later than five years.	33,047	27,064	29,799	24,261
Total gross future lease payments	**41,806**	**32,370**	38,345	28,983
Finance charges allocated to future periods	(5,675)	(5,051)	(5,282)	(4,630)
Net lease liabilities at 31 March 2024	**36,131**	**27,319**	33,063	24,353
Of which:				
Leased from other NHS providers		2,197		2,324
Leased from other DHSC group bodies		25,122		22,029

Note 19 Disclosure of interests in other entities

Humber Teaching NHS Foundation Trust holds an interest in Humber Primary Care Limited. Humber Primary Care is a limited company, set up to hold GMS contracts for Humber Primary Care in Bridlington. In 2023/24 the company suffered a loss of £612k (2022/23 £788k). As the income, expenditure, assets and liabilities of Humber Primary Care Limited are immaterial to the overall Trust's income, expenditure, assets and liabilities we have not disclosed the detail, as their income was £2,762k and expenditure £3,374k)

Note 20 Inventories

	31 March 2024 £000	31 March 2023 £000
Drugs	71	51
Consumables	98	101
Total inventories	**169**	152
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £3,192k (2022/23: £3,488k). Write-down of inventories recognised as expenses for the year were £0k (2022/23: £0k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2023/24 the Trust received £16k of items purchased by DHSC (2022/23: £122k).

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

Note 21.1 Receivables

	31 March 2024	31 March 2023
	£000	£000
Current		
Contract receivables	7,656	14,612
Contract assets	-	-
Allowance for impaired contract receivables / assets	(863)	(2,535)
Prepayments (non-PFI)	912	1,048
PDC dividend receivable	115	-
VAT receivable	855	593
Other receivables	3,389	5,692
Total current receivables	**12,064**	19,410
Non-current		
Other receivables	123	159
Total non-current receivables	**123**	159
Of which receivable from NHS and DHSC group bodies:		
Current	4,825	9,551
Non-current	123	159

Note 21.2 Allowances for credit losses

	2023/24 Receivables	2022/23 Receivables
	£000	£000
Allowances as at 1 April - brought forward	**2,535**	1,266
New allowances arising	-	1,269
Changes in the calculation of existing allowances	(1,672)	-
Utilisation of allowances (write offs)	(1)	-
Allowances as at 31 Mar 2024	**863**	2,535

Note 21.3 Exposure to credit risk

	2024	2023
	£000	£000
Non NHS Invoices	5,597	5,964
NHS Invoices	2,053	2,670
	7,650	**8,634**
Credit Risk	30%	30%
Loss Provision	(2,295)	(2,590)
Net Carrying amount	**5,355**	**6,044**

Note 22 Other assets

The Trust has an asset in respect of the Local Government Pension scheme of £0.791m. The valuation was determined by a qualified actuary and represents the asset ceiling value of the pension asset. In 2022/23 there was a pension scheme asset of £3.402m and no pension scheme liability.

Further details about the scheme and how these valuations have been obtained are contained in note 32

Note 23.1 Non-current assets held for sale and assets in disposal groups

	2023/24	2022/23
	£000	£000
NBV of non-current assets for sale and assets in disposal groups at 1 April	**-**	342
Assets sold in year	-	(342)
NBV of non-current assets for sale and assets in disposal groups at 31 March	**-**	-

Note 23.2 Liabilities in disposal groups

There are no liabilities held in disposal groups in 2023/24 or in 2022/23.

Note 24.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2023/24	2022/23
	£000	£000
At 1 April	**30,906**	29,386
Net change in year	(2,894)	1,520
At 31 March	**28,012**	**30,906**
Broken down into:		
Cash at commercial banks and in hand	168	294
Cash with the Government Banking Service	27,844	30,612
Total cash and cash equivalents as in SoFP	**28,012**	30,906
Total cash and cash equivalents as in SoCF	**28,012**	30,906

Note 24.2 Third party assets held by the trust

Humber Teaching NHS Foundation Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties and in which the trust has no beneficial interest. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2024	31 March 2023
	£000	£000
Bank balances	5	1
Total third party assets	**5**	1

Note 25.1 Trade and other payables

	31 March 2024 £000	31 March 2023 £000
Current		
Trade payables	7,276	10,358
Capital payables	2,665	1,905
Accruals	13,910	18,549
Social security costs	1,665	1,548
Other taxes payable	1,375	1,152
Pension contributions payable	2,090	1,885
Other payables	3,541	2,280
Total current trade and other payables	**32,522**	37,677

All trade payables are current.

Note 25.2 Early retirements in NHS payables above

Humber Teaching NHS Foundation Trust made no payments for early retirements in the year 2023/24 (2022/2023: £Nil)

Note 26 Other liabilities

	31 March 2024	31 March 2023
	£000	£000
Current		
Deferred income: contract liabilities	7,758	7,610
Total other current liabilities	**7,758**	7,610

Note 27.1 Borrowings

	31 March 2024	31 March 2023
	£000	£000
Current		
Lease liabilities	1,325	1,870
Total current borrowings	**1,325**	1,870
Non-current		
Lease liabilities	34,806	31,193
Total non-current borrowings	**34,806**	31,193

Note 27.2 Reconciliation of liabilities arising from financing activities

	Lease Liabilities £000
Carrying value at 1 April 2023	**33,063**
Cash movements:	
Financing cash flows - payments and receipts of principal	(2,005)
Financing cash flows - payments of interest	(354)
Non-cash movements:	
Application of IFRS 16 measurement principles to PFI liability on 1 April 2023	
Additions	394
Lease liability remeasurements	4,700
Application of effective interest rate	355
Early terminations	(22)
Carrying value at 31 March 2024	**36,131**

	Lease Liabilities £000
Carrying value at 1 April 2022	-
Cash movements:	
Financing cash flows - payments and receipts of principal	(1,931)
Financing cash flows - payments of interest	(319)
Non-cash movements:	
Impact of implementing IFRS 16 on 1 April 2022	34,588
Additions	594
Application of effective interest rate	320
Early terminations	(189)
Carrying value at 31 March 2023	33,063

Note 28.1 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2023	**617**	**705**	**290**	**159**	**1,771**
Change in the discount rate	-	-	-	(27)	**(27)**
Arising during the year	-	-	90	-	**90**
Utilised during the year	(78)	(37)	(82)	-	**(197)**
Reversed unused	-	-	-	(16)	**(16)**
Unwinding of discount	2	17	-	8	**27**
At 31 March 2024	**541**	**685**	**298**	**124**	**1,648**
Expected timing of cash flows:					
- not later than one year;	77	36	85	1	**199**
- later than one year and not later than five years;	309	144	204	9	**666**
- later than five years.	155	505	9	114	**783**
Total	**541**	**685**	**298**	**124**	**1,648**

Pensions early departure costs – these provisions relate to the expected pension payments to former employees. The total value is based upon a standard life expectancy of the former employee. Should this life expectancy be different the value and timings of the payments will be affected. The value of the pension payment is also affected by annual pension increases determined by the NHS Pensions Agency.

Legal claims – this provision relates to public and employer's liability claims. The value and timing of these claims is uncertain until the claims have been fully investigated and any settlements agreed.

Injury benefits are payable by the NHS Pensions Agency. The total value of the provision is based upon standard life expectancy of the former employees. Should this life expectancy not be achieved, the value and the timing of payments will be affected. The value of the pension payment is also affected by annual pension increases, determined by the NHS Pensions Agency.

Note 28.2 Clinical negligence liabilities

At 31 March 2024, £8,272k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Humber Teaching NHS Foundation Trust (31 March 2023: £10,394k).

Note 29 Contingent assets and liabilities

	31 March 2024	31 March 2023
	£000	£000
Value of contingent liabilities		
NHS Resolution legal claims	-	(13)
Gross value of contingent liabilities	**-**	(13)
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	**-**	(13)
Net value of contingent assets	**-**	-

Contingent liabilities relate to NHS Resolution legal claims that have been identified as a contingent liability by NHS Resolution . There are no contingent assets in either year.

Note 30 Contractual capital commitments

	31 March 2024	31 March 2023
	£000	£000
Property, plant and equipment	306	0
Total	**306**	0

Note 31 Other financial commitments

The trust is committed to making payments under non-cancellable contracts (which are not leases, PFI contracts or other service concession arrangement), analysed by the period during which the payment is made:

	31 March 2024	31 March 2023
	£000	£000
not later than 1 year	47	-
after 1 year and not later than 5 years	-	-
paid thereafter	-	-
Total	**47**	-

This commitment is relating to the lease the Trust will be shortly taking out with East Riding Council for County Hall in Beverley.

Note 32 Defined benefit pension schemes

In 2015/16 49 members of staff transferred employment from Kingston upon Hull Council and in 2017/18 39 members of staff transferred employment from East Riding of Yorkshire Council. Both sets of transferring staff transferred with active membership of the Pension Fund, which is a defined benefits scheme.

Humber Teaching NHS Foundation Trust's obligations in respect of pension liabilities for the transferring staff is with effect from the respective dates of transfer and no obligation is included for the period of employment before the transfer.

The Trust commissioned Hymans Robinson to prepare an actuarial report to provide full pension details in accordance with IAS19 - Employee Benefits.

In the financial year 2023/24 Humber Teaching NHS Foundation Trust contributed £698k to the fund (2022/23: £809k).

A pension asset of £0.791m is included in the Statement of Financial Position as at 31 March 2024 (2022/23: asset of £3.402m)

Initial figures from our Independent Pension Advisors calculated the pension asset to be £4.614m, however, in accordance with IAS19 , an 'asset ceiling' is advised to be put in place. An 'asset ceiling' is the present value of those future benefits, when an entity has a surplus in a defined benefit plan, it should measure the net defined benefit of the asset at the lower of:

1.) the surplus in the defined benefit plan,

2.) the asset ceiling

	£'000
Initial figure (Net Asset unadjusted)	4,614
Net Asset (asset ceiling)	791
Effect of the asset ceiling on Net Asset	3,823

The adjustment to the asset value in the SoFP is matched with a reduction in the value of the 'Other Reserves'

Note 32.1 The main actuarial assumptions used at the date of the Statement of Financial Position in measuring the present value of the defined benefit scheme liabilities are:

Financial Assumptions

	2024	2023
Pension Increase Rate	2.75%	2.95%
Salary Increase Rate	2.75%	2.95%
Discount Rate	4.85%	4.75%

Note 32.2 The estimated Fund Asset allocation is as follows:

	2024	2023
Equities Securities	-	1,294
Debt Securities	1,103	1,134
Private Equity	882	794
Real Estate	1,176	1,163
Investment Funds & Unit Trusts	10,833	8,217
Cash & Cash Equivalents	156	240
	14,149	12,841

Note 32.3 Sensitivity Analysis

Change in assumptions at 31 March 2023	Approximate % increase to Defined Benefit Obligation	Approximate monetary amount £000
0.1% decrease in Real Discount Rate	2%	181
1 year increase in member life expectancy	4%	381
0.1% increase in the Salary Increase Rate	0%	22
0.1% increase in the Pension Increase Rate (CPI)	2%	162

Note 32.4 Projected Defined Benefit cost for the period 31 March 2025

Period Ended 31 March 2025	Assets £'000	Obligations £'000	Net (Liability)/Asset £'000	% of Pay
Projected Current Service cost	-	230	(230)	(23.4%)
Total Service Cost	**0**	**230**	**(230)**	**(23.4%)**
Interest income on plan assets	687	-	687	70.0%
Interest cost on defined benefit obligation	0	464	(464)	(47.3%)
Total Net Interest Cost	**687**	**464**	**223**	**22.7%**
Total included in SoCI	**687**	**694**	**(7)**	**(0.7%)**

Note 32.5 Changes in the defined benefit obligation and fair value of plan assets during the year

	2023/24	2022/23
	£000	£000
Present value of the defined benefit obligation at 1 April	**(9,439)**	(14,342)
Current service cost	(249)	(420)
Interest cost	(449)	(389)
Contribution by plan participants	(59)	(68)
Remeasurement of the net defined benefit (liability) / asset:		
- Actuarial (gains) / losses	369	5,447
Benefits paid	292	333
Present value of the defined benefit obligation at 31 March	**(9,535)**	(9,439)
Plan assets at fair value at 1 April	**12,841**	12,110
Interest income	609	325
Remeasurement of the net defined benefit (liability) / asset:		
- Return on plan assets	723	-
- Actuarial gain / (losses)	-	502
Contributions by the employer	209	169
Contributions by the plan participants	59	68
Benefits paid	(292)	(333)
Plan assets at fair value at 31 March	**14,149**	12,841
Plan surplus/(deficit) at 31 March	**4,614**	3,402

Note 32.6 Reconciliation of the present value of the defined benefit obligation and the present value of the plan assets to the assets and liabilities recognised in the balance sheet

	31 March 2024	31 March 2023
	£000	£000
Present value of the defined benefit obligation	(9,535)	(9,439)
Plan assets at fair value	14,149	12,841
Net defined benefit (obligation) / asset recognised in the SoFP	**4,614**	3,402
Fair value of any reimbursement right	-	-
Net (liability) / asset after the impact of reimbursement rights	**4,614**	3,402

Note 32.7 Amounts recognised in the SoCI

	2023/24	2022/23
	£000	£000
Current service cost	(249)	(420)
Interest expense / income	160	(64)
Total net (charge) / gain recognised in SOCI	**(89)**	(484)

Note 33 Financial instruments

Note 33.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that Humber Teaching NHS Foundation Trust has with Intergrated Care Boards and the way those Intergrated Care Boards are financed, Humber Teaching NHS Foundation Trust is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. Humber Teaching NHS Foundation Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing it in undertaking its activities.

Humber Teaching NHS Foundation Trust's treasury management operations are carried out by the Finance Department, within parameters defined formally within standing financial instructions and policies agreed by the board of directors. Treasury activity is subject to review by Humber Teaching NHS Foundation Trust's internal auditors.

Currency Risk

Humber Teaching NHS Foundation Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based, has no overseas operations and therefore has no exposure to currency rate fluctuations.

Interest Rate Risk

Humber Teaching NHS Foundation Trust has borrowed from the government for capital expenditure, but has repaid such loans back during the previous financial year therefore the Trust has a very low exposure to interest rate fluctuations.

Credit Risk

As the majority of revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2024 are in receivables from customers, as disclosed in the trade and other receivables note

Liquidity Risk

The Trust's operating costs are incurred under contracts with Intergrated Care Boards, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks

Note 33.2 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2024	**Total book value £000**
Trade and other receivables excluding non financial assets	**10,191**
Other investments / financial assets	**-**
Cash and cash equivalents	**28,012**
Total at 31 March 2024	**38,203**

Carrying values of financial assets as at 31 March 2023	Total book value £000
Trade and other receivables excluding non financial assets	17,585
Cash and cash equivalents	30,906
Total at 31 March 2023	48,491

Note 33.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2024	**Total book value £000**
Obligations under leases	**36,131**
Trade and other payables excluding non financial liabilities	**24,734**
Total at 31 March 2024	**60,865**

Carrying values of financial liabilities as at 31 March 2023	Total book value £000
Obligations under leases	33,063
Trade and other payables excluding non financial liabilities	33,092
Total at 31 March 2023	66,155

Note 33.4 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2024 £000	2023 £000
In one year or less	26,396	35,264
In more than one year but not more than five years	7,097	6,374
In more than five years	33,047	29,799
Total	**66,540**	71,437

Note 33.5 Fair values of financial assets and liabilities

Book value (carrying value) has been used as a reasonable approximation of the fair value

The variation in the value of financial assets and liabilities between 31 March 2023 and 31 March 2024 reflect the ratio of payables to receivables held on the statement of financial position.

Note 34 Losses and special payments

	2023/24		2022/23	
	Total number of cases	**Total value of cases**	Total number of cases	Total value of cases
	Number	**£000**	Number	£000
Special payments				
Ex-gratia payments	4	0	5	101
Total special payments	**4**	**0**	5	101
Total losses and special payments	**4**	**0**	5	101

Compensation payments received

Note 35 Gifts

Disclosure of gifts given by the trust is only required if the total value of gifts made exceeds £300,000.

	2023/24		2022/23	
	Total number of cases	**Total value of cases**	Total number of cases	Total value of cases
	Number	**£000**	Number	£000
Gifts made	2	0	4	1

Note 36 Adjusted Financial Performance

Adjusted financial performance (control total basis):		
Surplus / (deficit) for the period	**(10,089)**	(25,163)
Remove net impairments not scoring to the Departmental expenditure limit	**11,284**	24,782
Remove I&E impact of capital grants and donations	**(1,069)**	71
Remove non-cash element of on-SoFP pension costs	**(120)**	315
Adjusted financial performance surplus	**6**	5

Note 37 Related parties

This note now only includes related parties with transactions, which differes from previous annual acocunts. However, details of other related party interests have been declared in accordance with the Trust's Conflict of Interest Policy and is recorded on the Trust's website.

The Trust owns Humber Primary Care Ltd, a company registered in the United Kingdom. This has not been included in the accounts because it is not material in the context of the Trusts accounts. The Company's main activity is providing Primary Care and owns 4 Primary Care practices and of which there were no transactions during the finanical year between Humber Primary Care Limited and the Trust.

The Department of Health and Social Care is registrered as a related party and is the parent. During the period Humber Teaching NHS Foundation Trust has had significant number of material transactions with the Department, and with other entities for which the Department is registered as the parent Department. These entities are listed below:

HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST
MERSEY CARE NHS FOUNDATION TRUST
SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST
NHS PROPERTY SERVICES LTD

In addition, Humber Teaching NHS Foundation Trust has had a number of material transactions with other Government Departments and other central government bodies. Humber Teaching NHS Foundation Trust has had no other related party transactions.

Quality Account

Our 2023/24 Quality Account is available on our website here:
https://www.humber.nhs.uk/about/compliance-and-assurance/quality-accounts/

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