NHS
Humber Teaching
NHS Foundation Trust

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ANNUAL REPORT AND ACCOUNTS 2022/23

Caring, Learning
& Growing Together

Humber Teaching
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Annual Report and Accounts 2022/2023

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Contents

Welcome from Chair and Chief Executive

Chair and Chief Executive's foreword

It's a privilege to share our Annual Report again this year.

Our Trust is a unique and special place. This report tells the story of how we have worked together, over another twelve-month period to serve the needs of the diverse populations we serve.

This will be the third annual report where we have noted the impact of COVID-19 on our patients and our services. Increased acuity of presentation in our mental health services combined with the national and local recruitment and retention challenges, the impact of the cost of living crisis and the changing commissioning landscape have caused added pressure to our staff and our operations.

Despite the challenges that we face, in line with those experienced by other trusts, we have continued to innovate and improve to deliver the highest standards of care.

It was a year of celebrations and achievements and one of fresh starts as we launched our new strategy in October.

Our strategy is an important statement of who we are, what we do and why it matters. The strategy was developed by working closely with staff, patients, engagement groups and community members. Following its approval, we were delighted to welcome Good Morning Britain's Resident Doctor, Amir Khan to launch our goals for the next five-years' at our Annual Members' Meeting in October.

Our strategy outlines our ambition to continue striving towards our aspiration to achieve a CQC rating of outstanding, co-producing services with our staff, patients, carers and communities and delivering on our commitment to continuing to support and develop our workforce.

During the co-production process, people talked passionately about working collaboratively with our partners to deliver high quality patient centred care which put our service users in control of their own recovery journey. They also told us what kind of organisation they wanted us to be – a place which listens to, recognises and develops our staff.

Our staff survey remains an important way for staff to give us feedback. We were proud to be the third most improved provider of our kind in the country, scoring above average in six of the national People Promise themes and equalling the average score in one area.

The latest report includes five years of results which clearly demonstrate the positive work that has been done 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' which has risen from 49% in 2019 to 63% in 2022, making the Trust the third most improved in the country over that time period.

There is still work to be done to engage more of our staff with the survey, improve our 44% completion rate and ensure we are getting the widest possible views from colleagues across all areas of our Trust.

We can't achieve our aims of our strategy in isolation, so it also emphasises the vital importance of developing partnerships and collaboration.

As part of our local Health and Care partnership, we're playing a leading role in ensuring that the health and care system across Humber and North Yorkshire delivers innovative, integrated care. We are the lead provider for the Humber and North Yorkshire Specialised Mental Health, Learning Disability and Autism Collaborative. In this report we are pleased to share success from across the area that contributes to the health and wellbeing of services, including progress in secure services, eating disorder treatment and Child and Adolescent Mental Health Services (CAMHS).

The number of staff who agree/strongly agree that they 'would recommend their organisation as a place to work' has risen from **49%** in 2019 to **63%** in 2022, making the Trust the third most improved in the country over that time period.

All these celebrations and achievements are supported by the strategic direction and oversight of our Board.

In July, Dr Dasari Michael was appointed as Interim Medical Director. We would like to thank him for his contribution over the interim period.

In October, Dr Kwame Fofi was appointed as Medical Director. Prior to taking up the post Dr Fofie was Clinical Director, Deputy Medical Director and Chief Clinical Information Officer. Dr Fofie 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.

In July we also welcomed Dr Phillip Earnshaw as Non-Executive Director on the Trust Board. His wealth of experience in clinical care and the development of health and social care services is something we welcome on the Board.

In our community services, feedback from the Trust's staff survey and 'We Are Listening' events showed a case for change was identified by staff, for staff; to unify Community Services across all localities, creating a 'One Community' approach. The ambition was to strengthen the delivery of high quality and dynamic services to the population of the geographical patch. Community Nursing teams are now aligned to a GP practice or group of GP practices, where possible, reflecting existing PCN groups or local geographical boundaries.

In line with the national 'Aging Well' Programme, crisis care was embedded within the community services to prevent avoidable hospital admissions and accelerate the treatment of people's urgent care needs. The frailty service, care home services and rapid response service have continued to develop through close working with commissioners and partner organisations in both North Yorkshire and our Pocklington service.

Our GP Practices went through a time of change as we made changes to benefit our local populations and support the Primary Care Networks. In Bridlington, the Field House practice was transferred to Drs Reddy and Nunn to maintain the integrity of the Bridlington PCN. Also in Bridlington Practice 2 and Manor House were merged to form a larger single practice, Humber Primary Care.

In Hull, Northpoint and Princes Medical Centre were transferred to James Alexander family Practice to maintain the integrity of the Marmot PCN. We continue to be an active member of Harthill PCN and Bridlington PCN.

Research is a critical component to the continued growth and development in primary care medicine. Our practices are now signed up to Clinical Practice Research Datalink (CPRD), a research service jointly sponsored by The Medicines and Healthcare products Regulatory Agency and National Institute for Healthcare Research, supporting retrospective and prospective public health and clinical studies.

Whilst so much has been achieved, there is always much more to do to meet the growing demands upon the NHS.

We continue to be challenged by waiting lists for ADHD and autism in line with other trusts across the county. We are working with our partners and developing business cases to shape discussions with commissioners around levels of commissioned services for assessment for both conditions, and treatment for ADHD.

The lack of suitable placements for people with Learning Disabilities and/or autism who have very complex needs continue to be an issue nationwide as well as locally. The Trust remains engaged with commissioners to explore potential solutions.

In 2022 a distressing Panorama programme regarding unacceptable standards of care at the Edenfield Centre in Manchester highlighted the importance of `closed culture' issues being identified, challenged and addressed.

Following the airing of the programme Claire Murdoch (National Director, Mental Health) wrote to all Mental Health, Learning Disability and Autism provider Chief Executive Officers asking that trust Boards review the safeguarding of care in their organisations and identify any immediate issues requiring action.

Our Trust responded to Claire Murdoch's request and provided a report to the Board meeting held in public on 26th October 2022 detailing the systems and processes in place to give early warning that a closed culture may be at risk of developing. The Board confirmed the paper provided good assurance that appropriate processes were in place and noted the work being undertaken to review and further strengthen our approaches. Discussions were held regarding senior leader visibility as we came out of the pandemic resulting in re-establishing the Board and Governor visits to teams.

A second report was submitted to the Board in March 2023 detailing progress made against the actions to further strengthen our approaches. The Board was assured regarding the progress made to strengthen our governance approaches and increase senior leadership visibility across all of our services.

Services users referred to the Memory Assessment Service (MAS) are experiencing a longer than anticipated wait to be diagnosed. This is a legacy of COVID-19 which restricted face to face clinical assessments in a service that both required face to face contact combined with an ICS wide lack of Radiologists who report on scans as part of the patient's diagnosis. A capacity and demand project is reducing the waiting list but pressures remain.

Whilst acknowledging those challenges, as we look back on the past 12 months, we reflect on a year of improvements and innovation that we can all be incredibly proud of. We will continue to work together as one team across all our services to deliver the best possible care for the communities we serve.

We want to express our personal gratitude, and that of the Board, to every one of our staff for how they continually rise to the challenge with innovation and determination to provide the best possible care for those that depend upon us.

Of course, this annual report can never give a complete picture of the year and the many acts, large and small, that touch the lives of our patients, service users and their families. The compassion, dedication, and determination of our Humbelievable team never ceases to amaze us. We look forward to 2023/24 and our next steps together as we pursue our vision to be the leading provider of integrated health services, a valued partner and great employer.

Rt Hon Caroline Flint
Chair

Michele Moran
Chief Executive

PERFORMANCE REPORT

Overview of Performance

A statement from the Chief Executive

It's my pleasure to introduce the highlights of the last twelve months at our Trust.

As with every year the highlights that follow are a team effort. None of this would be possible without the exceptional partnership working from staff, governors, volunteers, members, our charity and our patients, service users and their families. Together they have achieved remarkable things which have been recognised locally, regionally, and nationally.

I would also like to thank and acknowledge our partners, stakeholders and our local communities across Hull, East Yorkshire, Scarborough and Whitby for their support as we continue to work together delivering safe, compassionate and joined-up care.

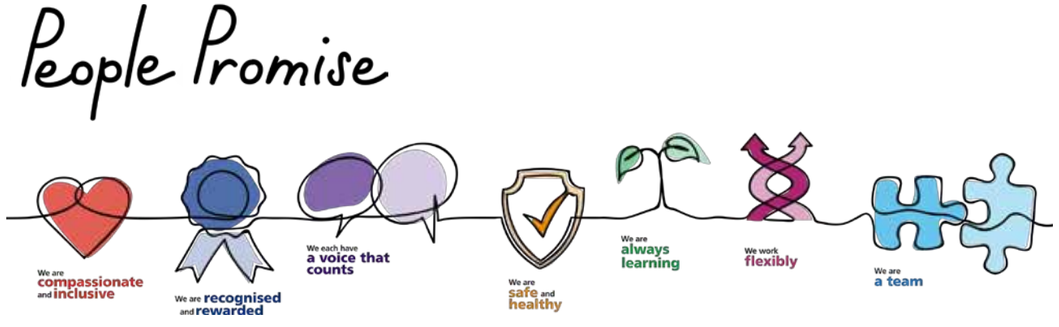
This year has been incredibly busy. Demand for services across the whole NHS has increased and resource (people and financial) has been stretched to the limit. Despite the challenges faced, our staff have again pulled out all the stops to ensure the Trust's overall performance improved over the period covered by the report. We continue to see exciting service transformation, innovative project delivery and improvements to our environments, all of which help us deliver excellent care to our service users and their loved ones.

Our Quality Account showcases our achievements with stories direct from staff, service users, their families, and carers. It outlines progress against our quality priorities which were agreed together with our patients, carers, staff and stakeholders. A summary of our quality priorities for the year ahead is summarised on page 167.

The key way that we can support our people is to listen to what they say and act on their feedback. The results of the 2022 National NHS Staff Survey were published in March 2023. All staff were invited to complete the survey which reports against the 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 score above average in six of the national People Promise themes and equal the average score in one area, demonstrating that working at our Trust is already matching the aspirational experience for all NHS employers to reach by 2025.

This is a set of results to be proud of but what really stands out is the scale of improvement we have made as a Trust over the last five years. This is as a result of the hard work and dedication of our teams to deliver the best possible patient care and make our Trust a fantastic place to work and grow your career.



People Promise Measures – from 1 to 10 (+ benchmark average)

We are compassionate and inclusive **7.6 (+.1)**

We are recognised and rewarded **6.4 (+.1)**

We each have a voice that counts **7.1 (+.1)**

We are safe and healthy **6.4 (+.2)**

We are always learning **6.0 (+.3)**

We work flexibly **6.9 (+.2)**

We are a team **7.1 (=)**

Staff Engagement **7.1 (+.1)**

Morale **6.1 (+.1)**

Our Friends and Family Test results shows that 95% of respondents find our staff friendly and helpful, 90.6% believe they receive sufficient information, and almost 90.5% feel they are involved as much as they want to be in their care.

- **16911 Friends & Family test responses**
- **89.9% 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.

"Service was outstanding, the lady who did our sons development checks couldn't have been kinder or more informative!"

Integrated Specialist Public Health Nursing

"Staff member was very good with my son today who is autistic, she took time to make him feel at ease and involved him at all times."

King Street Medical Practice

"Staff were open and honest about what would happen during my admission and kept me updated as things changed. I was able to seek out support as needed and staff were available to listen and offer support despite being busy. I was asked my opinion about my care and supported to make choices that were right for me."

Mental Health inpatient Services

"Both are very friendly and encouraging. Conversation is relaxed and both were very knowledgeable. I felt both had a genuine interest in our family and cared."

Integrated Specialist Public Health Nursing

"Everything all the staff are very caring kind and considerate the cleaning is excellent they do a great job."

Whitby Community Hospital

"Good support. Team always there when needed. Good access. Patient oriented."

Beverley Adult Community Mental Health Team

"Throughout the different contacts with the TILS team they understood my armed forces experiences and how they had affected me. They "got me"!"

The Veterans' Mental Health Transition, Intervention and Liaison Service

"Care and staff fantastic, very supportive and knowledgeable."

Memory Assessment Service

"The staff always made time to talk to me and were always available when I needed them. The Trust are very lucky to have such a wonderful team at New Bridges."

New Bridges, Mental Health Inpatient (male)

"Staff members have been very supportive and have really helped me find my confidence as a mum."

Perinatal Liaison Service

In last year's Annual Report, we highlighted that an external well-led review of governance had been undertaken and that this validated the good work we were doing to progress governance within the organisation. That report contained a number of low-level recommendations to further enhance our governance and an action plan was produced outlining how the recommendations would be implemented within the Trust. The Board received regular reports regarding progress made and I'm pleased to report that all actions have been successfully implemented. Despite being in an excellent position we continue to consider ways in which to further improve our governance.

The Health and Care Act 2022 requires the NHS, social care and public health services at a local level to work together to improve population health and reduce health inequalities between different groups. It has put Integrated Care Systems (ICSs) on a statutory footing through the creation of Integrated Care Boards (ICBs).

Our Integrated Care System is called the Humber and North Yorkshire Health and Care Partnership and it comprises NHS organisations (including our Trust), local councils, health and care providers and voluntary, community and social enterprise organisations.

We have played a key role in the establishment and development of our local Integrated Care System and I am the Mental Health and Learning Disability Lead. Our Trust is also the lead provider for the Humber and North Yorkshire Specialised Mental Health, Learning Disability and Autism Collaborative. This was established in 2021 and brings together five NHS, Independent and Social Enterprise mental health, learning disability and autism hospital providers.

The Collaborative in partnership with our places, providers and NHSE has provided leadership and oversight in a number of transformation programmes and has 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. We were also highly commended as part of the Health Services Journal Awards for our work on the National Vanguard programme for children at risk of entering the criminal justice system using a trauma informed approach.

A patient reported after their initial respiratory physiotherapy appointment that "I came home and for the first time in over a year, I felt I'd finally got somewhere, someone had listened."

Scarborough Physiotherapy Service

We are at the forefront of ensuring the priorities of the Integrated Care Board are met. In particular, ensuring that mental health problems are given the same prominence as physical health problems in the planning and delivery of local health and care services.

In secure services there are now 30 less people in secure hospital care due to increased funding across Humber and North Yorkshire into community specialised care teams that has enabled these patients to be discharged from hospital back to their choice of home.

At Inspire, our Children and Young Peoples' Mental Health Inpatient Unit, we have introduced new eating disorder inpatient treatment as well as developing alternatives to hospital care for young people with eating disorders.

A Patient thanked the staff at Hawthorne Court "for the sessions and guiding her and supporting her through it all. It's meant so much to her and will mean a lot to her daughter too as she has a mum with a much better mind."

Hawthorne Court

In the community we have introduced a First Episode Rapid Early Intervention for Eating Disorders (FREED) Champion role which is an innovative service model that provides support in the community to people aged 16 to 25-years-old.

Elsewhere, we have increased our team of specialised Case Managers so that we are able to ensure the quality of care of all people accessing specialised mental health, learning disability and autism hospital care.

We continue to work with the Integrated Care Board and other provider organisations as Lead Provider for Forensic Services. The Forensic Provider collaborative is maturing very quickly. Successes include reduced service users occupying beds and greater numbers being supported safely within the community.

Shared care records are the cornerstone of joined up care delivery. The Yorkshire and Humber Care Records programme, which we host on behalf of the Yorkshire and Humber region, has continued to build and develop over the last twelve months. Every month 20,000 Health and Social Care staff access 260,000 patient records with information about a patient's health and care in real time helping our staff provide better, safer and more effective care.

Our capital investments include our Emergency Department (ED) Streaming project with our Hull University Teaching Hospitals Trust. An £800,000 investment has enabled the creation of the Humber Suite, a new streaming facility located adjacent to the ED at Hull Royal Infirmary to enable patients that require mental health services to be cared for in an environment designed to meet their needs.

Staffing challenges are a reality for all providers. In the coming year we will continue to invest time and resource in initiatives to meet the challenges including apprenticeships, skill mixing, incentives for hard to recruit groups, working with universities to develop training models and further support staff to improve retention.

Demand for treatment continues to challenge our capacity. We are working closely with our teams to meet the challenges and remain focused on productivity across all services to ensure efficient use of resources and value for money.

As we move forwards into 2023/24, we acknowledge these challenges which we will face together with positivity and determination to deliver the best possible care for everyone that uses our services.

Finally, I would like to thank our Trust Charity, Health Stars, for continuing to add their sparkle to projects, including the Whitby renovation, and supporting staff with their wishes programme. Thanks also go to our Trust Governors and Members. There is no doubt that their outstanding support helped us improve the quality of services we provide.

Our Highlights

Innovating for quality and patient safety

- In June, the East Riding Partnership (ERP) Addictions Service, was shortlisted for the 'Improving Health Outcomes for Minority Ethnic Communities Award' at the HSJ Patient Safety Awards. The nominations recognised their work with eastern European nationals requiring opioid substitution treatment during the COVID-19 pandemic.

"I am proud of the team and how quickly they identified this population and embraced working in new and unfamiliar ways. They have gone over and above to provide a quality service, using innovative ways to ensure that these individuals do not fall through the net and ensuring that we are working collaboratively with other services to provide support and care."

Andy Partington, Service Manager

- We marked World Patient Safety Day in September across our internal communications and on social media. To increase understanding of patient safety, the patient safety team held a week of online events for staff including self-harm prevention, zero events, and medication without harm. The events reached over 190 staff with this important message continuing our journey of improvement in this area.

- Earlier this year, the Trust commenced phase two of the Scale, Spread and Embed national project which involves digital processing of Friends and Family Test (FFT) data to drive improvements in patient experience. This project aims to test and evaluate the usability of the Natural Language Processing (NLP) technology. Market Weighton Practice is the pilot site for this initiative and a monthly reports analyses FFT responses and groups them into themes to help us understand trends and patterns. The feedback received will help us to better understand patients' experiences so we can celebrate what is working well and develop Quality Improvement Charters were innovation is required.

- We have introduced paying Experts by Experience (EbE) for their time when getting involved in Trust activities. EbE are people with experience of using services as either a patient, service user or a carer who are interested in undertaking activities with the Trust. Engaging EbE in paid work, where appropriate, mirrors the Trust's co-production philosophy whereby EbE and staff work together as equal partners to develop and improve services.

Enhancing prevention, wellbeing and recovery

- Our annual programme of awareness days provides an opportunity to raise the profile of our services and the work they do, support public health messages, and to thank and celebrate staff. We worked with teams across our workforce to showcase the work of our diverse range of professions and spotlight conditions and campaigns that our services work on. The communications campaigns support prevention, wellbeing and recovery by providing information, signposting and education to support with early diagnosis and treatment, reducing the impact on un-planned care. Positive coverage of our staff improves morale and benefits staff retention and recruitment.

- As the provider of mental health services across the area we operate, one of our highest profile annual campaigns is World Mental Health Day. This year we partnered with charities, Scrapstore and Health Stars to provide craft packs for mental health and learning disability inpatient units across Hull and the East Riding. The collaboration highlights how art can be a useful mindfulness tool, helping to reduce feelings of stress and to promote a positive mental state.

"Art making can be a soothing and engaging activity. It has intrinsic mindful qualities that can aid relaxation and focus the mind. The act of making art and craft can allow people to grow in confidence, develop skills and connect to a wider world of creative and social opportunities."

James Wear, Art Psychotherapist

- For Children's Mental Health Day in February, we connected with our Humber Youth Action Group, to hear about how they deal with challenging moments and what they find helps them when looking after their own mental health. Their ideas were shared on social media as part of the campaign to connect with and inspire our followers.

"If I have a day when I know I've got to do something I don't want to or that I'm scared about, I will make time in my morning to go to the gym as I find it puts me in a positive mindset for the day and I am better able to handle my emotions."

"Our strategic and local teams have worked tirelessly to bring this project to life and the nomination from the Royal Institute of Chartered Surveyors is a testament to that. Whitby Hospital is a vital part of the local community, and we are delighted to be providing a modern, fit-for-purpose environment for patients to access key services."

Peter Todd, Principal Construction Manager, NHS Property Services

- We have strengthened our online Brand Centre by introducing guidance on writing Accessible Information, designing patient information and offering information in alternative formats. Two training films have been produced to inform staff how to record accessible information needs in the Electronic Patient Record (EPR).

- The £13.1 million redevelopment of Whitby Hospital won the Refurbishment/Revitalisation Project of the year award at the prestigious Royal Institute of Chartered Surveyors (RICS) annual ceremony.

- Since March 2020 our corporate colleagues have been working remotely as existing office accommodation did not support COVID-19 social distancing requirements. In October 2022 we were delighted to open a new Trust Headquarters providing a flexible, modern environment with bookable meeting and office spaces.

- The physical environment we occupy can have an impact on our patients experience of care. Investment this year in the patient environments included new patient accommodation at Westend and redecoration of our Manor House GP Practice in Bridlington. Both projects also saw improvements to office accommodation for staff.

- In March an official opening ceremony marked the end of a £1.3m project to re-configuration works to Humber Centre reception, along with the formation of a new gym, shop, café and other minor works. The project made extensive improvements to the reception area to enhance accessibility and security and improve the patients and staff experience. The changes to reception also allowed for the creation of a new bank which has moved from behind the former reception to a more central location in the building for ease of access.

Fostering integration, partnerships and alliances

- We launched nine new involvement and engagement groups that our communities can access to share their experience and get involved in Trust activities. We continue to host regular forums across all of the divisions to enable patients, service users, carers, staff and partner organisations to be actively engaged with the Trust.

- The Humber and North Yorkshire Integrated Care System is one of six areas to be chosen to work with NHS England and the Kings Fund on a Patient and Carer Engagement project. The Trust is one of five organisations leading on this work and will be working with all ICS organisations across Humber and North Yorkshire to develop a shared vision for experience.

- Following a review of primary care services, we worked with James Alexander Family practice to support them as they became the new provider for Northpoint Medical Practice and Princes Medical Centre. From 1 April 2023, Dr Richardson will become the new provider for Princes Medical Centre and he will also support patients at Northpoint under subcontracting arrangements. This decision will benefit patients, supporting access to a wider range of health care professionals and services.

- Further changes to our primary care services also took place in Bridlington where our Field House Surgery was transferred to Practice Three run by Drs Reddy & Nunn. This change was part of wider changes in the town where three Alternative Provider Medical Services (APMS) contracts for practices were due to end on 31 March 2023. Bridlington now benefits from the strength and stability of being part of two larger practices, Humber Primary Care, run by the Trust and Drs Reddy and Nunn. We also safely transferred Peeler House surgery in Hessle to the Ridings PCN.

"This project is one of the finest examples of partnership working I have experienced. Its successful completion is down to the incredible work, communication and collaboration from the estates team and contractors."

Adrian Taylor, Humber Centre Service Manager

- January 2023 saw the roll-out of new Virtual Wards for patients in Scarborough. The innovation is taking place across England and is led by our Community Services team to provide an improved service for patients with care at home including face to face visits from community clinical staff, as well as options to use technology to support patient wellbeing and health monitoring from home.

- The Wellbeing Recovery Employment Service launched in the East Riding in October 2022. The Service supports those facing mental health issues and other barriers to employment, education, or basic skills development. Our team of Employment Specialists and Recovery College Practitioners work together with people in the community to reduce employment-based anxieties, increase confidence and achieve individual goals.

- Working in partnership with Tees, Esk and Weir Valley we are delivering Mental Health Services to HMP Hull and HMP Humber.

- The Operation Courage service has commenced delivery of Mental Health Services to Veterans in Northeast & Yorkshire as part of a partnership bid alongside Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust (lead provider), Leeds and York Partnership NHS Foundation Trust, Pennine Care NHS Foundation Trust, Combat Stress and Walking with the Wounded.

Promoting people, communities and social values

- In 2022, we shared our new Trust Strategy, which describes our ambitions and direction for the next five years. The strategy sets out our six strategic goals that will enable us to achieve our ambition to grow and innovate with services which meet the needs of our patients, service users, families and communities.

"I thought I'd let you know how appreciative I've been of all your support in the past year and a half. I don't think I would be thriving as well as I am within the Trust without your continuous support."

"Thank you for being a supportive and inspiring team leader and believing in your staff."

"You always remain involved with clients above and beyond what is expected and find creative ways to make the services we work in fit the needs of our client groups. It is truly inspirational, and I can see it in how others look up to you and attempt to mirror your qualities."

- Our people are our most valuable asset, and this year we marked the NHS birthday on the 5 July with a 'Moment of Thanks'. The internal campaign encouraged staff to send one another messages of gratitude and was well received by staff with hundreds of thank you's sent across the Trust.

- In July 2022 a reception welcomed staff old and new to commemorate 25 years of Miranda House in Hull. The event included the burying of a time capsule in line with the official opening in 1997.

- Young people from the Trust's SMASH service and Humber Youth Action Group represented the Trust at the annual Hull Pride event including a information stand and walking in the Pride march.

- We relaunched 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.

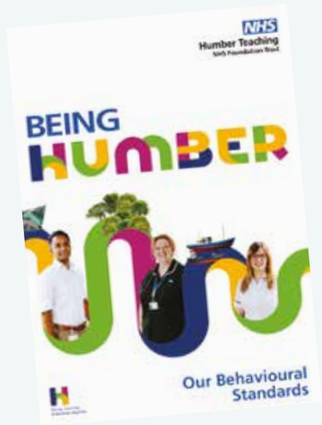
Developing an effective and empowered workforce

- Results of the 2022 staff survey show that working at our Trust is already matching the aspirational experience for all NHS employers to reach by 2025 and is the third most improved provider of its kind in the country.

  The survey was completed by 44% of staff and we were pleased to score above average in six of the national People Promise themes and equal the average score in one area.

- The number of staff who agree/strongly agree that they 'would recommend their organisation as a place to work' has also risen from 49% in 2019 to 63% in 2022.

- In July we launched our new Behavioural Framework, 'Being Humber'. The campaign summarises the unique qualities that make us a Humbelievable team, describing that for most of us, most of the time 'Being Humber' is simply who we are. By recognising outstanding examples of 'Being Humber' in action whilst at the same time acknowledging where we can improve and develop, we can continue to work together to make our Trust an enjoyable and rewarding place to work.



- We continued to invest in rest spaces and accommodation for staff to enhance their wellbeing at work. A £45,000 investment at Miranda House in Hull delivered modern fit for purpose sleeping accommodation for doctors on-call. Over the year, £640,000 was invested in staff welfare upgrades across our wide geography including the Humber Centre, Lecture Theatre, Princess Medical Centre, The Grange, Pocklington Health Centre, Alfred Bean Hospital, Rivendel, Rosedale, Mill View Lodge, East House, Becca House, St Andrews Place, Skidby House and Townend Court.

- Following a successful pilot in 2021, the Workforce Wellbeing Team was launched in October 2022. The Team delivers a health and wellbeing service using a holistic approach that is accessible to any member of our Trust, including Bank Staff. The programme integrates with other services to support the physical, mental and social health and wellbeing and includes Health and Wellbeing MOT's, Lifestyle and Emotional 1:1 Wellbeing Support, Digital Health tools and a range of wellbeing activities.

"Having struggled for a period of time with weight loss, I found the service a great benefit and the recommendations and support have been invaluable".

- In January we launched our first staff engagement event, 28 Days of Wellbeing, which invited staff to complete daily health challenges. 365 staff signed up to receive daily emails with a prompt to take on a daily wellbeing challenge including lunchtime workouts and mindfulness activities.

350 staff completed an online workout

185 lunch and learn session attendees

112 referrals received by the Workforce Wellbeing team

"Doing the short workouts made me feel energised and it got my afternoons on these days off to a good start."

"I have enjoyed the lunch and learn sessions and learnt lots from them."

- In 2021, we welcomed our first cohort of internationally recruited nurses. Since then, our dedicated International Nursing Recruitment team have supported multiple groups through their training and NMC Objective Structured Clinical Examination (OSCE). In 2022/23 we continued to welcome new arrivals into the Trust, offering a blended and bespoke OSCE training programme to meet their needs. We have had more internationally educated nurses pass their OSCE exams and onboard into a variety of clinical areas during the last year.

- In June, Chief Executive, Michele Moran, completed an 84-mile virtual cycle route raising over £6,000 for Trust Charity, Health Stars. The virtual route travelled from Children and Young People's Mental Health Unit, Inspire on Walker Street, Hull to Whitby Community Hospital. Michele was joined on the journey by staff from across the Trust including nurses, pharmacists, estates, administration and patient experience colleagues.

- The Communications team celebrated a Highly Commendation award for Communications Initiative of the Year category at the Health Service Journal Awards in October. The campaign aimed to find, attract, engage, and nurture talent before they applied for a job supporting the Trust to recruit crucial NHS staff.

"The Humbelievable campaign was about putting our fantastic dedicated and diverse teams front and centre so that they could tell the world why working at our Trust is special. I was delighted that its success was being celebrated on a national level."

Rachel Kirby, Head of Marketing and Communications

- Our annual New Year, New Job recruitment advertising campaign ran from November 2022 to February 2023 and reached over a million people and took over 6000 new visitors to the Join Humber website. The campaign was developed and delivered by the Communications Team and included digital and print advertising with the aim of targeting people living across our service area, to attract them to a range of roles including GP, psychiatry, and nursing.

- Our online Brand Centre, which offers practical support and advice to staff using the brand, continues to perform well and is seen as an outstanding example of brand management amongst NHS communications professionals. Between March 2022 and March 2023, the website has been visited over 8,000 times, up 123% on the previous year.

- Work has been ongoing to improve our internal communications channels ahead of a relaunch in April 2023. The communications team assigned a member of staff to each division to ensure an improved connection and understanding between clinical staff and the team. As part of this, a new divisional level monthly newsletter called 'The Local' was developed to improve the flow of communications between leadership and clinical staff. It provides news from the divisions themselves as well as a summary of key EMT/Board messages for cascade. This was warmly received by staff with high initial open rates, showing that there is an appetite for local communications alongside the global methods.

Optimising an efficient and sustainable organisation

- In October 2022 we hosted our Annual Members' Meeting (AMM). The AMM gives our communities the chance to learn more about how their NHS Trust operates and it's an excellent opportunity to meet our leadership team, hearing all about the experiences of NHS staff who deliver the multidisciplinary services locally. The meeting was opened by Good Morning Britain's resident Dr Amir Khan who shared his thoughts on life as a GP and the ongoing challenges in health and social care.

- We have continued to work on our objectives to become a net-Zero Trust as outlined in our Green Plan. Full details on our work to become a more sustainable organisation can be found on page 37.

Signed: Michele Moran

Date: **22 December 2023**

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 services, learning disability services, 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.

Employing approximately

3,300 staff

Working across

numerous locations covering Hull, the East Riding of Yorkshire, Whitby, Scarborough and Ryedale.

We have

120

dedicated volunteers

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 16,000 members who we encourage to get involved, have their say, elect governors and 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, nominated governors and staff governors. More than half of the Council of Governors is elected by local people. Nominated 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 with 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 it 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-range geographic area comprising Hull, the East Riding of Yorkshire, Scarborough and Ryedale, Pocklington and Whitby including nationally commissioned services.

Our services grouped into four divisions.

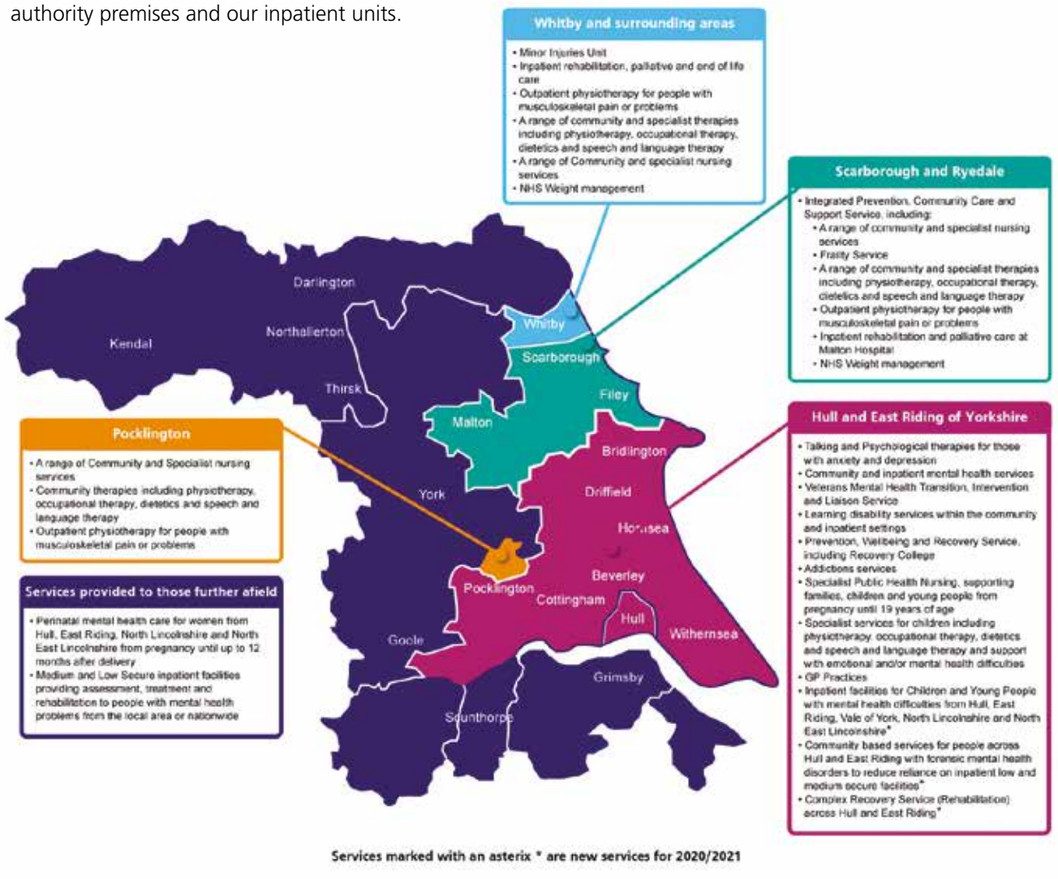
- Community and Primary Care
- Children's and Learning Disabilities
- Secure Services
- Mental Health

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 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**.



Services marked with an asterix * are new services for 2020/2021

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, integrated care.

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

Our Strategic Objectives

Principal Risks and Uncertainties

The risks identified as the principal risks to the delivery of the Trust's strategic goals and underlying objectives are detailed in full within the Annual Governance Statement on page 97 of this report.

The principal risks to the achievement of the Trust's strategic goals and underlying objectives are managed through the Board Assurance Framework (BAF) which is updated each quarter and is reviewed by the Executive Management Team. The BAF is a key document used to record and report our key strategic objectives, risks, controls and assurances to the Board. Each section of the BAF 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.

Going Concern

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

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.

PERFORMANCE ANALYSIS

Summary of the Financial Year

We are reporting a deficit for the year of £25.163m on an Operating Turnover of £249.832m. The deficit includes impairment charges of £24.782m which reflect the reduction in value of our right of use (leased) assets and some of our owned land and buildings, the removal of donated depreciation £0.071m and costs associated with the Local Government Pension Scheme of £0.315m. After accounting for the impairment, the Local Government Pension Scheme, and other minor adjustments we achieved a minor surplus of £0.005m which was in line with the target set for us by the Integrated Care System within which we operate.

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

Adjusted financial performance	2022/23	2021/22
	£000	£000
Deficit for the year	(25,163)	(5,478)
Add back net impairments charged to revenue	24,782	5,166
Deficit before impairments	(381)	(312)
Less impact of capital gains	71	(18)
Removal of non-cash pensions on SOFP	315	394
Adjusted financial performance surplus	5	64

The staff that manage our services have worked very hard during the year to deliver such a positive set of financial results. During the year we were also supported by the receipt of specific funding to help us to manage the pressures of additional expenditure caused by the COVID pandemic. Despite the difficult financial conditions, we still managed to achieve recurrent financial efficiency savings of £1.922m through our budget reduction strategy.

Similar to 2021/22 the usual pre-COVID procedures for negotiating income contracts were paused across the NHS and all organisations were allocated a block of funding agreed by the ICS and topped up with reimbursements for additional expenditure incurred in relation to COVID. Additional income received from NHSE of £33m for the Trust to continue operating as the Lead Provider in the Mental Health Provider Collaborative is the primary reason for the £40.858m increase in income since 2021/22. Other additional income came from Local Authorities with the award £4.7m for a new contract for Hull Integrated Specialist Public Health Nursing Services. The remaining increase has come from inflationary uplifts to the main ICS contracts.

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 2022/23.

The closing cash balance of £30.906m was an increase of £1.406m on the level of cash held by the Trust in March 2022. We are forecasting that cash will remain around this level for 2023/24. This level of cash provides the opportunity for us to invest in making improvements to our estate in 2023/24.

Capital Expenditure

Our total gross expenditure on capital in the year was £11.05m. A total of £5.3m was spent on maintaining and improving clinical and patient environments. A total of £2.3m was spent on digital projects including infrastructure and hardware replacement programmes and £2.3m was spent on further development of the Yorkshire and Humber Shared Care Record.

Financial results 2022/23 – Headlines

Operating Income of **£249.832m**, an increase of **£40.858m**

A deficit for the year of **£25.163m**, excluding net impairment charges of **£24.782m** and other adjustments resulted in a minor surplus of **£0.005m.**

The cash balance was **£30.906m** compared to **£29.500m** at March 2022.

Net current assets of **£3.206m** compared to **£8.070m** at March 2022.

Total net assets of **£88.551m** compared to **£100.268m** at March 2022.

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 91% in 2021/22 to 92.5% in 2022/23, and the percentage based on invoice numbers was 90% in 2022/23 representing an increase on the 82% achieved in 2021/22. Plans are in place to further improve this position for 2023/24.

In 2022/23, 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.

	2022/2023		2021/2022	
	Number	£000	Number	£000
Total non-NHS trade invoices paid in the year	40,540	109,962	34,058	107,493
Total non-NHS trade invoices paid within target	36,474	101,754	27,805	97,662
Percentage of non-NHS trade invoices paid within target	90.0%	92.5%	81.6%	90.9%
Total NHS trade invoices paid in the year	1,289	26,339	1,137	15,320
Total NHS trade invoices paid within target	1,054	24,417	852	14,036
Percentage of NHS trade invoices paid within target	81.8%	92.7%	74.9%	91.6%

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 and improved our underlying financial position.

The COVID pandemic continued to change the way funding flowed within the NHS for 2022/23. Nationally the amount of COVID funding will reduce in 2023/24 from the previous three years and there is an expectation that the NHS returns to business as usual in 2023/24 and is planning to address the backlog of work that has built up over the last year. We will need to ensure we continue to maintain robust systems of financial governance and control during the next year.

There is a requirement to make efficiency savings and to that effect we continue with our budget reduction strategy and are planning savings of £2.4m, 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 care and service within the financial resources we have at our disposal.

We are still operating in different ways because of COVID and are also operating in times of economic instability including a sharp rise in inflation and the economic impact of the war in Ukraine that has impacted on our energy costs.

The long term fix we have for energy prices is covered in further detail in the environmental section later in this report and it is inevitable that we will continue to face financial challenges in both this coming year and beyond. We remain positive that these challenges will be met but recognise that this will require careful management and making some difficult decisions.

We are committed to supporting our staff in the post COVID recovery phase and have put aside a financial provision to support their wellbeing and recovery from operating in highly stressful and challenging environments.

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 2023/24, 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, with three years of working with uncertainty we are now much better 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.**

How performance is measured

How we measure performance – meeting framework targets

Our Trust reports via various platforms for NHS England (NHSE) via NHS Improvement (NHSI), NHS Digital (NHSD) and Mental Health Services Data Set (MHSDS). Key Performance Indicators (KPIs) are mapped via the Integrated Board Report (IBR) and Integrated Quality and Performance Report (IQPT) to the NHSI Single Oversight Framework (SOF).

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):

Monthly Statistical Process Control charts (SPCs) via the 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 via:

Contract Activity Report (CAR)

This is completed on a monthly basis by the Business Intelligence Department (BI Hub). The metrics/ KPI's which are included in schedule 4 and 6 of the respect 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 exist 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 collections projects. This consists of Adult and Older Adult Mental Health Service, Community Services (Physical Health), CAMHS (Children and Adolescent Mental Health Services), Corporate Services, Learning Disabilities and Perinatal, as an example.

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 a number of large independent sector providers.

Our Trust utilises a number of 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 the various 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 monthly finance report. This information is also linked to the monthly board performance report that is also provided to the Board and includes a number of the performance measurements.

Risk Register

Where performance is not where it is expected and/or there is significant risk (e.g. clinical, financial), this is logged as a risk for the Trust which if sufficiently scored appears on the divisional risk register and is dependent upon assessed risk on the Corporate Risk Register and the Board Assurance Framework (BAF) that is used to record, report and assure the Board. In addition, Finance and Use of Resources is one of the five themes feeding into the Single Oversight Framework.

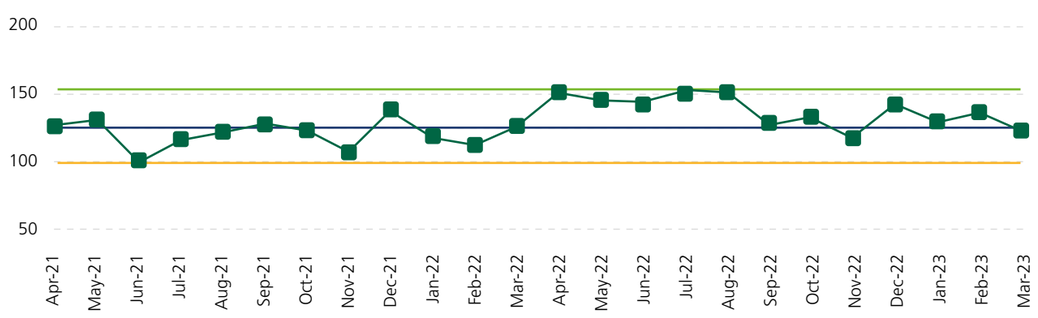
Performance during the year

Information continues to be presented using Statistical Process Control Charts for a number of key indicators, mapped against each of the Trust's Strategic Goals. The use of Statistical Process Control Charts allows key performance data to be analysed over a period of time 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).

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

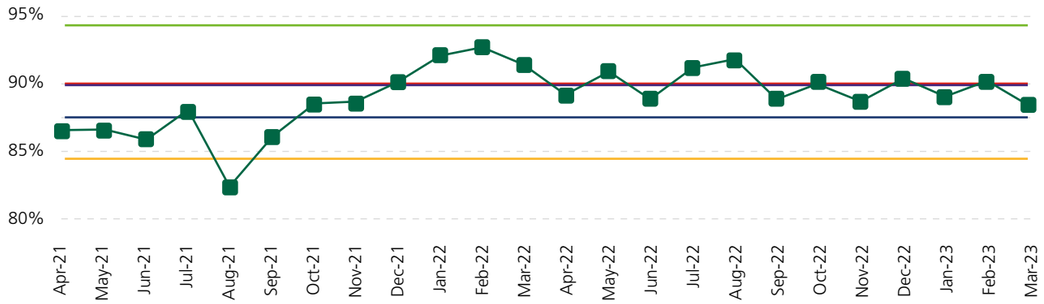
Statistical Process Control Charts (SPCs)

Number of Incidents per 10,000 Contacts – Trustwide

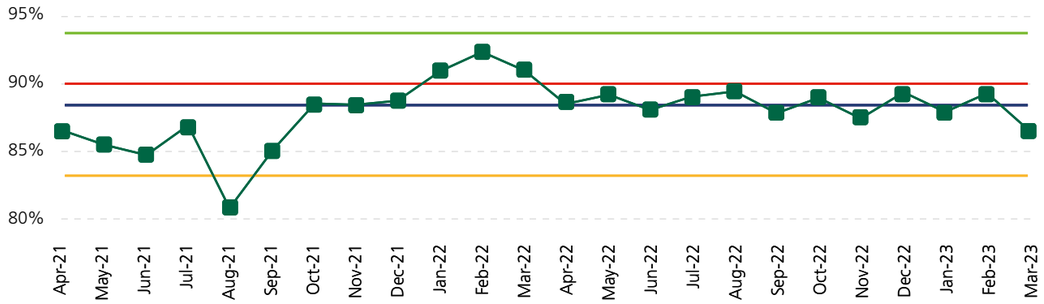


- The number of incidents per 10,000 across the Trust has seen upward trajectory in the latest 12 months but in the second half of the year we have seen reduction and in line with the average for the past two years.
- All incidents are reviewed in the daily Corporate Safety Huddle which is attended by 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 Significant Event Analysis (SEA) investigations. These are incidents that do not meet the threshold of a serious incident but still warrant investigation to identify any learning. Staff report that they feel much better supported and find meeting throughout the process invaluable.

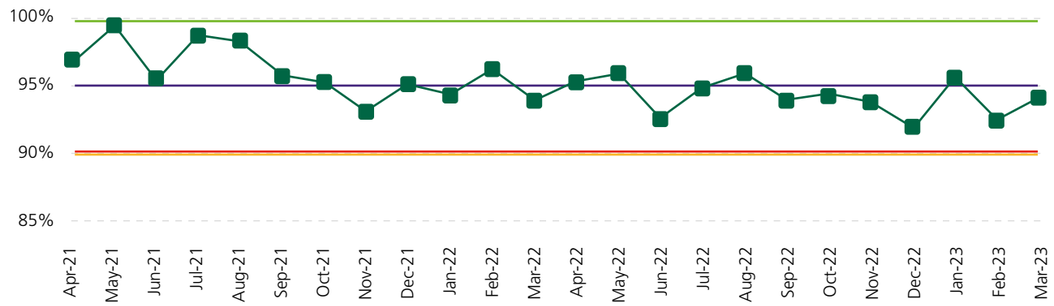
Friends and Family – Recommendation – Trustwide



Friends and Family – Recommendation – GP



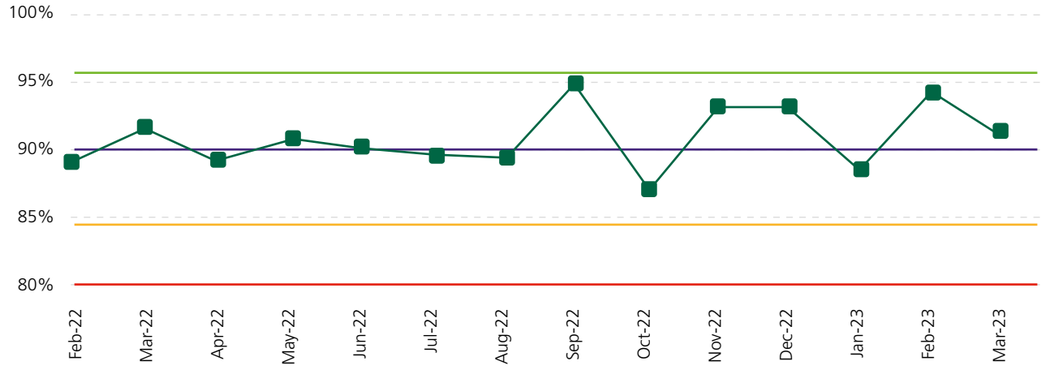
Friends and Family – Recommendation – Non GP



- Patient Experience feedback remains positive and has consistently remained around our internal target of 90%. This has been the case for the past 18 months.
- The trust continues to monitor both the number of responses we received but also the satisfaction levels at Trust, Division and Team.

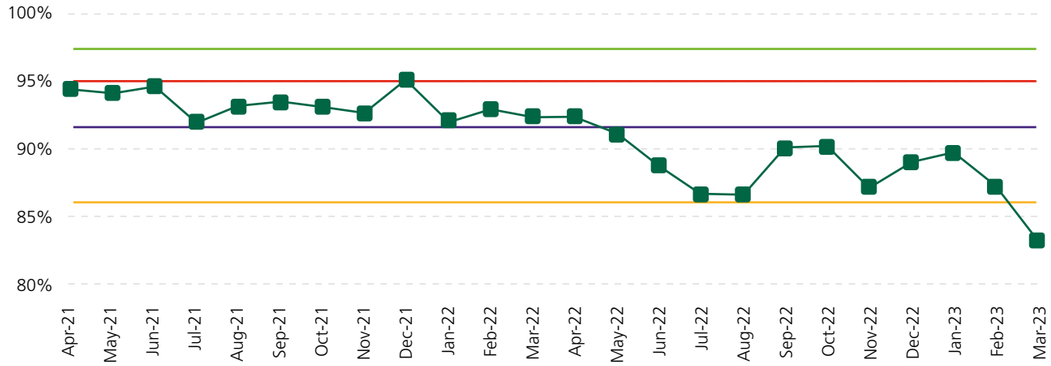
Target — In Month — CL (Mean) — UCL — LCL — Rolling 12m

72 Hour Follow Ups



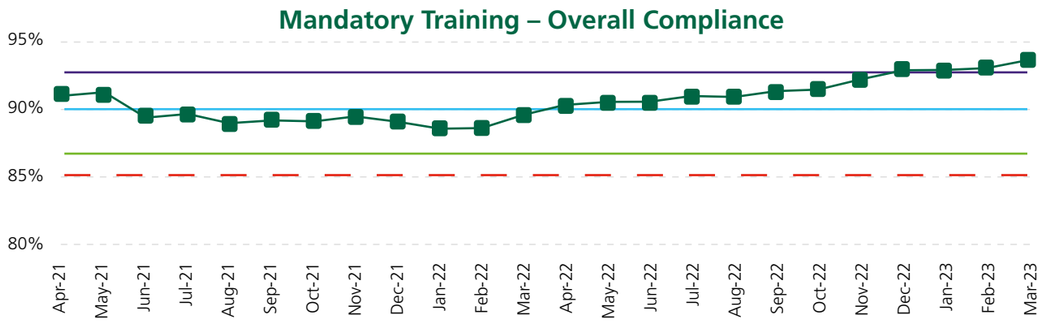
- The Trust monitored the percentage of all patients (barring exclusions) who were followed up within three days after discharge from psychiatric inpatient care during the reporting period. Exclusions included those as outlined in the 7 day follow up process but also excluded patients who were discharged from Secure Services.
- Throughout the year, the Trust met the target for all Quarters. A total of 1146 patients were seen out of 1260 discharges with an average of 91%.
- 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.

RTT Waits – Complete

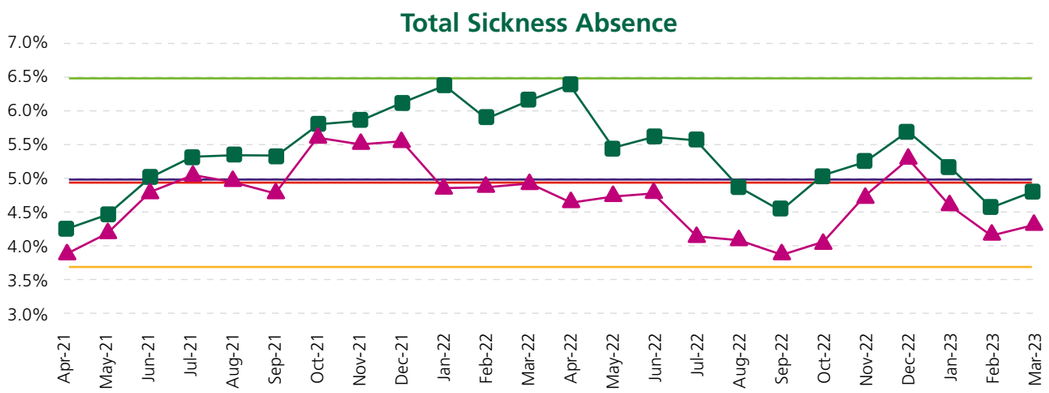


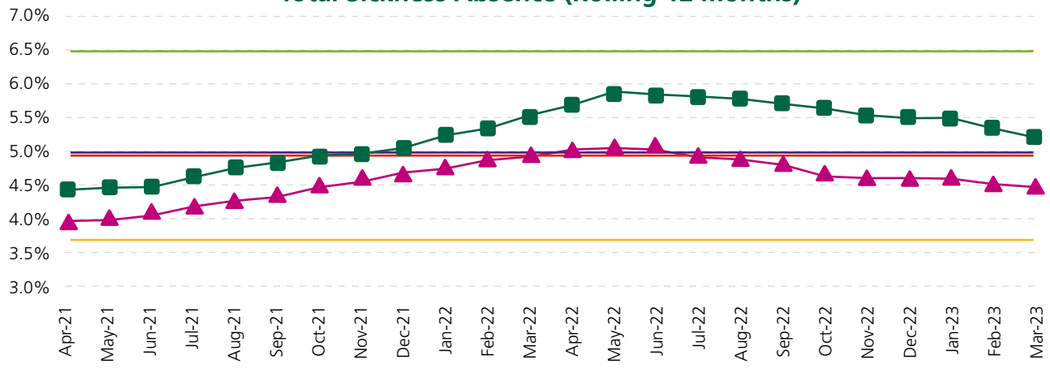
- Whilst the Trust performance has dipped in the past 12 months there is positive correlation with an improved waiting list position in the Trust.
- Focused waiting list meetings with the Waiting List Manager has provided focus on reducing waiting times and improving the data quality of our waiting lists.
- We have seen the Trusts overall waiting for patients waiting over than 52 weeks reduce significant which has an impact on this chart.

Target — In Month — CL (Mean) — UCL — LCL — Rolling 12m



- 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 2022/23 and recently above 93%.





- The Trust Sickness/Absence rates have improved steadily since May 21 with a downward trajectory against the rolling 12-month position.
- The Trusts aspiration is having a sickness/absence rate of less than 5% and in recent times this is starting to be achieved.

Target — In Month — Excluding Covid — CL (Mean) — UCL — LCL — Rolling 12m

Environmental Statement

Sustainable Development

As an NHS organisation, we are expected to provide healthcare which has a positive effect on the communities it serves. Enshrined in the delivery of that service is our sustainability values which includes spending public money smartly and the efficient use of natural resources. By making the most of social, environmental, and economic assets, we can improve health both in the immediate and long term even set against the rising cost and depletion of natural resources.

We are committed to encouraging every member of staff to provide these services in the most sustainable way possible. This also includes involving patients, visitors, and the wider public in helping us to meet our sustainability challenges including surpassing the 2045 NHS net zero reduction target by 10 years.

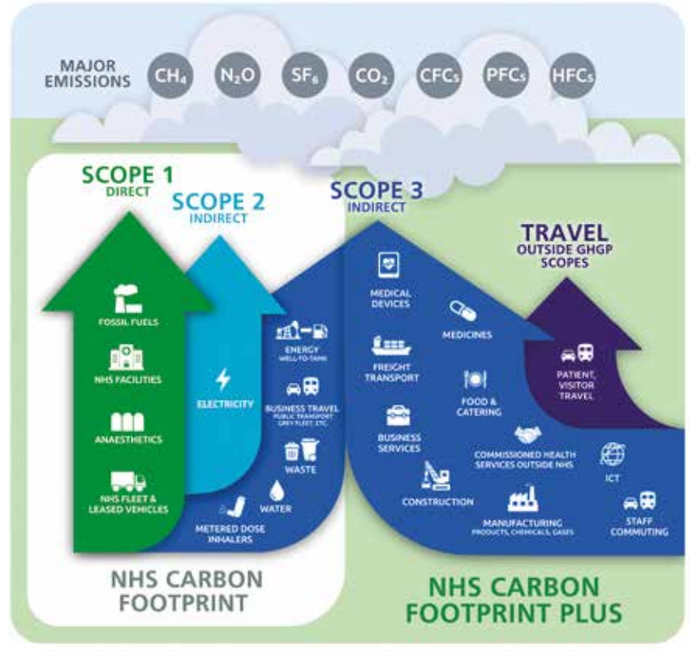
Our Green Plan sets out the Trust's environmental objectives for our sustainable development activities over a three-year period, 2022 - 2025. This will guide us by outlining the recommended actions to reach net-zero and achieve the targets set by the Climate Change Act, Greener NHS and those within the local ICB.

Our Trust target to be net-zero will work in line with the local ICB and we aim to be net-zero by 2035 for all areas and all three scopes. We will only use offsetting when all other actions are complete. Detailed below are the three scopes of Green House Gas Protocol:

- **GHGP scope 1:** Direct emissions from owned or directly controlled sources, on site
- **GHGP scope 2:** Indirect emissions from the generation of purchased energy, mostly electricity
- **GHGP scope 3:** All other indirect emissions that occur in producing and transporting goods and services, including the full supply chain.

Our strategy is to increase data gathering and project development in key areas including energy, waste, transport, procurement and developing the Trusts building stock to be more sustainable and adaptable to climatic changes to name just a few.

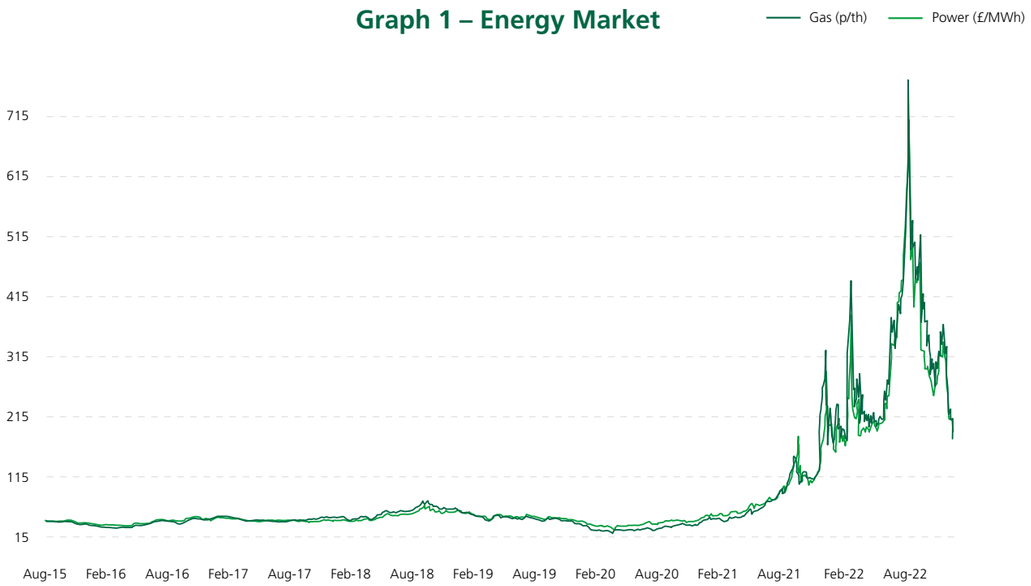
Our Green Plan 2022-2025 is available in full on the Trust's website: **www.humber.nhs.uk/downloads/GreenPlan/NHS_GreenPlan_2022-25.pdf**



Energy

The world of energy supplies has continued to be as volatile as ever throughout 2022/23 mainly due to the supply shortage caused by the conflict in the Ukraine. However recent months have seen a decline in the wholesale prices although no one expects the prices to fall to pre COVID/Ukraine conflict ever again.

Graph 1 – Energy Market



Our green energy contact expires at the end of this financial year so we are looking at a number of options to secure our green energy going forward. These options include solar panels to reduce electric consumption and air source heating pumps to reduce our gas consumption. We will also be comparing utility supplier prices and green energy suppliers to ensure the Trust has the best choice of options financially and environmentally.

	t/CO2e 2022/23 Quarterly performance				
Commodity	**Q1**	**Q2**	**Q3**	**Q4**	**Total**
Electricity – Scope 2	197.66	179.54	200.18	202.23	779.61
Gas – Scope 1	557.36	312.79	878.51	939.23	2,687.89
Water – Scope 3	2.63	2.04	2.62	2.19	9.47
Travel – Scope 1	129.83	150.66	141.23	128.02	549.74
Waste – Scope 3	10.509	9.558	10.513	10.847	41.43
Procurement – Scope 3	3722.00	3722.00	3722.00	3722.00	14,888.00
Offsetting	**-262.85**	**-251.79**	**-267.18**	**-270.47**	**-1,052.30**
Medical Gases – Scope 3	0	0	0	0	-
Current Year CO2e	4,357.15	4,124.80	4,687.87	4,734.04	**17,903.85**
Previous Year CO2e	4,743.31	4,402.60	4,985.08	5,129.65	**19,260.64**
Difference	386.16	277.81	297.22	395.61	1,356.79
Annual Target	385.21	385.21	385.21	385.21	**1,540.84**

	t/CO2e 2021/22 Quarterly performance				
Commodity	**Q1**	**Q2**	**Q3**	**Q4**	**Total**
Electricity - Scope 2	267.20	197.63	229.76	228.24	922.83
Gas - Scope 1	624.31	337.41	887.09	1,046.83	2,895.64
Water - Scope 3	3.15	2.93	2.87	2.35	11.30
Travel - Scope 1	113.87	129.86	130.57	117.45	491.75
Waste - Scope 3	12.78	12.78	12.78	12.78	51.12
Procurement - Scope 3	3722.00	3722.00	3722.00	3722.00	14,888.00
Offsetting					0
Medical Gases - Scope 3	0	0	0	0	**Baseline**
	4,743.31	4,402.60	4,985.08	5,129.65	**19,260.64**

As you can see, we did not meet our target of 1541 tCO2 reduction but did manage to reduce our carbon footprint by 1357 (shortfall of 184 tCO2). The shortfall will be added to the 2023/24 target.

Energy Reducing Projects

Our Trust was recently awarded funding from Salix to support the decarbonisation of four sites:

- Alfred Ben Hospital
- St Andrews Place
- Hornsea Cottage Hospital
- Westend

The decarbonisation will include replacing windows, external wall insulation, LED lighting, air source heating and solar panels.

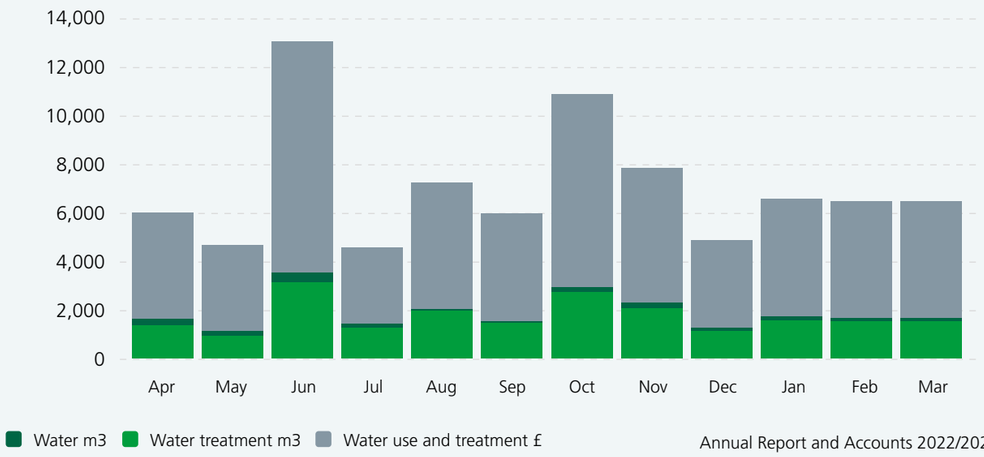
Other decarbonisation projects include:

- Utilizing the Biomass boiler at East Riding Community Hospital (ERCH) to reduce our gas consumption and carbon footprint.
- Monitoring the air quality at ERCH to ensure that we are reducing our pollution of the local environment.
- Planting more trees across the Estate to enhance the environment for patients and staff and to offset carbon production.
- Requiring more of our suppliers to evidence their carbon reduction plans through contract requirements.

Water

It is well documented how drinking water is becoming scarcer through the droughts we have experienced recently. A lot of our reservoirs are well below the required levels for the time of year and are expected to decline further throughout the summer period. We constantly monitor our water consumption to identify over usage or leaks and our Estates teams deal with the issue.

Water cost and consumption 2022/23



Waste

Our Trust has achieved zero waste to landfill for general waste, one of its objectives and requirements of the Trusts Green Plan. Our general waste contractor by dividing our general waste into 2 categories:

1. **Dry mixed recycling and;**
2. **Energy from waste (EfW).**

However, we realise we have more work to do and need to increase the volumes of dry mixed recycling and reduce the EfW production.

WARP-IT continues to be used to reuse, recycle and repurpose furniture across the Trust. The system promotes the reuse of furniture not just internally, but to support local economies and charities. This supports the Trust's offsetting and social value commitments.

This year has seen a substantial increase in the Warpit figures mainly due to the closing of the old HQ at Willerby Hill. As can be seen circa 17 tonnes of furniture was relocated reducing the Trusts carbon footprint by 41 tonnes and saving circa £87,500.

Year	tCO2e	Furniture Weight (T)	£ Saving
2021-22	9.87	5.11	20,000
2022-23	41	17.33	87,500

Biodiversity

This year has seen the creation of the Green Champions Group and they added over 200 new tree whips to the Estate. In the coming years these can be used to offset some of our carbon production. We have already counted over 1500 mature trees which support our carbon reduction ambitions.

Travel and Transport

The Estates department have ordered new electric vehicles to replace the old fossil fuel fleet. This will have a significant reduction in the Trust's carbon footprint and demonstrates the department commitment to the Green Plan objectives.

Working from home has seen a reduction in car journeys being taken by staff. This is having a positive impact on the environment and the Trust's emissions: with fewer journeys being taken it eliminates the amount of CO2 going into the atmosphere. This activity is being monitored and measured throughout 2023/24.

Social, Community and Human Rights Issues

Social Values Report

Our Social Values report is an opportunity for us to share the positive impact that we have had on the economy, community life, the health of our local population and the environment.

In 2022, we shared our new Trust Strategy, which describes our ambitions and direction for the next five years. The strategy sets out our six strategic goals that will enable us to achieve our ambition to grow and innovate with services which meet the needs of our patients, service users, families and communities.

Our social values report demonstrates how we reach beyond our core purpose of delivering high quality care to impact our whole community and wider economy under those same six goals. It tells the story of the good that we do within our communities, whether that has an environmental, economic, or social impact.

This report showcases some outstanding examples of how we deliver on our commitment to deliver social value through projects designed to make a positive difference. Whilst we are proud to share some of our achievements from the past year, there is always more we can do. We will continue our focus on maximising social value through our activities and working to make a positive difference for communities across the Humber, North Yorkshire and beyond.

Human Rights

The Trust serves a richly diverse population and works hard to ensure all our services are fair and equally accessible to everyone. The principles of the NHS Constitution recognise that the NHS is dependent upon its staff and that only when staff feel valued and supported do patients receive excellent care. Research clearly demonstrates a relationship between staff engagement, patients and organisational outcome measures, such as staff absenteeism and turnover, patient satisfaction and mortality.

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 Behaviour 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 the services and facilities of the Trust meet their needs.

The Patient and Carer Experience Strategy which runs from 2018 to 2023 includes equality, diversity and inclusion that are woven throughout the document. 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 2 (EDS2).

Furthering the aims of community inclusion and collaboration with hard-to-reach staff groups the Trust has continued its staff networks – the Race Equality Network, LGBT+ network and Disability network. The Race Equality Network is instrumental in the Trust's work with the Workforce Race Equality Standard (WRES).

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.

Anti-fraud, bribery and corruption

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

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

Bribery is also referenced in various policies including the Trust 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

In the 2022-23 NHSE EPRR core standards self-assessment, the number of core standards applicable to our Trust increased to 55 core standards and 13 deep dive standards. The introduction of new standards and the new requirement of Health Command Training determined our position as being 'partially compliant'. Our total compliance position is, out of 55 core standards we have complied with 46 therefore an overall standing at 84%.

The Trust continues 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 the Trust will be fully compliant with all of the core standards by March 2024.

The Trust's overall EPRR assurance rating of partially compliant has been signed off by the Trust Board.

ACCOUNTABILITY REPORT

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, one Associate (non-voting) Non-Executive Director and five Executive Directors including the Chief Executive and one non-voting director. Hanif Malik, Associate Non-Executive Director and Steve McGowan, Director of Workforce and Organisational Development, are non-voting members of the Board of Directors.

During the year John Byrne, Medical Director left the organisation. Dasari Michael took over as Interim Medical Director from 1 July 2022 until Kwame Fofie was appointed with effect from 1 October 2022.

Francis Patton Non-Executive Director, is the Senior Independent Director.

Arrangements are in place to ensure that services are well-led and further details are contained in our Annual Governance Statement later in this report.

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.

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 and 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 were agreed by the Council of Governors' Appointments, Terms and Conditions Committee.

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

The Council of Governors approved a two year extension to Mike Smith's term of office until 31 August 2024. Dean Royles was reappointed by the Council of Governors for a three-year term of office ending 31 August 2025. Phillip Earnshaw was appointed for a three-year term of office from 25 July 2022.

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 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 2022	15 September 2025
Mike Smith	Independent Non-Executive Director • Chair of Mental Health Legislation Committee • Interim chair of Quality Committee to August 2022	1 October 2016	31 August 2024
Francis Patton	Independent Non-Executive Director • Chair of Finance & Investment Committee	1 January 2018	31 December 2023
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 wef Sept 2022	25 July 2022	24 July 2025

Composition of the Board of Directors			
Executive Directors			
Name	**Position**	**Appointed to Humber Teaching NHS Foundation Trust**	**Term of office ends**
Michele Moran	Chief Executive	29 January 2017	N/A
Peter Beckwith	Director of Finance	10 March 2017	N/A
John Byrne	Medical Director	1 October 2017	30 June 2022
Dasari Michael	Interim Medical Director	1 July 2022	30 September 2022
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) being 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.

Sessions with Board members and Governors take place within the development day meetings which give an opportunity for Governors to engage with Executive and Non-Executive Directors. There has also been regular attendance by Governors at the Board of Directors' meetings held in public. 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 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 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.

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. The development of the three-year Risk Management Strategy continues the proactive approach to risk management to continue to enable a 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.

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 has 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 give consideration to 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 effective 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 apted, 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 has required the CQC to inspect further. However, the CQCs ongoing monitoring of services continue and our regular relationship meetings continue to foster good working relationships and the opportunity to provide assurance to the CQC.

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 2022-23.

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 in order 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

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 2022/23. 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.

The Remuneration Committee consolidated a 2% non-consolidated payment and provided a 3.5% uplift in relation to benchmarking of directors pay against the median of similar sized trusts. A 3% cost of living pay award was applied to all Executive Directors in 2022/23 as per the national guidance. For the Chief Executive it increased a responsibility allowance from £13,000 to £31,345 to reflect ICB and lead provider responsibilities and awarded a 3% cost of living increase in line with the national guidance.

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 2022/23 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.

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 Remuneration and Nominations Committee taking into consideration NHSI/E 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 page 62.

When setting remuneration for senior managers, the Remuneration Committee consider benchmark information of 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 22/23 for work undertaken in 21/22. Details of the salaries and allowances of the Chief Executive and other Executive Directors during 2022/23 are shown in Table 1. Details of the pension benefits of the Chief Executive and other Executive Directors are also shown in Table 1. 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.

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.

Table 1 – Salaries and Allowances of Trust Board and other Senior Managers – Subject to Audit

Chair and Non-Executive Directors – Subject to Audit						
2022/2023						
Name & Title	Salary and Fees (Bands of £5000)	Taxable Benefits (Nearest £100)	Annual Performance Related Bonus (Bands of £5000)	Long Term Performance Benefits (Bands of £5000)	**Pension Related Benefits (Bands of £2,500	Total (Bands of £5000)
Dean Royles – Non Executive Director	10-15					10-15
Mike Smith – Non Executive Director	10-15					10-15
Caroline Flint – Chair	40-45					40-45
Hanif Malik – Associate Non Executive Director	10-15					10-15
Stuart Mckinnon-Evans – Non Executive Director	10-15					10-15
Phillip Earnshaw – Non Executive Director (Started July 2022)	5-10					5-10
Francis Patton – Non Executive Director	10-15					10-15

Chair and Non-Executive Directors – Subject to Audit						
2021/2022						
Name & Title	Salary and Fees (Bands of £5000)	Taxable Benefits (Nearest £100)	Annual Performance Related Bonus (Bands of £5000)	Long Term Performance Benefits (Bands of £5000)	Pension Related Benefits (Bands of £2,500	Total (Bands of £5000)
Dean Royles – Non Executive Director	10-15					10-15
Mike Smith – Non Executive Director	10-15					10-15
Caroline Flint – Chair	20-25					20-25
Hanif Malik – Associate Non Executive Director	5-10					5-10
Stuart Mckinnon-Evans – Non Executive Director	0-5					0-5
Phillip Earnshaw – Non Executive Director (Started July 2022)						
Francis Patton – Non Executive Director	10-15					10-15

Executive Directors – Subject to Audit

2022/2023

Name & Title	Salary and Fees (Bands of £5000)	Taxable Benefits (Nearest £100)	Annual Performance Related Bonus (Bands of £5000)	Long Term Performance Benefits (Bands of £5000)	**Pension Related Benefits (Bands of £2500)	Total (Bands of £5000)
Michele Moran – Chief Executive	195-200	0	15-20		0	210-215*
John Byrne – Medical Director (to 30 June 2022)	35-40	200			0	40-45
Dasari Michael – Acting Medical Director (1 July 2022 to 30 Sept 2022)	55-60	0		0-5	0	60-65
Kwame Opoku-Fofie – Medical Director (from 1 October 2022)	90-95	0		5-10	0	100-105
Stephen McGowan – Director of Workforce & Organisational Development	110-115	700			30-32.5	145-150
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

*The Chief Executive's Salary includes payments for additional responsibilities in relation to both 2021/22 and 2022/23 related to leadership work across the Humber and North Yorkshire Integrated Care Board. The Chief Executive's salary, excluding the bonus, is £161,952. The bonus is discretionary and is agreed by the Remuneration Committee. The performance bonus related to 2021/22 and was awarded upon achievement of specified criteria which is considered and approved by the Remuneration Committee before any award is made.

**Pension Related benefits are calculated based on a mandated calculation of the Real Increase in the total value of accrued pension related benefits. Decreases in benefits are reported as nil as are benefits for those who are not participating in the Pension scheme at 31 March 2023. This is not the expenditure that has been incurred in the Trust's expenditure accounts for employer related pension contributions.

Where benefits have reduced between 2021/22 and 2022/23 levels, this generally related to where officers had opted out of the pension scheme for all or part of the year. John Byrne did not participate in the NHS Pension scheme up to leaving the Trust on 30 June 2022. Peter Beckwith was not a member of the NHS Pension scheme at 31 March 2023.

Executive Directors – Subject to Audit

2021/2022

Name & Title	Salary and Fees (Bands of £5000)	Taxable Benefits (Nearest £100)	Annual Performance Related Bonus (Bands of £5000)	Long Term Performance Benefits (Bands of £5000)	**Pension Related Benefits (Bands of £2500)	Total (Bands of £5000)
Michele Moran – Chief Executive	180-185		15-20		97.5-100	295-300
John Byrne – Medical Director (to 30 June 2022)	155-160	700				160-165
Dasari Michael – Acting Medical Director (1 July 2022 to 30 Sept 2022)						
Kwame Opoku-Fofie – Medical Director (from 1 October 2022)						
Stephen McGowan – Director of Workforce & Organisational Development	105-110	2,900			27.5-30	135-140
Lynn Parkinson – Chief Operating Officer	110-115	10,200			135-137.5	255-260
Hilary Gledhill – Director of Nursing, Allied Health and Social Care Professionals	115-120	9,700			67.5-70	195-200
Peter Beckwith – Executive Director of Finance	125-130	3,000			105-107.5	235-240

The Benefits in Kind covers the monetary value of the provision of a car. The 2022-23 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 (including hosted posts) 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 2022/23 was £210,000 – £215,000. This was 7.9 times the median remuneration of the workforce, which was £27,055. The highest-paid hosted role in 2021/22 was £175,000-£180,000.

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.

Fair Pay Disclosures

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 2022-23 was £210,000-£215,000 (in 2021-22, it was £200,000-£205,000). This was a change between years of 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 2022-23 was from £9,405 to £177,414 (in 2021-22 it was £9,405 - £244,897). The percentage change in average employee remuneration (based on the total for all employees on an annualized basis divided by the full-time equivalent number of employees) between years is 19%. No prior year comparatives have been provided as information is not available. A full disclosure with comparatives will be included in the 2023/24 annual report.

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.

Table 2

2022/2023			
	25th Percentile	Median	75th Percentile
Salary Component of Pay	£21,286	£27,055	£40,588
Total Pay and Benefits Excluding Pension Benefits	£23,473	£29,663	£41,762
Pay and Benefits excluding Pension: Pay Ratio for Highest Paid Director	9.1	7.2	5.1

2021/2022			
	25th Percentile	Median	75th Percentile
Salary Component of Pay	£19,711	£25,090	£38,905
Total Pay and Benefits Excluding Pension Benefits	£21,808	£26,804	£39,582
Pay and Benefits excluding Pension: Pay Ratio for Highest Paid Director	9.29	7.55	5.12

Table 3 – Pension Benefits of Trust Board and other Senior Managers (1st April 2022 – 31st March 2023)

Executive Directors – Subject to Audit							
Name & Title	Real increase in pension at pension age (bands of £2500)	Real increase in pension lump sum at pension age (bands of £2500)	Total accrued pension at pension age at 31 March 2021 (bands of £5000)	Lump sum at pension age related to accrued pension at 31 March 2021 (bands of £5000)	Cash Equivalent Transfer Value at 1 April 2020 £000	Real increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 31 March 2021 £000
M Moran Chief Executive	0-2.5	0	75-80	225-230	1,802	48	1,906
J Byrne Medical Director*	0	0	0	0	0	0	0
S McGowan Director of Workforce & Organisational Development	0-2.5	0	10-15	0	124	31	158
L Parkinson Chief Operating Officer	0	0	60-65	180-185	1,390	0	1,407
H Gledhill Director of Nursing, Allied Health and Social Care Professionals	2.5-5	5-7.5	35-40	105-110	849	0	48
Kwame Opoku-Fofie Medical Director	0	0	45-50	75-80	935	0	907
Dasari Michael Acting Medical Director (1 July 2022 to 30 September 2022)	0-2.5	0-2.5	65-70	120-125	1,283	50	1,521
P Beckwith Director of Finance	0	0	0	0	955	0	0

*Where benefits have reduced between 2021/22 and 2022/23 levels, this generally related to where officers had opted out of the pension scheme for all or part of the year. John Byrne did not participate in the NHS Pension scheme up to leaving the Trust on 30 June 2022. Peter Beckwith was not a member of the NHS Pension scheme at 31 March 2023.

Cash equivalent transfer value (CETV) figures are calculated using the guidance on discount rates for calculating unfunded public service contribution rates that was extant on 31 March 2023. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023/24 CETV figures.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)

Current CPI applied to Pensions is 3.1%.

Pay Ratio

NHS foundation trusts must disclose pay ratio information set out in the following table. The structure of the table itself is illustrative. The disclosure is of information relating to the pay and benefits, and salary, of the employee whose pay and benefits are on the 25th percentile, median and 75th of the pay and benefits of all employees at the reporting date, together with a ratio comparing the total pay and benefits figure to the remuneration of the highest paid director.

Remuneration and Nomination Committee

The Remuneration and Nomination Committee is a sub-committee of the Board of Directors. This committee makes recommendations to the Board of Directors about appointments, remuneration and terms of service of the Chief Executive and the Executive Directors and gives consideration to succession planning for directors. It also reviews the structure, size and composition of the Board of Directors. The committee is chaired by the Trust Chair and membership includes all the Non-Executive Directors and, where appropriate, the Chief Executive.

The role of the committee is to keep under review the size, structure and composition of the Board of Directors and to make recommendations for any 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, taking into account 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. Appointments are then ratified by the Board.

The Director of Workforce and Organisational Development attends the committee but is not a voting member.

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.

Six 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 page 79. The terms of reference for the committee are available on the Trust's website or from the Trust Secretary.

Signed:

Date: **22 December 2023**

Michele Moran
Chief Executive

Staff Report

Our Trust employs 3412 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 3412 at the end of 2022/23.

	Female		Male		Total	
Pay Grade	**FTE**	**Headcount**	**FTE**	**Headcount**	**FTE**	**Headcount**
Director	4	5	2	8	6	13
Band 8A	113.89	121	42.09	45	155.98	166
Band 8B	30.42	32	10.70	11	41.12	43
Band 8C	21.96	24	7.2	7	29.16	31
Band 8D	5.8	6	4	4	9.8	10
Band 9	0.8	1	1	1	1.8	2
Other Staff	2189.34	2515	595.20	632	2784.54	3147
Total	**2366.21**	**2704**	**662.19**	**708**	**3028.40**	**3412**

	Female		Male		Total	
Staff Group	**FTE**	**Headcount**	**FTE**	**Headcount**	**FTE**	**Headcount**
Add Prof Technical	221.31	237	56.89	60	278.20	297
Additional Clinical	650.78	724	209.71	217	860.49	941
Admin & Clerical	478.86	555	130.52	140	609.38	695
Allied Health Professional	165.36	193	24.01	27	189.37	220
Estates & Ancillary	73.28	124	58.65	67	131.94	191
Medical & Dental	39.19	45	47.69	55	86.88	100
Registered Nursing	724.43	813	130.71	138	855.14	951
Students	13	13	4	4	17	17
Total	**2366.21**	**2704**	**662.19**	**708**	**3028.40**	**3412**

Average number of employees (WTE basis) – Subject to Audit

	2022/23	2022/23	2022/23	2021/22
	Permanent Number	Other Number	Total Number	Total Number
Medical and dental	76	14	**90**	89
Ambulance staff	0	0	**0**	0
Administration and estates	775	29	**804**	745
Healthcare assistants and other support staff	278	8	**286**	274
Nursing, midwifery and health visiting staff	1,396	179	**1,575**	1,456
Nursing, midwifery and health visiting learners	0	0	**0**	0
Scientific, therapeutic and technical staff	259	3	**262**	226
Healthcare science staff	0	0	**0**	0
Social care staff	98	1	**99**	116
Other	0	0	**0**	0
Total average numbers	**2,882**	**234**	**3,116**	**2,906**
Of which:				
Number of employees (WTE) engaged on capital projects	10	0	10	10

Employee benefits – Subject to Audit

	2022/23	2021/22
	Total £000	Total £000
Salaries and wages	120,643	103,906
Social security costs	11,449	9,727
Apprenticeship levy	538	480
Employer's contributions to NHS pensions*	19,510	17,397
Pensions cost – other	496	559
Temporary staff (including agency)	8,773	8,406
Total gross staff costs	**161,409**	**140,475**
Recoveries in respect of seconded staff	**-193**	**-280**
Total staff costs	**161,216**	**140,195**
Of which		
Costs capitalised as part of assets	514	642

*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 £5,920k for 2022/23 (£5,274k for 2021/22).

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

	2022/2023			2021/2022		
	Governors	Directors	Total	Governors	Directors	Total
The total number in office	27	15	42	13	15	28
The number receiving expenses in the reporting period	6	10	16	0	13	13
The aggregate sum of expenses paid in the reporting period	£805	£4,969	£5,773	-	£2,237	£2,237

Staff Sickness Absence Data Including COVID-19

Figures Converted by DH to Best Estimates of Required Data Items		Statistics Published by NHS Digital from ESR Data Warehouse		
Average FTE for 2022	Adjusted FTE days lost to Cabinet Office definitions	FTE-Days Available	FTE-Days Lost to Sickness Absence	Average Sick Days per FTE
2,854	35,462	1,041,688	57,527	12.4

Source: NHS Digital - Sickness Absence and Workforce Publications - based on data from the ESR Data Warehouse
Period covered: January to December 2022

Division	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Rolling 12 M
	%	%	%	%	%	%	%	%	%	%	%	%	%
338 Children's and Learning Disability (Division)	5.00	4.51	4.78	4.65	4.19	4.42	4.85	4.33	4.90	4.32	4.46	4.92	**4.61**
338 Commissioning (Division)	0.36	4.78	3.62	0.00	0.44	0.00	2.86	7.93	4.59	4.76	4.19	7.92	**3.76**
338 Community and Primary Care (Division)	7.14	6.99	6.39	6.05	4.56	3.56	4.11	5.21	5.77	5.14	4.19	4.73	**5.33**
338 Corporate (Division)	5.74	4.82	5.30	5.26	4.58	4.06	5.02	5.14	4.48	4.38	3.32	3.39	**4.61**
338 Mental Health Planned Care (Division)	6.34	3.92	3.92	5.26	5.83	5.38	5.28	4.96	5.12	4.79	3.89	5.30	**5.00**
338 Mental Health Services Central (Division)	2.21	2.75	0.12	1.20	2.22	1.19	0.39	4.64	6.84	6.13	6.76	4.19	**3.28**
338 Mental Health Unplanned Care (Division)	6.73	5.38	6.59	6.62	5.87	6.00	6.44	7.56	8.17	7.20	6.09	5.77	**6.54**
338 Secure Services (Division)	10.15	7.89	7.63	6.97	4.86	3.82	4.21	4.23	6.08	5.50	6.23	4.98	**6.04**
Total	**6.37**	**5.29**	**5.51**	**5.55**	**4.88**	**4.54**	**5.01**	**5.31**	**5.68**	**5.16**	**4.56**	**4.84**	**5.22**

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

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 2021/22. Along with a policy for Recruitment and Selection, we provide Recruitment and Selection training for all recruiting managers and has developed a toolkit for recruiting managers to support them with fair and equitable selection. A recruitment and selection system, TRAC, has also been introduced 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 a Managing Sickness Absence 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.

Our Trust has a Flexible Working Policy and Special Leave Policy to support employees in continuing in employment and managing work life balance. 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 Trust has an Equality, Diversity & Inclusion policy which applies to all of 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 serve to enhance the leadership capabilities of those in people 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.

Our Trust communicates with staff on a regular basis through email bulletins which include weekly EMT News Headlines, The Global, specific 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.

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 to 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 monthly 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.

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 and have a standing invite to the Trust Workforce and OD Committee.

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.

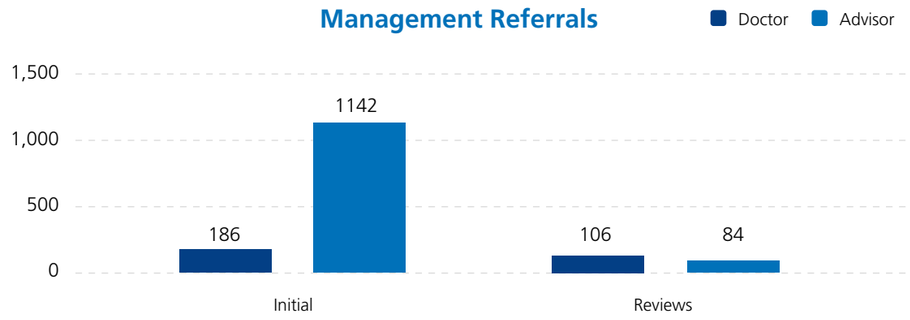
The health and wellbeing of our staff has always been a priority. A non-executive director has been selected to act as a wellbeing guardian supporting the Trust to prioritise the wellbeing of staff.

Through our Trust's Staff Engagement and Health and Wellbeing Group a plan has been developed with the aim of supporting staff engagement and health and wellbeing which has been linked to the outcomes of the National Staff Surveys.

Occupational health at our Trust is concerned with the protection and promotion of the physical and mental health and wellbeing of people at work. The Occupational Health & Wellbeing Service (OHWS) continued to deliver services to protect and promote the health and wellbeing of the Humber Teaching NHS Foundation Trust workforce, to ensure compliance with relevant health and safety legislation, report health and safety breaches and support Human Resource (HR) function.

Management referrals (including self-referrals)

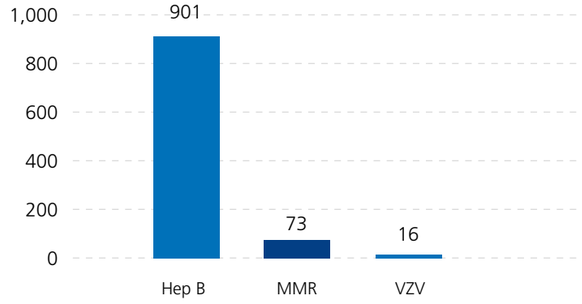
A total of 1328 initial referrals and 190 reviews were made to the OHS in 2022 – 2023, compared to 1768 initial referrals and 949 reviews in 2021 – 2022.

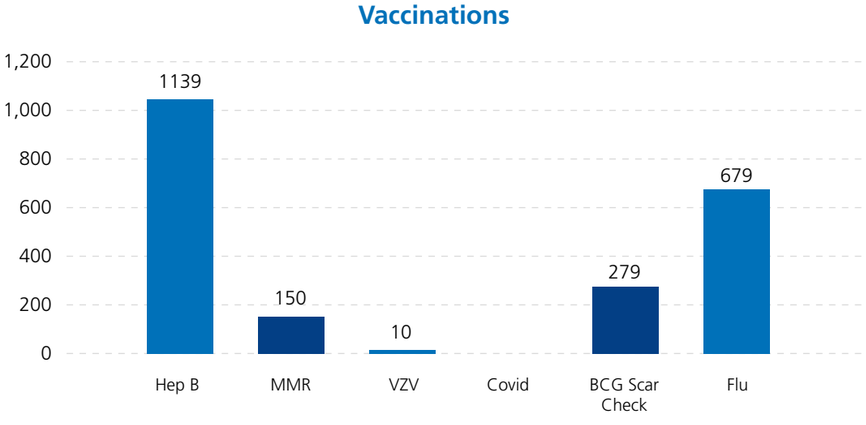


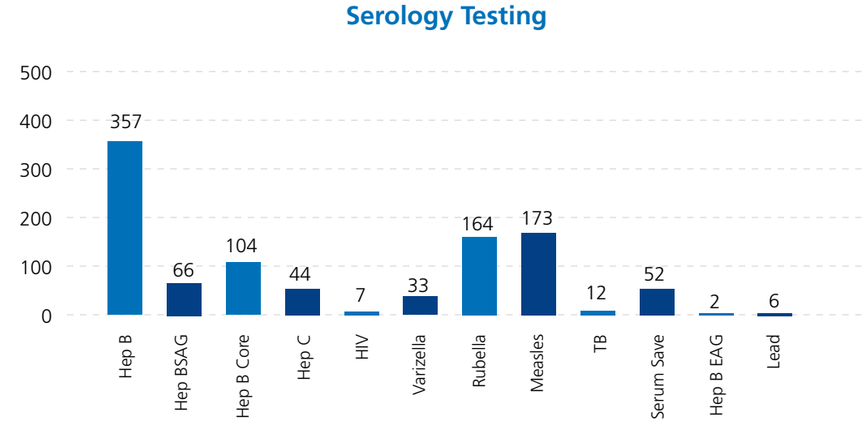
Occupational Health activities to prevent work-related ill health in employees:

1. 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 2022 – 2023 reporting period over 1,900 immunisation/serological interventions were undertaken by the OHWS.



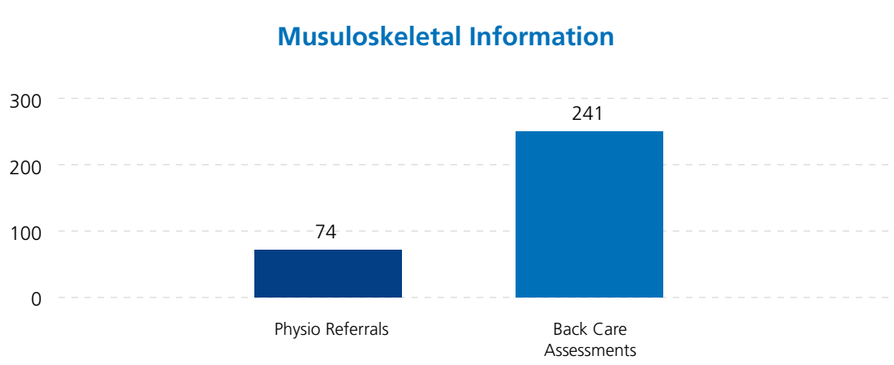




2. Acute assessment and management of musculoskeletal symptoms in relation to work with rapid access physiotherapy for injuries caused / exacerbated by work

A total of 74 referrals were undertaken by an outsourced physiotherapy company, Physiomed. (This figure does not include treatment sessions delivered).

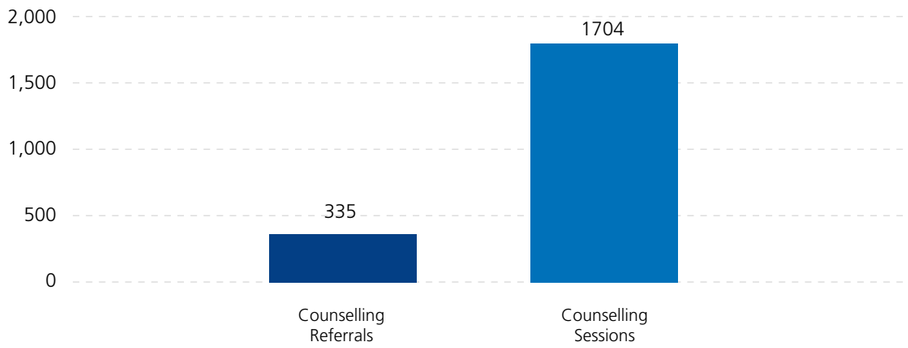
The back care advisor assessed and treated 241 staff. This included DSE Workstation assessments, referral advice which took place on site, at home or via MS Teams.



3. Employee Assistance Programme (EAP) (VIV UP)

Usage continued to remain at low levels.

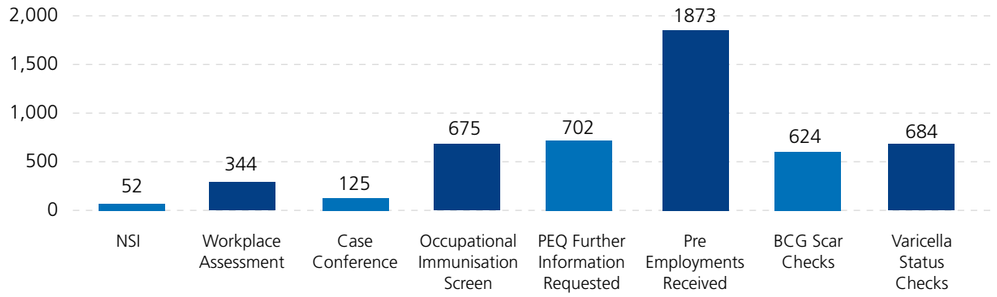
Counselling – independent counsellors



4. Other Occupational Health duties

During the 2022/23 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.

Other



5. SEQOHS Accreditation

The OHWS again successfully renewed its SEQOHS (Safe Effective Quality Occupational Health Services) via the Royal College of Physicians' accreditation.

Staff Turnover

Measure	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
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 Months	14.9%	14.0%	14.9%	15.6%	15.3%	15.4%	15.7%	15.6%	15.9%	15.1%	15.0%	15.1%

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 2022/23 our Trust has continued to focus on staff engagement with engagement scores remaining consistently good in the staff survey ratings improving year on year between 2017 – 2022 People Promise score for 2022 is 7.1.

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 at our Trust include the annual staff survey and quarterly pulse surveys as well as exit questionnaires for staff leaving the organisation which evolved throughout 2022.

Our Trust has 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, again running an appraisal window from 1st April each year to drive up compliance and developing paperwork, resources, and support to improve the quality of appraisal conversations and to ensure a meaningful health and wellbeing conversation is embedded within the discussion.

Summary of performance

Our Trust achieved a response rate of 44% overall which represented 1,391 responses from a sample of 3234 staff. The median response rate for all Mental Health and Learning Disabilities Trusts, of which there are 51 within the benchmark group, was 51%.

The above represents a 0.4% decline in response rate in comparison to the 2021 survey, however the total number of responses increased (1391 in 2022 and 1304 responses submitted in 2021) and the breakdown of responses by area is provided below (2021 vs 2022).

The NHS Staff Survey 2022 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).

2022 National Staff Survey scores against the People Promise theme areas

	2021		2022	
	Trust	Benchmarking Group	Trust	Benchmarking Group
We are compassionate and Inclusive	7.5	7.5	7.6	7.5
We are recognised and rewarded	6.4	6.3	6.4	6.3
We have a voice that counts	7.0	7.0	7.1	7.0
We are safe and healthy	6.2	6.2	6.4	6.2
We are always learning	5.8	5.6	6.0	5.7
We work flexibly	6.8	6.7	6.9	6.7
We are a team	7.0	7.1	7.1	7.1
Staff engagement	7.0	7.0	7.1	7.0
Morale	6.1	6.0	6.1	6.0

In the 2022 survey, the Trust identified as above the benchmark group in all but one of the People Promise theme areas and equal to in that final area.

There were 104 questions in the 2022 National Staff Survey that can be determined to have a positive/negative response, of these 104 questions, 17 questions were new and were not asked in the 2021 Survey, so the data is not available for comparison.

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), 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 R&S 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 2022/23 – Subject to Audit

2022/23	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
Exit package cost band (including any special payment element)	Number	Number	Number
Less than £10,000	-	-	**-**
£10,000 - £25,000	1	-	**1**
£25,001 - 50,000	1	-	**1**
Total number of exit packages by type	**2**	**-**	**2**

2021/22	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
Exit package cost band (including any special payment element)	Number	Number	Number
Less than £10,000	1	-	**1**
£10,000 - £25,000	-	-	**-**
£25,001 - 50,000	-	-	**-**
Total number of exit packages by type	**1**	**-**	**1**

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

	2022/23		2021/22	
	Payments agreed	Total value of agreements	Payments agreed	Total value of agreements
	Number	£000	Number	£000
Voluntary redundancies including early retirement contractual costs	0	0	1	8
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**	**1**	**8**

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 2023, for more than £245* per day:

	2022/23 Number of engagements
Number of existing engagements as of 31 Mar 2023	27
Of which:	
for less than one year at the time of reporting	9
for between one and two years at the time of reporting	8
between two and three years at the time of reporting	5
for between three and four years at the time of reporting	4
for four or more years at the time of reporting	1

*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 2022 and 31 Mar 2023, for more than £245* per day.

	2022/23 Number of engagements
Number of temporary off-payroll workers engaged between 01 Apr 2022 and 31 Mar 2023	44
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**	44
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	-

*The £245 threshold is set to approximate the minimum point of the pay scale for a Senior Civil Servant.
**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.

For any off-payroll engagements of board members, and/or senior officials with significant financial responsibility, between 1 Apr 2022 and 31 Mar 2023

	2022/23 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+A4:H54.

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

Information for the period 1 April 2022 to 31 March 2023

Table 1: Relevant union officials

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
26 Trade Union Representatives	24.63 FTE

Table 2: Percentage of time spent on facility time

Percentage of time	Number of employees
0%	15
1-50%	11
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	£19,754.57
Provide the total pay bill	£1,298,729.89
Provide the percentage of the total pay bill spent on facility time, calculated as: (Total cost of facility time ÷ total pay bill) x 100	1.52%

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 **43.18%**

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 July 2014, is based on the principles of the UK Corporate Governance Code. Schedule A to the Code of Governance sets out the requirements in six categories and the Trust's response and declarations for each area are below. All statutory requirements as per category 1 of Schedule A of the Code of Governance were complied with, if appropriate during the year.

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 from the Trust Secretary or available on the Trust's website.

During the financial year the principles of the Code were applied and requirements met. Schedule A of the Code of Governance sets out the requirements in six areas and the response and declaration from the Trust for each area is included in the table below.

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.1.1	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 – SFIs - Board of Directors – pages 77-87
A.1.2	The annual report should identify the chairperson, the deputy chairperson (where there is one), the chief executive, the senior independent director (see A.4.1) and the chairperson and members of the nominations, audit and remuneration committees. It should also set out the number of meetings of the board and those committees and individual attendance by directors. Comply – Board of Directors – pages 78,79 & 81-87
A.5.3	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 – page 88
B.1.1	The board of directors should identify in the annual report each non-executive director it considers to be independent, with reasons where necessary. Comply – Board of Directors – pages 81-87

B.1.4	The board of directors should include in its annual report a description of each director's skills, expertise and experience. Alongside this, in the annual report, the board should make a clear statement about its own balance, completeness and appropriateness to the requirements of the NHS foundation trust. Comply – Board of Directors – pages 81-87
B.2.10	A separate section of the annual report should describe the work of the nominations committee(s), including the process it has used in relation to board appointments. Comply – Board of Directors – page 49
B.3.1	A chairperson's other significant commitments should be disclosed to the council of governors before appointment and included in the annual report. Changes to such commitments should be reported to the council of governors as they arise and included in the next annual report. Comply – register of interest is publicly available for the Chair and all those on the Board of Directors. It is presented at each meeting of the Board of Directors.
B.5.6	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 – page 88
B.6.1	The board of directors should state in the annual report how performance evaluation of the board, its committees, and its directors, including the chairperson, has been conducted. Comply – Board of Directors – page 45
B.6.2	No external reviews took place in 2022/23. A well led review of Governance was undertaken by Grant Thornton in 2021/22 financial year. Comply as required – Board of Directors
C.1.1	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 patients, regulators and other stakeholders to assess the NHS foundation trust's performance, business model and strategy. Directors should also explain their approach to quality governance in the Annual Governance Statement (within the annual report). Comply – Board of Directors – page 29 External Auditors responsibilities – page 116 Annual Governance Statement – page 97
C.2.1	The annual report should contain a statement that the board has conducted a review of the effectiveness of its system of internal controls. Comply – Annual Governance Statement – page 97
C.2.2	A trust should disclose in the annual report: (a) if it has an internal audit function, how the function is structured and what role it performs; or (b) if it does not have an internal audit function, that fact and the processes it employs for evaluating and continually improving the effectiveness of its risk management and internal control processes. Comply – Audit Committee – page 76

C.3.5	If the council of governors does not accept the audit committee's recommendation on the appointment, reappointment or removal of an external auditor, the board of directors should include in the annual report a statement from the audit committee explaining the recommendation and should set out reasons why the council of governors has taken a different position. Comply – not applicable
C.3.9	A separate section of the annual report should describe the work of the audit committee in discharging its responsibilities. The report should include: • the significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed; • an explanation of how it has assessed the effectiveness of the external audit process and the approach taken to the appointment or re-appointment of the external auditor, the value of external audit services and information on the length of tenure of the current audit firm and when a tender was last conducted; and • if the external auditor provides non-audit services, the value of the non-audit services provided and an explanation of how auditor objectivity and independence are safeguarded. Comply – Audit Committee – page 76
D.1.3	Where an NHS foundation trust releases an executive director, for example to serve as a non-executive director elsewhere, the remuneration disclosures of the annual report should include a statement of whether or not the director will retain such earnings. Comply – not applicable
E.1.5	The board of directors should state in the annual report the steps they have 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, for example 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 92
E.1.6	The board of directors should monitor how representative the NHS foundation trust's membership is and the level and effectiveness of member engagement and report on this in the annual report. Comply – Foundation Trust Membership – page 93

The information listed in Schedule A, section three is publicly available via the Annual Report, the Trust's website or the Trust Secretary.

To comply with section four, re-appointment of the Non-Executive Directors, the Chair will confirm to governors that following formal performance evaluation, the performance of the individual proposed for re-appointment continues to be effective and demonstrates commitment to the role.

In respect of section five, the names of governors submitted for election or re-election are accompanied by sufficient biographical details and any other relevant information to enable members to take an informed decision on their election. This includes prior performance information. This requirement is met through the individual's election statement.

The Trust complies with all provisions of section six.

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 of 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 57 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 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.

The Audit Committee approved the Annual Audit Plan which includes significant risks to be tested.

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 Board of Directors as Corporate Trustees. The committee is chaired by Stuart McKinnon-Evans, Non-Executive Director. The committee comprises another Non-Executive Director, the Director of Finance, acting as financial trustee, the Director of Workforce and Organisational Development, the Charitable Funds Manager and the Financial Services Manager. The method of appointment of trustees is governed by the Trust's standing orders, with the Charitable Funds Committee structure established within its terms of reference.

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 effectively 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 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 done to improve patient care, patient safety and patient experience.

The Committee was chaired by Non-Executive Director, Mike Smith until Phillip Earnshaw took over the role in September 2022. The committee has a core membership of two other Non-Executive Directors, Director of Nursing, Allied Health and Social Care Professionals, Management support to the Committee, the Medical Director and Chief Operating Officer.

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 2 Non-Executive Directors, Director of Workforce & Organisational Development, Chief Operating Officer, Medical Director, 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 are not members of some of the committees but will attend by request if there is a specific item to be discussed.

On some occasions, Non-Executive Directors have attended a committee meeting that they do not normally attend and these are indicated on the table opposite*. 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	Remuneration and Nomination Committee	Mental Health Legislation Committee	Charitable Funds Committee	Audit Committee	Quality Committee	Finance and Investment Committee	Workforce & Organisational Development Committee	Collaborative Committee	Council of Governors*
Caroline Flint, Chair	9/9	5/5	N/A	N/A	N/A		1*	1*	N/A	4/4
Michele Moran, Chief Executive	9/9	5/5	N/A	3/3	4/5		1*	N/A	6/7	4/4
Mike Smith, Non-Executive Director	9/9	5/5	4/4	N/A	5/5	5/5 (Chair to Aug 22)	N/A	N/A	3/3 (joined Oct 22)	4/4
Francis Patton, Non-Executive Director	9/9	5/5	N/A	2/3	5/5	3/5	4/4	3/4	N/A	4/4
Dean Royles, Non-Executive Director	9/9	5/5	3/4	1*	N/A	5/5	N/A	4/4	N/A	3/4
Hanif Malik, Associate Non-Executive Director	9/9	5/5	N/A	3/3	N/A	N/A	N/A	1*	5/7	4/4
Stuart McKinnon-Evans, Non-Executive Director	9/9	5/5	N/A	3/3	5/5	N/A	3/4	N/A	5/7	4/4
Phillip Earnshaw, Non-Executive Director (from July 2022)	7/7	2/2	1/1	N/A	N/A	3/3	N/A	N/A	N/A	2/2
Peter Beckwith, Director of Finance	8/9	N/A	N/A	2/3	5/5	N/A	4/4	N/A	6/7	3/4
John Byrne Medical Director (left 30 June 2022)	3/3	N/A	1/1	N/A	N/A	1/1	N/A	1/1	N/A	N/A
Dasari Michael, Interim Medical Director (1 July – 30 September 2022)	2/2	N/A	1/1	N/A	N/A	1/1	N/A	N/A	N/A	N/A
Kwame Fofie, (from 1 October 2022)	4/4	N/A	2/2	N/A	N/A	1/2	N/A	1*	N/A	N/A
Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals	8/9	N/A	N/A	N/A	N/A	4/5	N/A	3/4	4/7	N/A
Lynn Parkinson Chief Operating Officer	9/9	N/A	4/4	1*	N/A	5/5	4/4	4/4	N/A	3/4
Steve McGowan, Director of Workforce & Organisational Development	9/9	5/5	N/A	3/3	N/A	N/A	N/A	4/4	N/A	2/2

In addition to our Board and Committee meetings we have an active and regular Board Development Programme with high participation from all members.

*denotes optional attendance at committee

External Audit

For 2022/23, the Trust's external auditor was Mazars. No non-audit work was undertaken by Mazars in 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.

Internal Audit

In public sector organisations internal audit work is regulated by the Public Sector Internal Audit Standards, which became effective on 1 April 2013 and govern the way in which all internal audit services operating within the public sector (including the NHS) 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.

Audit Yorkshire provided internal audit services to our 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. Executive responsibility for the internal audit function lies with the Director of Finance.

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).

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 2024)

Caroline took up post in September 2021, for an initial 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 Board 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 and for a private hospital. 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 December 2023)

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 North West 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 expires 30 June 2023)

Hanif has over 20 years' experience operating at a senior level in the not for profit and public sectors. He is currently 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 currently the sponsor for the University's work on sustainability, and a Trustee of two charities, including the Bradford Culture Company which will deliver Bradford's UK City of Culture 2024 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 also 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

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 John Byrne, Medical Director

Appointed 1 October 2017

Born in Dublin, Dr Byrne graduated in medicine from University College Dublin in 1994 before serving for six years as a doctor in the Royal Army Medical Corps, where he completed his training in general practice.

In 2002 he became a partner at a GP surgery in Hampshire and in 2008 was appointed locality medical director for Hampshire Community Healthcare. Three years later Dr Byrne became Clinical Director for Integrated Care at Southern Health NHS Foundation Trust and then Clinical Director and Accountable Officer for the Southampton and West Hampshire Division in 2012.

In 2014, he became General Practice Regional Adviser for the Care Quality Commission's (CQC) Birmingham-based Primary Medical Services team, also working part-time with NHS Elect advising NHS trusts on clinical strategy.

Dr Byrne completed a Masters degree in Quality Improvement at Ashridge Business School in 2014 and is a Health Foundation GenQ leadership fellow.

In 2019 John Became the Senior Responsible Officer for the Yorkshire and Humber Care record which is one of the leading exemplars for a national program to roll out a shared care record across health and social care as well as developing a population health management tool. Humber Teaching NHS FT is the organisational host on behalf of the Yorkshire and Humber ICS system.

John led the teams providing supporting the Patient and Carer experience, Quality improvement, Research, Medical education, Mental Health Legislation and Pharmacy. He was the Trust's responsible Officer.

Dr Dasari Michael, Interim Medical Director

1 July to 30 September 2022

Dr Dasari Michael took on the Interim Medical Director role from 1st July to 30 September 2022. Dr Michael previously held the role of Medical Director from 2013-2017. Having felt he had achieved his objectives he chose to return to his clinical role at Townend Court, the Trust's 20-bed inpatient unit for people with a learning disability.

Dr Michael is a Consultant Psychiatrist in the Speciality of Psychiatry of Learning Disability. He has worked at the Trust since 2006 and has held roles at Townend Court, Trust and other responsibilities regionally and nationally.

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 Masters 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 Trust Secretary on 01482 389107 or through the website in the Board papers section. 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 Foundation Trust Code of Governance.

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

I was pleased to be re-elected as the lead governor from 1st February 2023. It is a privilege to be given the opportunity to hold this position, support other Governors and the Humber Teaching NHS Foundation Trust in this way. I would like to thank those who have gone before me who have set a high standard and a great example.

I am in my final year as the elected Governor for Whitby and, during my tenure, I have taken special interest in the refurbishment of Whitby Hospital. This significant capital project has benefited from considerable commitment from the Trust to make it a reality. It is much appreciated by local people and there has been a great deal of voluntary engagement by the local Whitby community who have contributed to ensuring the Hospital is still at the heart of the local community. I have also been taking a special interest in the ways we ensure and enable the patients voice to be heard.

The role of the Council of Governors is to seek assurance that the high-quality standards we all expect are being met and we have done this through asking questions of Board members. Governors also appoint Non-Executive Directors and the Chair. Additionally, Governors seek to help to improve the services that the local population, patients, service users and their friends and family benefit from.

Next year, a significant number of Governors will reach the end of their term of office and we hope local people will be interested in nominating themselves to become a Governor. The Trust will support new governors to effectively undertake their role.

Our Engaging with Members Group has agreed a Membership Plan which outlines the work we will focus on regarding membership and engagement.

The pandemic changed the way we work, largely meaning we continued to hold a number of our meetings online.

We live in a time of change for the NHS and the Health and Care Act 2022 means we need to assure ourselves that the Trust is an active partner in Integrated Care System work. The Act requires different organisations within the Integrated Care system to work more closely together to better serve the public of our area. We'll be learning more about what this means and how we might do this at a forthcoming meeting

As a Council of Governors, we are keen to hear the views of the people our constituency serves about the Trust's services and plans. You can find out more about the role of a Governor and how to get in touch with us via the Trust website.

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 necessary, 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 at page 44.

NHS England requires foundation trusts to appoint a Lead Governor. Doff Pollard was re-elected in February 2023.

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.
- 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 performing 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.

The Council of Governors comprises 25 Governors who are members of the public and staff constituencies and representatives from partner organisations.
The table below sets out the composition of the Council of Governors.

Composition of the Council of Governors	
Public – 14 Governors	6 East Riding of Yorkshire
	4 Hull
	1 Wider Yorkshire and 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

Council of Governors' Meetings

The Council of Governors met on a quarterly basis, with meetings in April, July, October and January held remotely via Microsoft Teams and fell within the 2022/23 reporting period. An Annual Members' Meeting was also held in October. Council of Governors' public meetings are open for members of the public to attend and the meeting dates and papers are published on our website. For the April, July, October and January meetings, a livestream of the meetings 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, begins with a patient or staff story which is a presentation by a patient/service area team which allows them to give their views on services and the challenges they may have had to face during their journey.

Directors chose to attend the Council of Governors meetings, 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 their attendance is included in the table detailing attendance at Board and sub committee 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 subcommittee (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 three times during 2022/23. The committee was chaired by Sue Cooper, elected governor for East Riding. The group is attended by the Trust Chair and consists of a team of governors and valued support and guidance from Senior Independent Director, Francis Patton. The Director of Workforce and Organisational Development attends, and, when required, invited guests who share their expertise and specialist knowledge. Any decisions made by this group are presented to the full Council of Governors for its approval.

During this year the committee has reappointed Dean Royles for a further three-year term of office and extended the term of office for Mike Smith for two years. A recruitment campaign for a Non-Executive Director with clinical experience was undertaken and Phillip Earnshaw was appointed in July 2022. In considering these appointments the committee took into account the views of the Board of Directors regarding the skills, experience and qualifications required for these roles. Recommendations for appointments and extension to term of office for the Non-Executive Directors were made to the Council of Governors for approval. Further work is being undertaken by the committee around succession planning for the Non-Executive Directors.

Governors have given consideration to future approaches to recruitment to ensure that the talent pool for future Non-Executive Directors is as wide as possible with a particular emphasis on reaching underrepresented groups.

Engaging with Members Governor Group

The group meets to ensure we make the most of our membership. This includes reviewing where we are, how representative our membership is, ways to engage members and make membership more meaningful, enabling members to support and influence the work of the Trust. 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 2022/23.

In contributing to the development of the Operational Plan Governors draw on their personal experiences, expertise and liaison with the members that they represent. 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 such as:

- Annual Members' Meeting
- Public Governor meetings with the Chair
- Public Board of Directors' meetings
- 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

Staff Governors have attended or been involved with the following:

- Staff Governor meetings with the Chair
- Governor development meetings
- Involvement in organisational development work to discuss priorities for the organisational development plans
- Improving / extending relationships with other Governors – understanding the strategic priorities / activities for the Trust better, opportunities for networking in role
- Meeting prospective / new Governors to explain role and purpose
- Informally at meetings / training etc. representing role as Staff Governor – explained the role and Trust strategies, e.g. Health and Wellbeing.

Governor development days were held with various topics being discussed including:

- Measuring and reducing risk
- Governor working groups
- Patient and Carer Experience
- NED reports on Board sub committees and Q&A
- Focus on how the Trust is audited and work of Collaborative Committee and being a Lead Provider in HNY ICS
- Waiting times for Autism/ADHD
- Role of a Governor Patient Voice
- How we safeguard our patients and lessons from Edenfield
- Where Trust money comes from, how and what we spend it on
- How the Board's Workforce and Organisational Development contributes to recruiting, maintaining and growing our staff

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 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 on 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 on a monthly basis up to November 2022 (with the exception of August and December) with every meeting held in public. From January 2023, public Board meetings were held bi-monthly. 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 overleaf. Public and staff governors were publicly elected.

Council of Governors Members and their Attendance in 2022/23

Name	Constituency	No of Council Meetings attended / possible total	Term of Office ended/s
Current Governors			
Patrick Hargreaves (elected uncontested)	Hull Public	3/4	Jan 2025
Brian Swallow (elected uncontested)	Hull Public	3/4	Jan 2025
Helena Spencer	Hull Public	2/4	Jan 2023
John Cunnington (elected)	East Riding Public	2/4	Jan 2024
Dominic Kelly (elected contested)	East Riding Public	N/A	Jan 2026
John Morton (took over Soraya Hutchinson term of office)	East Riding Public	N/A	Jan 2025
Soraya Hutchinson	East Riding Public	0/2	Jan 2023
Sue Cooper (elected uncontested)	East Riding Public	3/4	Jan 2024
Antony Douglas (elected)	East Riding Public	4/4	Jan 2025
Ruth Marsden (elected)	East Riding Public	0/4	Jan 2025
Doff Pollard (elected uncontested)	Whitby Public	4/4	Jan 2024
Anthony Houfe	Service User & Carer	3/3	May 2025
Marilyn Foster	Service User & carer	3/3	May 2025
Will Taylor	Staff Clinical	3/3	May 2025
Joanne Garner (elected)	Staff	0/4	May 2025
Craig Enderby (elected)	Staff clinical	3/4	Jan 2023
Tom Nicklin (elected)	Staff non-clinical	3/4	Jan 2024
Sharon Nobbs (elected uncontested)	Staff non-clinical	1/4	Jan 2025
Cllr Linda Chambers (appointed)	Kingston upon Hull City Council	2/3	N/A
Andy Barber (appointed)	HEY Smile Foundation	0/3	Resigned Oct 2022
Cllr Gwen Lunn (appointed)	Hull City Council	0/1	May 2022
Jacquie White (appointed)	Hull University	3/4	N/A
Steve Duffield (appointed)	Humberside Fire and Rescue	1/1	Interim
Jonathan Henderson (appointed)	Humberside Fire and Rescue	2/3	N/A
Jenny Bristow (appointed)	Humberside Police	3/4	N/A
Cllr Julie Abraham (appointed)	East Riding Council	2/4	N/A
Governors who left during 2020/21			
Andy Barber	Appointed	Left Oct 2022	
Craig Enderby	Staff	End of term of office	
Helena Spencer	Public – Hull	End of term of office	
Cllr Gwen Lunn	Appointed	Resigned May 2022	
Soraya Hutchinson	Public – East Riding	Resigned Jan 2023	

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 2022 to 31 March 2023, four Governors claimed reimbursement for expenses. The cost last year was £454.55

Register of Interests

Governors are required to declare any interests as per the constitution. 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**.

Membership

Governor Elections

Two election campaigns were held during April/May and October/December 2022 for a total of 11 Governor seats covering five constituencies. The details are below:

- Public – Hull: four seats were available – two seats filled, two vacant seats
- Public – East Riding of Yorkshire: two seats were available and all these seats were filled in an election
- Staff – three seats available, two non-clinical and one clinical – one non-clinical and one clinical seat were filled. One clinical seat is vacant
- Service User & Carer – one seat available which was filled
- Wider Yorkshire & Humber – one seat available which was filled.

A total of 79 new public members joined our Trust during 2022/23, and 383 members left during this period taking our membership total (excluding staff members) to 11,956. 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.

During 2022/23 face to face membership recruitment opportunities were not undertaken due to restrictions imposed during the pandemic.

As of 31 March 2023, the Trust had 5,801 members in the East Riding, 5,143 in Hull, 748 in the wider Yorkshire and Humber area, 56 in the Whitby area, 90 patient and service users, 3,157 staff members and 272 members living outside our catchment area. Our Trust membership is fairly static and there are plans to hold more membership recruitment events within the constituencies to ensure our membership remains as representative as possible of the communities we serve. Our staff are broadly representative of the Trust's public membership in numerical terms.

The charts overleaf show how membership is made up and the ethnicity profile up to 31 March 2023. While wanting to maintain membership levels in the year, the pandemic has not made this possible. As restrictions allow, a greater focus will be given to engagement and better understanding the composition of the membership. Every effort will be made to ensure our membership is reflective of the population we serve.

Membership Size and Movement		
Public Constituency (at 31.3.23)	**2022/23**	**2023/24 (est)**
At year start 1 April	12,260	
New Members	79	
Members Leaving	383	
At year end 31 March 2022	11,956	
Staff Constituency (at 31.3.23)	**2022/23**	**2023/24 (est)**
At year start 1 April	2,844	
New Members	824	
Members Leaving	511	
At year end 31 March 2022	3,157	
Patient/Carer Constituency (at 31.3.23)	**2022/23**	**2023/24 (est)**
At year start 1 April	76	
New Members	14	
Members Leaving	0	
At year end 31 March 2022	90	

Analysis of Current Membership*		
Public Constituency	**Number of Members**	**Eligible Membership**
Age (years)		
0 – 16	1	1,116,217
17 – 21	30	339,589
22+	11,069	4,107,465
Ethnicity		
White	10,753	4,691,956
Mixed	63	84,558
Asian or Asian British	176	385,964
Black or Black British	120	80,345
Other	33	40,910
Gender Analysis		
Male	3,836	2,747,100
Female	8,056	2,816,170
Patient/Carer Constituency	**Number of Members**	**Eligible Membership**
Age (years)		
0 – 16	0	0
17 – 21	1	0
22+	60	0

Trust members must be over 14 years old. Our membership constituencies are Hull, East Riding of Yorkshire, Service User and Carer, Whitby and the Wider Yorkshire and Humber area and Staff. We also have a few public out-of-area catchment members, but these members only receive information on the services we provide and are not eligible to vote in governor elections.

The Trust's members play an important part in our future development and can become involved in services by working with our governors if they wish. 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 changed from a paper newsletter to a monthly e newsletter membership magazine, Humber Happenings, which gives more up to date information on what is happening within the Trust, patient activities, meet the governors, puzzles and competitions.

Our Membership Plan identifies what members can do including:

- Support the Trust – by taking part in meetings, giving their feedback on services, suggesting ways the Trust can improve or save money
- Be informed and kept up to date – by taking part in meetings and via the Trust's members' e-newsletter, *Humber Happenings*

- Inform the Trust and help shape service development – by sending their views to the Membership Officer, Non-Executive and Executive Directors, and Governors
- Get involved in voluntary activities – by supporting the Trust's charity, Health Stars, and volunteering to assist the work of services, for example the Recovery College and Patient and Carer Engagement Team (PACE) Team
- Recruit other members – by talking to people in their own communities, taking part in Trust member recruitment drives in the community
- Help shape the future of health and social care by taking part in research
- Come along to our Patient and Carer Experience forums to learn from others and help shape our services:

At its strongest and most powerful the real benefits of membership will come from the links they make with key Trust objectives. We want the membership to have a loud voice in our community.

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: **22 December 2023**

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 2023 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 in 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 organisation's exposure to risk. Risks identified by Committees and reporting groups are communicated and recorded on the appropriate directorate risk registers and subject to overview, monitoring and intervention by the Corporate Risk and Incident Manager, internal governance

arrangements, as well as providing assurance 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.

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. The development of the new three-year Risk Management Strategy continues the proactive approach to risk management to continue to enable a 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.

The Trust has undertaken a self-assessment 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 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.

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 of our 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.

Principal Risks and Uncertainties

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 with the mitigations in place and further assurances required.

Innovating for quality and patient safety

- Inability to meet Regulation 18 HSCA (RA) Regulations 2014 regarding Safer Staffing.
- Failure to address waiting times and meet early intervention targets which may result in increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain
- Failure to use patient experience and other forms of best available evidence to inform practice developments and service delivery models for the services we provide, and commission which may result in reduced quality of care.
- Failure to work collaboratively with our stakeholders to co-produce models of service delivery and deliver transformation programmes both in our provider role and in our role as lead commissioner, which may result in the needs of the communities we serve not being met and health inequalities not being addressed.
- Failure to build on our existing research capacity, take part in high-quality local and national research, embed research as a core component of our frontline clinical services and translate research into action which may impact our ability to shape the future of our health services and treatments.

Enhancing prevention, wellbeing, and recovery

- Failure to equip patients and carers with skills and knowledge needed via the wider recovery model.
- Failure to empower adults, young people, children, and their families to take control of their own self-care which may result in health needs not being fully met leading to poorer health outcomes.
- As a result of system pressures there has been an increase in the number of delayed transfers of care in Trust inpatient services resulting in impact to patient flow which may lead to reduced patient experience and quality of service provision
- Failure to acknowledge experiences of people who use our services which may result in patients not feeling safe and their physical, psychological, and emotional needs not effectively being met.

Fostering integration, partnerships, and alliances

- Failure to use our system-wide understanding of our local population's health needs and our knowledge of the impact and effectiveness of interventions to plan services.
- Failure to work closely with Place-based partnerships across Humber and North Yorkshire to facilitate collaboration and empower local systems which may impact our ability to improve the health and wellbeing outcomes for the population.
- Failure to collaborate with system partners which may impact the efficient and effective use of resources across health and care services.
- Failure to work alongside our partners in health, social care, the voluntary, community and social enterprise sectors, which may impact our ability to develop integrated services as part of the Humber and North Yorkshire Health and Care Partnership.
- Failure to take a collaborative approach to facilitating the provision of modern innovative services which may impact on the development of our role as Lead Provider for perinatal mental health and aspects of specialised mental health commissioning.
- Failure to empower Humber staff to work with partners across organisational boundaries which may prevent patients to access the right support, in the right place, at the right time.

Promoting people, communities, and social values

- Failure to take action to address health inequalities and the underlying causes of inequalities, both in our role as a provider of integrated health services and our role as a developing anchor institution, which may impact our ability to support the long-term aim of increasing life expectancy for our most deprived areas and for population groups experiencing poorer than average health access, experience, and outcomes.
- Failure to celebrate the increasing cultural diversity of Humber which may impact opportunities for our staff, patients, families, and the communities we support to safely express their views and shape and influence our services.
- Failure to work collaboratively with our partners in the voluntary sector to build on our shared strengths and our deep knowledge of service users' needs which may impact our ability to respond to changing circumstances.
- Failure to strengthen Humber's relationships with statutory partners including housing, education and Jobcentre Plus impacting our understanding of our communities.
- Failure to work alongside economic development and health and care system partners to ensure that our investments in facilities and services benefit local communities.
- Failure to offer simplified routes into good employment for local people which could impact the development of an effective and engaged workforce.
- Provide opportunities to people with lived experience of mental and physical ill health, autism and learning disabilities and people from communities experiencing deprivation.

Developing an effective and empowered workforce

- The quality of leaders and managers across the Trust is not at the required level which may impact on the Trust's ability to deliver safe and effective services
- 'We are a Team' (People promise 7) score is below the national average (measured via the National Staff Survey 2021) which may result in reputational harm to the Trust and further impact on the recruitment and retention of an effective and engaged workforce.
- There is a difficulty to retain and recruit GPs, this is contributed to by national shortages and may impact on the Trust's ability to deliver safe services.
- Potential patient or staff injury due to low training compliance for moving and handling.
- The ability to recruit registered nurses may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce.
- Staff engagement scores are below the national average (measured via the National Staff Survey) which may result in reputational harm to the Trust and further impact on the retention of an effective and engaged workforce.
- Staff Survey scores for staff with some protected characteristics are worse than for staff not declaring a protected characteristics (particularly staff declaring themselves as not heterosexual and/or disabled).

Optimising an efficient and sustainable organisation

- Trust IT systems are compromised due to a Cyber Security attack/ incident - this could be a malicious attack from an external third party or an accidental attack from inside the Trust network due to inappropriate actions taken by staff, patients or visitors that comprise the IT systems security.
- Risk to the Trust's ability to deliver its overarching Financial Position (and regulatory intervention) if Agency spend continues to exceed ceiling
- Inability to improve the overall condition and efficiency of our estate.
- Failure to work with our partners and communities to minimise our effect on the environment which may impact our ability to meet the NHS climate change target.
- Risk to longer-term financial sustainability if block contract values are insufficient to cover the Trust Cost base.

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.

Trust-wide Risks 2022-2023

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 risks captured on the Trust-wide risk register at year-end for 2022-2023 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
There is a difficulty to retain and recruit GPs, this is contributed to by national shortages and may impact on the Trust's ability to deliver safe services.	• Staff engagement though TCNC (Trust Consultation and Negotiation Committee) • Staff Health & Wellbeing Group and action plan • Trust retention plan as agreed with NHSI • PROUD programme • Recruitment and retention incentives • Positive staff engagement with medical workforce • HRBPs support divisions with WOD scorecard • Transfer of medical workforce team to HR and appointment of new Team Leader and Manager • Being monitored by the Task and Finish group • GP roles have been put on the 'hard to recruit' list • Investment in band 5 primary care role to support GP recruitment and resourcing of Locums • Invested in BMJ subscription to support wider advertising and attraction initiatives • Transition of Hull GP practices away from Trust.	Programme of 6 monthly deep dives into Leaver data to be undertaken and reported into WFOD Committee. Trust divisions to develop bespoke plans supported by deep dive analysis – specifically Primary Care has developed deep dive work groups to fill GP posts and reduce turnover.
Due to the increasing complexity of CAMHs inpatients nationally and an increasing demand for CAMHs inpatient beds far exceeding capacity, there is increased use of out of area beds for young people which may lead to delayed discharges, insufficient management of patients in line with complexity and admission to inappropriate settings	• Work underway with Divisions to address three areas of challenges currently (Children's ADHD / ASD, Memory Assessment Service/Chronic Fatigue) • Local Targets and KPIs • Close contact being maintained with individual service users affected by ongoing issues. • Waiting Times Procedure in place • Waiting times review is key element of Divisional performance and accountability reviews • Review completed of all services with high levels of waiting times and service-level recovery plans developed to understand C&D and a proposal to address developed.	Level of delayed DTOCS and detail is included in several system meetings where there is representation from Humber and therefore early opportunity to resolve Routine escalation meetings introduced to focus on all patients delayed by over 40 days in the first instance.

Risk Description	Mitigating Controls	Further Mitigating Actions
Failure to address waiting times and meet early intervention targets which may result in increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.	• Work underway with Divisions to address three areas of challenges currently (Children's ADHD / ASD, Memory Assessment Service/Chronic Fatigue) • Local Targets and KPIs • Close contact being maintained with individual service users affected by ongoing issues • Waiting Times Procedure in place • Waiting times review is key element of Divisional performance and accountability reviews • Review completed of all services with high levels of waiting times and service-level recovery plans developed to understand C&D and a proposal to address developed.	Increase governance arrangements to ensure that there is rigour and governance in place to ensure patients are treated in chronological order and according to level of risk based on use of risk stratification tool. Agreement with commissioners on levels of funding available to support demand - 30/06/2023
As a result of system pressures there has been an increase in the number of delayed transfers of care in Trust inpatient services resulting in impact to patient flow which may lead to reduced patient experience and quality of service provision.	• Targeted escalation meetings with place partners and provider collaboratives are in place to resolve the complex care packages of patients that are required • Level of delayed DTOCS and detail is included in system meetings. • Bed management team continue to review bed demand and reconfigure bed profiles to meet the changing demand for male or female beds.	Level of delayed DTOCS and detail is escalated in a number of system meetings where there is representation from Humber and therefore early opportunity to resolve Routine escalation meetings introduced to focus on all patients delayed by over 40 days in the first instance.

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 has been 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 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) however 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 is being delivered by The NHS England team to Matrons; Clinical leads; Professional Nurse Educators and safer staffing leads in May 2023 and this will allow the cascade of training to all staff who are 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 6 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 MDT offer to patients or through redesigning skill mix and roles to address hard to recruit vacancies, then a QIA has been completed (included in the NQB guidance)

Local monthly 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 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 impact on patients and staff. This is initially communicated to the service manager; on-call manager and staff also complete a Datix clearly outlining impact for patients and staff. Where inadequate staffing levels persist beyond 30 mins 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 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 HTFT 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 will align to both service activity and financial planning and fit the Trust's and Integrated Care System's strategic objectives.

The Trust is also participating in phase 2 of the Community Safer Staffing Nursing tool implementation nationally and will be undertaking 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 and has plans in place which take account of the 'Delivering a Net Zero Health Service' report under the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are 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 also 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 Nomination 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 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 2022/23 is being independently audited in May 2023 and the outcome will be available in June 2023. The DSP Toolkit assessment status for 2022/23 is expected to be 'Standards Met'.

The Trust demonstrates it '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.

In order to provide assurance that information governance practices are compliant with Trust policy, legal and regulatory requirements and 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 2022/23 by the Trust in relation to data protection breaches. Three of the incidents have been closed by the Information Commissioner's Office with no further action, three incidents are still awaiting a response and one incident was retracted following further investigation.

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 have achieved Cyber Essentials in 2021 and is now working on Cyber Essential Plus for 2024. 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 within the Divisions, such as regular meetings to review waiting time data.

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.

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 plans in place which take account of the 'Delivering a Net Zero Health Service' report under the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of effectiveness

As Accountable 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.

Of the 11 audits undertaken in 2022/23, by Audit Yorkshire. The outcome of the audits were:

- 2 provided high assurance
- 9 provided significant 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. 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 Report

Annual Quality Accounts are published as part of the Trust Annual Report and in their development 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 were appropriate and that the publication fairly represented 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 of the services it provides. Full details of our 2022/23 quality priorities and progress made against them are detailed within our Quality Account 2022/23. 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 2022/23 Quality Accounts, four quality priorities were developed for delivery within the 2023/24 financial year, in collaboration with a range of stakeholders before being put forward for consideration by the Executive Management Team, and Board approval.

Quality Priorities for 2023-2024

The final agreed key quality priorities for the year ahead are described below:

Priority One:

To fully implement and embed the Patient Safety Incident Response Framework (PSIRF), in line with national directives, moving away from a root cause analysis approach to investigating serious incidents which can inadvertently lead to individual/team blame and therefore a poor patient safety culture to one of reviewing the systems within which staff work which facilitates inquisitive examination of a wider range of patient safety incidents "in the spirit of reflection and learning" rather than as part of a "framework of accountability". To increase service user involvement in our patient safety priorities and associated work incorporating a strengthened approach to involving families and carers strengthening our approaches to 'Think Family'.

Priority Two:

To work towards ensuring that services are delivered and co-ordinated to ensure that people approaching the end of their life are identified in a timely manner and supported to make informed choices about their care.

Priority Three:

As part of our approach to ensuring we are in line with national guidance in relation to Use of Force and avoidance of a closed culture in our inpatient units we will refresh and embed Safeward interventions which aim to improve safety for both patients and staff by focussing on reducing conflict and therefore reducing restrictive interventions in all of our mental health, CAMHS and learning disability inpatient units.

Priority Four:

We will ensure that we are undertaking clinical risk assessment management and formulation in mental health services in line with best practice and evolving national guidance; providing collaborative person-centred approaches; moving away from a reliance on risk assessment tools to predict future risk, with a focus on using structured professional judgement to inform decisions about support and interventions.

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 2023 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: **22 December 2023**

Michele Moran
Chief Executive

Equality and Diversity

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 ex (WRES) and the Workforce disability Equality Standard (WDES) action plans with staff networks and representation from lived experience, 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.

Following a focus on the accuracy of the workforce equality data seeing a significant reduction in the number of unspecified entries in ESR for ethnicity, disability or sexual orientation, the Trust reviewed the process for gaining this valuable information. Following the review positive changes were made to the process. 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 have the ability to update their own records on ESR and they are sent annual reminders to update. This is in addition to receiving a number of 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 March 2023 there were 86 ESR records showing unspecified data.

Over the past 12 months, 15 staff members attended the Bullying and Harassment training and 137 staff attended the Recruitment and Selection training which is a significant improvement on the previous year where 38 staff attended.

Improving diversity and inclusiveness in the workforce has been addressed through revising polices such as Grievance, Management of Change, Retirement, Job Planning for Medics, Engagement and Deployment of short term staffing and a new all-encompassing Leave policy has been launched. This policy is an enhanced provision for employees and acts as a single point of reference supporting employees to take the time off they need 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 has resulted in the Trust being accredited with the Tommy's pregnancy and parenting at work champion kitemark. The Trust is the second Trust nationally to attain this accreditation. 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 244 applications for flexible working of which 161 have been 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 past 12 months we have seen several changes across the composition of the Trust's workforce. Whilst the Trust maintains at nearly 80% a predominately female workforce, some underrepresented groups have seen an increase in representation. For example, the percentage of staff with a disability has increased to 6.74% (4% in 2019) whereas staff from the LGBTQ+ community increased to 3.42%. However, over the past 12 months there has been considerable work undertaken to improve the quality of workforce ESR records to remove unspecified equality data and convert them to positive values such as yes, no, or prefer not to say. In doing so the Trust has seen a greater accuracy around staff ethnicity (5.11%), staff disability (6.74%) and LGBTQ+ (3.42%).

Performance against targets

Objective as set out in the EDI Annual Report 2022/23	Progress Review
The application of rigor and transparency in the negotiations of starting salaries for medical staffing posts	Completed there is now a clear process for agreeing starting salaries for medics.
Deliver Recruitment and Selection training for managers	137 staff attended the training in the last 12 months
Deliver Bullying and Harassment awareness training to managers	15 staff have attended this training in the last 12 months
Revise the Clinical Excellence Awards Policy to ensure that it is transparent and eliminates potential bias	Policy and guidance documents are currently undergoing a consultation with the LNC and BMA for implementation later in 2023
Introduce a mentoring scheme across the Trust	Mentor scheme was launched in March 2023. Reverse Mentoring is part of this launch
Provide career coaching	Still in development
Continue to ensure awareness and encourage female and part time eligible consultants to apply for Clinical Excellence Awards	This is a key focus of the draft proposal for the new scheme. As mentioned above, it is in consultation currently
Continue to improve the recording of personal data and protected characteristics	This process has been reviewed and improved.
Campaign to communicate the range of ways in which colleagues can speak up relevant to the concerns they have	Ongoing progress
Revise the disciplinary policy and procedure	Completed
Revise the sickness management policy and procedure	Completed
Promote programmes available through the NHS Leadership Academy specifically aimed at BAME colleagues	Ongoing
Amend the Trusts' behavioural standards to expand on the Equality and Diversity standards	Complete
Chair of the Workforce and OD Committee to periodically attend the Trust Equality and Diversity (Workforce) Group	Complete

Gender Pay Gap Report

Humber Teaching NHS Foundation Trust supports the fair treatment and reward of all staff irrespective of gender or any other protected characteristic. In producing this report, we recognise that we have more to do to reduce the gender pay gap and we remain committed to a workplace that respects and harnesses equality and diversity. We will work to improve the gender pay gap by undertaking the actions set out at the end of this report.

Information on the Trusts 2023 Gender Pay Gap report will be found on the Trust website. In summary, the Trusts Gender Pay Gap information for 22/23 is shown opposite:

- The Trust's mean gender pay gap has increased to 13.2% up from 11.4% in 2021.
- The Trust's median gender pay gap is 6% a significant increase from 2021 (1%).
- The Trust's mean bonus gender pay gap is -11.48% and has significantly decreased since 2021 (-21.41%).
- The Trust's median bonus gender pay gap is 50% equal to 2021 (50%).
- The proportion of males receiving a bonus is 1.26% slightly lower than 2021 (1.27%)
- The proportion of females receiving a bonus is 0.26% slightly lower than 2021 (0.27%)

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

- Quartile 1: 80.42% Female and 19.58% Male
- Quartile 2: 78.99% Female and 21.01% Male
- Quartile 3: 80.87% Female and 19.13% Male
- Quartile 4: 75.03% Female and 24.97% Male

2022 Workforce Disability Equality Standard (WDES)

The Workforce Disability Equality Standard (WDES) for 2022 identifies some key areas of improvement for the Trust:

- 20% of staff with a long-term condition or illness reported experiencing harassment, bullying or abuse from other colleagues in last 12 months, this represents an increase of +4.3% when compared to 15.7% in 2020. The comparative figure for staff without a long-term condition or illness is 11.4%, so the gap between staff with a disability and staff without a disability is 8.7%, this represents an increase of 4.2% on the previous year's 4.5%
- 45.3% of staff with a long-term condition or illness reported being satisfied with the extent to which their organisation values their work, this compares to 49.3% the previous year. The gap between staff with a disability and staff without a disability has widened to 6.4%, against the comparator of 51.7%. This represents an increase of 1.7% on the previous year's gap of 4.7%. The national figure for staff with a long-term condition or illness is 43.6%.
- 13.8% of staff with a long-term condition or illness reported experiencing harassment, bullying or abuse from managers in the last 12 months, whilst this represents an improvement on the previous year by -2.4% in 2020's figure of 16.1%, there is still a gap between staff with a disability and staff without a disability of 7% based on the comparator of 6.8%.

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

Signed:

Date: **22 December 2023**

Michele Moran
Chief Executive

INDEPENDENT AUDITOR'S REPORT

to the Council of Governors and Board of Directors of Humber Teaching NHS Foundation Trust

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 2023 which comprise the Trust Statement of Comprehensive Income, the Statement of Financial Position, the Trust Statement of Changes in Taxpayers' Equity, the Trust Statement of Cash Flows, and notes to the financial statements, including the summary of significant accounting policies. 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 2022/23 as contained in the Department of Health and Social Care Group Accounting Manual 2022/23, 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 2023 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 2022/23; 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 Directors are responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. 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 2022/23 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.

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.

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 were designed to respond to those identified risks, including non-compliance with laws and regulations (irregularities) and fraud that are material to the financial statements. Our audit procedures included but were not limited to:

- discussing with management and the Audit Committee the 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.

Our audit procedures in relation to fraud included but were not limited to:

- tests in relation to cut off to ensure revenue is recognised in the correct period;
- 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 April 2021.

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 2023.

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 January 2023.

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 2022/23; 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 2022/23; 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.

Certification

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

22 December 2023

TRUST ANNUAL ACCOUNTS 2022/23

Humber Teaching NHS Foundation Trust

Annual accounts for the year ended 31 March 2023

Foreword to the accounts

Humber Teaching NHS Foundation Trust

These accounts, for the year ended 31 March 2023, 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.

Michele Moran
Chief Executive

Statement of Comprehensive Income

		2022/23	2021/22
	Note	£000	£000
Operating income from patient care activities	3	236,691	195,453
Other operating income	4	13,141	13,521
Operating expenses	7, 9	(272,869)	(212,080)
Operating surplus/(deficit) from continuing operations		**(23,037)**	(3,106)
Finance income	11	1,010	242
Finance expenses	12	(717)	(430)
PDC dividends payable		(2,424)	(2,248)
Net finance costs		**(2,131)**	(2,436)
Other gains / (losses)	13	5	64
Deficit for the year from continuing operations		**(25,163)**	(5,478)
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments charged to the revaluation Reserve	8	2,625	(3,936)
Revaluations	17	2,103	2,865
Remeasurements of the net defined benefit pension scheme liability / asset	32	5,949	1,659
Total comprehensive income / (expense) for the period		**(14,486)**	(4,890)

All operating activities relate to continuing activities.

Statement of Financial Position

		31 March 2023	31 March 2022
	Note	£000	£000
Non-current assets			
Intangible assets	14	13,708	10,870
Property, plant and equipment	15	90,633	86,073
Right of use assets	18	10,302	-
Other assets	22	3,402	-
Receivables	21	159	66
Total non-current assets		**118,204**	97,009
Current assets			
Inventories	20	152	137
Receivables	21	19,410	16,562
Non-current assets for sale and assets in disposal groups	23.1	-	342
Cash and cash equivalents	24	30,906	29,386
Total current assets		**50,468**	46,427
Current liabilities			
Trade and other payables	25	(37,677)	(29,443)
Borrowings	27	(1,870)	-
Provisions	28	(105)	(1,401)
Other liabilities	26	(7,610)	(7,513)
Total current liabilities		**(47,262)**	(38,357)
Total assets less current liabilities		**121,410**	105,079
Non-current liabilities			
Borrowings	27	(31,193)	-
Provisions	28	(1,666)	(2,579)
Other liabilities	26	-	(2,232)
Total non-current liabilities		**(32,859)**	(4,811)
Total assets employed		**88,551**	100,268
Financed by			
Public dividend capital		79,271	76,937
Revaluation reserve		18,823	14,776
Other reserves		5,535	(414)
Income and expenditure reserve		(15,078)	8,969
Total taxpayers' equity		**88,551**	100,268

The notes on pages 127 to 166 form part of these accounts.

Name: **Michele Moran**
Position: **Chief Executive**
Date: **22 December 2023**

Statement of Changes in Taxpayers' Equity

for the year ended 31 March 2023

	Public dividend capital £000	Revaluation reserve £000	Other reserves £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2022 – brought forward	**76,937**	**14,776**	**(414)**	**9,184**	**100,483**
Prior period adjustment				**(215)**	**(215)**
Taxpayer's and others' equity at 1 April 2022 – restated	**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**
Other Reserve movements				-	**-**
Taxpayers' and others' equity at 31 March 2023	**79,271**	**18,823**	**5,535**	**(15,078)**	**88,551**

Statement of Changes in Equity

for the year ended 31 March 2022

	Public dividend capital £000	Revaluation reserve £000	Other reserves £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2021 – brought forward	**69,652**	**16,250**	**(2,073)**	**14,259**	**98,088**
Surplus/(deficit) for the year	-	-	-	(5,478)	(5,478)
Impairments	-	(3,936)	-	-	(3,936)
Revaluations	-	2,865	-	-	2,865
Transfer to retained earnings on disposal of assets	-	(18)	-	18	-
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	1,659	-	1,659
Public dividend capital received	7,285	-	-	-	7,285
Other reserve movements	-	(385)	-	385	-
Taxpayers' and others' equity at 31 March 2022	76,937	14,776	(414)	9,184	100,483

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	2022/23 £000	2021/22 £000
Cash flows from operating activities			
Operating surplus / (deficit)		(23,037)	(3,106)
Non-cash income and expense:			
Depreciation and amortisation	7.1	7,569	4,124
Net impairments	8	24,782	5,166
Income recognised in respect of capital donations	4	-	(76)
Non-cash movements in on-SoFP pension liability		315	394
(Increase) / decrease in receivables and other assets		(3,240)	(11,672)
(Increase) / decrease in inventories		(15)	18
Increase / (decrease) in payables and other liabilities		9,767	(62)
Increase / (decrease) in provisions		(2,217)	2,035
Other movements in operating cash flows		-	-
Net cash flows from / (used in) operating activities		**13,924**	(3,179)
Cash flows from investing activities			
Interest received		1,010	6
Purchase and sale of financial assets / investments		-	-
Purchase of intangible assets		(3,649)	(1,696)
Sales of intangible assets		-	-
Purchase of property, plants and equipment and investment property		(9,225)	(7,820)
Sales of property plant and equipment and investment property		338	1,009
Initial direct costs or up front payments in respect of new right of use assets		(43)	
Net cash flows from / (used in) investing activities		**(11,569)**	(8,501)
Cash flows from financing activities			
Public dividend capital received		2,334	7,285
Other capital receipts		1,412	-
Movement on loans from DHSC		-	(3,838)
Capital element of finance lease rental payments		(1,931)	-
Interest on loans		-	(144)
Interest paid on finance lease liabilities		(319)	-
PDC dividend (paid) / refunded		(2,331)	(2,173)
Net cash flows from / (used in) financing activities		**(835)**	1,130
Increase / (decrease) in cash and cash equivalents		**1,520**	(10,550)
Cash and cash equivalents at 1 April – brought forward		**29,386**	39,936
Cash and cash equivalents at 31 March	24.1	**30,906**	29,386

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 2022/23 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

The Trust's annual report and 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 GMS contracts for Humber Primary Care in Bridlington.The Peeler House Practice was transferred to the Riding Group in June 2022 and Princess Medical Centre was transferred to James Alexander Family Practice on 31 March 2023.

Note 1.4 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under 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 income is earned from NHS commissioners in the form of fixed payments to fund an agreed level of activity.

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. In 2022/23 payment under these schemes is included in fixed payments from commissioners based on assumed achievement of criteria.

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 Improvement 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 IAS 20 for government grants.

Note 1.5 Other forms of income

Grants and donations

Government grants are grants 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 consolidated 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.

Local Government Pension Scheme

Since December 2016, some employees are members of the East Riding of Yorkshire 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

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, e.g., 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.

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 2023 with a valuation date of 31st March 2023 and involved applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 ('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	-	16
Transport equipment	5	7
Information technology	1	10
Furniture & fittings	3	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, e.g. 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, e.g. 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:

	Min life Years	Max life Years
Information technology	-	-
Software licences	2	10
Licences & trademarks	-	-
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 Office of National Statistics (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, i.e., 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 0.95% applied to new leases commencing in 2022 and 3.51% to new leases commencing in 2023.

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 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
IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury has been applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaces IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations.

The standard has been 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 have only been 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 have not been 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 has been used in determining the lease term where lease arrangements contain options for extension or earlier termination.

No adjustments have been 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 has a value below £5,000. No adjustments have been made in respect of leases previously classified as finance leases.

The Trust as lessor
Leases of owned assets where the Trust is lessor were unaffected by initial application of IFRS 16. For existing arrangements where the Trust is an intermediate lessor, classification of all continuing sublease arrangements has been reassessed with reference to the right of use asset.

2021/22 comparatives
Comparatives for leasing transactions in these accounts have not been restated on an IFRS 16 basis. Under IAS 17 the classification of leases as operating or finance leases still applicable to lessors under IFRS 16 also applied to lessees. In 2021/22 lease payments made by the Trust in respect of leases previously classified as operating leases were charged to expenditure on a straight line basis.

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 2023:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	3.27%	0.47%
Medium-term	After 5 years up to 10 years	3.20%	0.70%
Long-term	After 10 years up to 40 years	3.51%	0.95%
Very long-term	Exceeding 40 years	3.00%	0.66%

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 2023:

	Inflation rate	Prior year rate
Year 1	7.40%	4.00%
Year 2	0.60%	2.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of 1.70% in real terms (prior year: minus 1.30%).

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 28.1 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 **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.

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 2022/23.

Note 1.24 Critical judgements in applying accounting policies

In the application of Humber Teaching NHS Foundation Trust's accounting policies, management is required to make judgments, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily 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 those 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 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 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

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), 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	42,090	208,757	250,847
Expenditure	(42,124)	(233,886)	(276,010)
Surplus / Deficit	(34)	(25,129)	(25,163)
Assets	613	168,059	168,672
Liabilities	(1,171)	(78,950)	(80,121)

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)

	2022/23	2021/22
	£000	£000
Mental health services		
Income from commissioners under API contracts*	102,048	119,995
Services delivered under a mental health collaborative	20,054	7,572
Income for commissioning services in a mental health collaborative	42,090	21,702
Other clinical income from mandatory services	3,372	1,902
Community services		
Income from commissioners under API contracts*	29,750	26,941
Income from other sources (e.g. local authorities)	13,253	9,474
All services		
Agenda for change pay offer central funding	6,323	-
Additional pension contribution central funding**	5,920	5,274
Other clinical income	13,881	2,593
Total income from activities	**236,691**	**195,453**

*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2022/23 National Tariff payments system documents. **www.england.nhs.uk/publication/past-national-tariffs-documents-and-policies/**

**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.

Note 3.2 Income from patient care activities (by source)

	2022/23	2021/22
	£000	£000
Income from patient care activities received from:		
NHS England	74,763	47,422
Clinical commissioning groups	32,358	134,062
Integrated care boards	107,643	-
Other NHS providers	3,878	1,902
NHS other	41	1,244
Local authorities	16,072	9,474
Non NHS: other	1,936	1,349
Total income from activities	**236,691**	**195,453**

All income relates to continuing operations

On 1 July 2022 Clinical Commissioning Groups were disolved and responsibilities transferred to Intergrated Care Boards. The Trust also commenced a contract to run the 0-19 services for Hull City Council.

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 2022/23 (Nil return 2021/22).

Note 4 Other operating income

	2022/23			2021/22		
	Contract income £000	Non-contract income £000	Total £000	Contract income £000	Non-contract income £000	Total £000
Research and development	784	-	**784**	486	-	486
Education and training	3,651	503	**4,154**	1,843	387	2,230
Non-patient care services to other bodies	424		**424**	3,693		3,693
Reimbursement and top up funding	-		**-**	138		138
Income in respect of employee benefits accounted on a gross basis	3,345		**3,345**	3,174		3,174
Receipt of capital grants and donations and peppercorn leases		-	**-**		76	76
Charitable and other contributions to expenditure		122	**122**		324	324
Revenue from operating leases		3,272	**3,272**		2,348	2,348
Other income	-	1,040	**1,040**	230	822	1,052
Total other operating income	**8,204**	**4,937**	**13,141**	9,564	3,957	13,521

All income relates to continuing operations.

Note 5.1 Additional information on contract revenue (IFRS 15) recognised in the period

	2022/23	2021/22
	£000	£000
Revenue recognised in the reporting period that was included within contract liabilities at the previous period end	7,513	4,733

This comprises of income that the Trust was paid in 2021/22 but related to activities to be delivered in 2022/23.

Note 5.2 Transaction price allocated to remaining performance obligations

	31 March 2023	31 March 2022
	£000	£000
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:		
within one year	7,610	7,513
after one year, not later than five years		
after five years		
Total revenue allocated to remaining performance obligations	**7,610**	7,513

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

Under the terms of its provider licence, 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, for example inpatient services. This information is provided in the table below:

	2022/23	2021/22
	£000	£000
Income from services designated as commissioner requested services	155,179	148,838
Income from services not designated as commissioner requested services	82,514	46,615
Total	**237,693**	**195,453**

Note 5.4 Profits and losses on disposal of property, plant and equipment

Humber Teaching NHS Foundation Trust has no disposal of assets in 2022/23 (Nil return 2021/22).

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

	2022/23	2021/22
	£000	£000
Lease receipts recognised as income in year:		
Minimum lease receipts	3,262	2,348
Total in-year operating lease income	**3,262**	**2,348**

Note 6.2 Future lease receipts

	31 March 2022
	£000
Future minimum lease receipts due at 31 March 2022:	
- not later than one year;	2,348
- later than one year and not later than five years;	6,039
- later than five years.	468
Total	**8,855**

Note 7.1 Operating expenses

	2022/23	2021/22
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	21,197	9,134
Purchase of healthcare from non-NHS and non-DHSC bodies	30,294	22,308
Staff and executive directors costs	159,245	138,419
Remuneration of non-executive directors	130	122
Supplies and services - clinical (excluding drugs costs)	5,393	4,485
Supplies and services - general	1,738	1,551
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	1,395	1,304
Consultancy costs	-	136
Establishment	3,008	2,787
Premises	9,753	7,775
Transport (including patient travel)	1,826	1,575
Depreciation on property, plant and equipment	6,402	2,905
Amortisation on intangible assets	1,167	1,219
Net impairments	24,782	5,166
Movement in credit loss allowance: contract receivables / contract assets	1,269	69
Increase/(decrease) in other provisions	(2,204)	2,073
Fees payable to the external auditor		
Audit services – statutory audit*	90	65
Internal audit costs	94	101
Clinical negligence	935	773
Legal fees	199	113
Insurance	88	44
Research and development	913	656
Education and training	1,995	2,476
Operating lease expenditure (comparative only)		2,089
Redundancy	57	8
Car parking & security	102	-
Hospitality	5	-
Losses, ex gratia & special payments	2	4
Other services, e.g. external payroll	640	209
Other**	2,354	4,514
Total	**272,869**	212,080
Of which:		
Related to continuing operations	272,869	212,080
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 2022/23 or 2021/22.

Note 8 Impairment of assets

	2022/23	2021/22
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	24,782	5,166
Total net impairments charged to operating surplus / deficit	**24,782**	**5,166**
Impairments charged to the revaluation reserve	(2,625)	3,936
Total net impairments	**22,157**	**9,102**

The carrying value of the Trust's land and buildings at 31 March 2023 were assessed by Valuers Cushman and Wakefield, in recognition of increases in building cost indices over the year. The overall impact of their assessment was an increase in value of £3.165m in respect of owned assets and a decrease in the value of right of use assets of £23.219m.

Included in the overall impact of the change in owned assets was £0.713m of impairments charged to the revaluation reserve and £3.098m to the statement of comprehensive income. Reversals of previous impairments were £4.873m, with £1.535m were charged the statement of comprehensive income and £3.338m charged to the revaluation reserve.

The impairment of right of use assets was charged wholly to the statement of comprehensive income.

During the year the Trust was successful in securing a refund of VAT in relation to the construction cost of its Inspire mental health unit. The VAT refund has reduced the value of the building, reflecting the rebuild cost will be net of recoverable VAT.

Note 9 Employee benefits

	2022/23	2021/22
	Total £000	Total £000
Salaries and wages	120,643	103,906
Social security costs	11,449	9,727
Apprenticeship levy	538	480
Employer's contributions to NHS pensions*	19,510	17,397
Pension cost – other	496	559
Temporary staff (including agency)	8,773	8,406
Total gross staff costs	**161,409**	140,475
Recoveries in respect of seconded staff	(193)	(280)
Total staff costs	**161,216**	140,195
Of which:		
Costs capitalised as part of assets	514	642

*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 £5,920k for 2022/23 (£5,274k for 2021/22)

Note 9.1 Retirements due to ill-health

During 2022/23 there was 1 early retirement from the trust agreed on the grounds of ill-health (1 in the year ended 31 March 2022). The estimated additional pension liabilities of these ill-health retirements is £111k (£15k in 2021/22).

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 are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care 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 2023, is based on valuation data as 31 March 2022, updated to 31 March 2023 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 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

Note 10.1 Local government Superannuation Scheme

East Riding of Yorkshire Council Pension 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 enrolment. 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 2022/2023 were £76k (2021/22 £56k).

Note 11 Finance income

Finance income represents interest received on assets and investments in the period.

	2022/23	2021/22
	£000	£000
Interest on bank accounts	685	16
Other finance income	325	226
Total finance income	**1,010**	242

Note 12.1 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2022/23	2021/22
	£000	£000
Interest expense:		
Interest on loans from the Department of Health and Social Care	-	137
Interest on lease obligations	320	-
Total interest expense	**320**	**137**
Unwinding of discount on provisions	8	(7)
Other finance costs	389	300
Total finance costs	**717**	**430**

Note 12.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

	2022/23	2021/22
	£000	£000
Total liability accruing in year under this legislation as a result of late payments	0	1

Note 13 Other gains / (losses)

	2022/23	2021/22
	£000	£000
Gains on disposal of assets	9	64
Losses on disposal of assets	(4)	-
Total gains / (losses) on disposal of assets	**5**	64

The loss on disposal of assets is relating to the disposal of the Asset held for sale during the year relating to Chestnuts GP Surgery.

Note 14.1 Intangible assets – 2022/23

	Software licences £000	Licences & trademarks £000	Intangible assets under construction £000	Other (purchased) £000	Total £000
Valuation / gross cost at 1 April 2022 – brought forward	**2,741**	**-**	**1,478**	**9,876**	**14,095**
Additions	-	-	3,649	-	**3,649**
Reclassifications	676	-	(2,585)	2,265	**356**
Disposals / derecognition	-	-	-	-	**-**
Valuation / gross cost at 31 March 2023	**3,417**	**-**	**2,542**	**12,141**	**18,100**
Amortisation at 1 April 2022 – brought forward	**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**

The useful lives attached to Intangibles Assets are shown in note 1.9.

Note 14.2 Intangible assets – 2021/22

	Software licences £000	Licences & trademarks £000	Intangible assets under construction £000	Other (purchased) £000	Total £000
Valuation / gross cost at 1 April 2021 – as previously stated	**2,741**	**-**	**9,544**	**114**	**12,399**
Additions	-	-	1,696	-	**1,696**
Reclassifications	-	-	(9,762)	9,762	-
Valuation / gross cost at 31 March 2022	**2,741**	**-**	**1,478**	**9,762**	**14,095**
Amortisation at 1 April 2021 – as previously stated	**2,006**	**-**	-	**-**	**2,006**
Provided during the year	134	-	-	1,085	**1,219**
Amortisation at 31 March 2022	**2,140**	**-**	**-**	**1,085**	**3,225**
Net book value at 31 March 2022	**601**	**-**	**1,478**	**8,791**	**10,870**
Net book value at 1 April 2021	**735**	**-**	**9,544**	**114**	**10,393**

Note 15.1 Property, plant and equipment – 2022/23

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2022 – brought forward	**8,329**	**68,109**	**3,555**	**3,336**	**133**	**18,463**	**1,225**	**103,150**
Prior Year Adjustment	(65)	(150)						**(215)**
Adjusted cost at 1 April 2022 – brought forward	**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)**
Disposals / derecognition	-	-	-			-	-	**-**
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 – brought forward	**-**	**-**	**-**	**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)**
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	**8,329**	**68,109**	**3,555**	**353**	**12**	**5,835**	**95**	**86,288**

Note 15.2 Property, plant and equipment – 2021/22

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation / gross cost at 1 April 2021 – as previously stated	**7,993**	**70,332**	**6,428**	**3,336**	**121**	**16,226**	**1,225**	**105,661**
Additions	-	-	7,911	-	12	-	-	**7,923**
Impairments	(1,410)	(18,424)	-	-	-	-	-	**(19,834)**
Reversals of impairments	2,275	8,562	-	-	-	-	-	**10,837**
Revaluations	(829)	(756)	-	-	-	-	-	**(1,585)**
Reclassifications	-	8,547	(10,784)	-	-	2,237	-	**-**
Transfers to / from assets held for sale	300	(152)	-	-	-	-	-	**148**
Valuation/gross cost at 31 March 2022	**8,329**	**68,109**	**3,555**	**3,336**	**133**	**18,463**	**1,225**	**103,150**
Accumulated depreciation at 1 April 2021 – as previously stated	**916**	**2,140**	**-**	**2,664**	**121**	**11,492**	**1,074**	**18,407**
Provided during the year	-	1,394	-	319	-	1,136	56	**2,905**
Revaluations	(916)	(3,534)	-	-	-	-	-	**(4,450)**
Accumulated depreciation at 31 March 2022	**-**	**-**	**-**	**2,983**	**121**	**12,628**	**1,130**	**16,862**
Net book value at 31 March 2022	**8,329**	**68,109**	**3,555**	**353**	**12**	**5,835**	**95**	**86,288**
Net book value at 1 April 2021	**7,077**	**68,192**	**6,428**	**672**	**-**	**4,734**	**151**	**87,254**

Note 15.3 Property, plant and equipment financing – 31 March 2023

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Owned – purchased	8,789	72,326	4,437	66	-	4,883	34	**90,535**
Off-SoFP PFI residual interests	-	-	-	-	-	-	-	**-**
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 15.4 Property, plant and equipment financing – 31 March 2022

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Owned – purchased	8,199	67,738	3,555	310	-	5,835	95	**85,732**
Finance leased	-	-	-	-	-	-	-	**-**
Off-SoFP PFI residual interests	-	-	-	-	-	-	-	**-**
Owned - donated/granted	65	221	-	43	12	-	-	**341**
Total net book value at 31 March 2022	**8,264**	**67,959**	**3,555**	**353**	**12**	**5,835**	**95**	**86,073**

Note 15.5 Property plant and equipment assets subject to an operating lease (Trust as a lessor) – 31 March 2023

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £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. (2021/22 received a van for £12k).

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 2023. 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 obsolescence. 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 equivalent asset basis and reflects the current service potential.

The impact of the valuation on land and property in full use was a net increase in value of £3.327m (2021/22 £6.132m.) £2.265m of this was an increase in Revaluation Reserve and £1.062m 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 across 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 Position to to reflect the lease payment obligation.

Note 18.1 Right of use assets – 2022/23

	Property (land and buildings) £000	Transport equipment £000	Total £000	Of which: leased from DHSC group bodies £000
IFRS 16 implementation - reclassification of existing finance leased assets from PPE or intangible assets	-	-	**-**	-
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**
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 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 18.2 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 an increase in value of £163k. The valuation was undertaken by Cushmen and Wakefield.

Note 18.3 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.

	2022/23
	£000
Carrying value at 31 March 2022	**-**
IFRS 16 implementation – adjustments for existing operating leases	34,588
Lease additions	594
Interest charge arising in year	320
Early terminations	(189)
Lease payments (cash outflows)	(2,250)
Carrying value at 31 March 2023	**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 18.4 Maturity analysis of future lease payments at 31 March 2023

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 27.1.

	Total	Of which leased from DHSC group bodies:
	31 March 2023	31 March 2023
	£000	£000
Undiscounted future lease payments payable in:		
- not later than one year;	2,172	1,023
- later than one year and not later than five years;	6,374	3,699
- later than five years.	29,799	24,261
Total gross future lease payments	**38,345**	**28,983**
Finance charges allocated to future periods	(5,282)	(4,630)
Net lease liabilities at 31 March 2023	**33,063**	**24,353**
Of which:		
- Current	1,870	797
- Non-Current	31,193	23,556

Note 18.5 Commitments in respect of operating leases at 31 March 2022 (IAS 17 basis)

This note discloses costs incurred in 2021/22 and commitments as at 31 March 2022 for leases the Trust previously determined to be operating leases under IAS 17.

	2021/22
	£000
Operating lease expense	
Minimum lease payments	2,089
Total	**2,089**

	31 March 2022
	£000
Future minimum lease payments due:	
- not later than one year;	2,494
- later than one year and not later than five years;	6,465
- later than five years.	33,610
Total	**42,569**

Note 18.6 Initial application of IFRS 16 on 1 April 2022

IFRS 16 as adapted and interpreted for the public sector by HM Treasury has been applied to leases in these financial statements with an initial application date of 1 April 2022.

The standard has been applied using a modified retrospective approach without the restatement of comparatives. Practical expedients applied by the Trust on initial application are detailed in the leases accounting policy in note 1.13.Lease liabilities created for existing operating leases on 1 April 2022 were discounted using the weighted average incremental borrowing rate determined by HM Treasury as 0.95%.

Reconciliation of operating lease commitments as at 31 March 2022 to lease liabilities under IFRS 16 as at 1 April 2022.

	1 April 2022
	£000
Operating lease commitments under IAS 17 at 31 March 2022	**42,569**
Impact of discounting at the incremental borrowing rate	**(5,939)**
IAS 17 operating lease commitment discounted at incremental borrowing rate	**36,630**
Less:	
Commitments for short term leases	(277)
Services included in IAS 17 commitment not included in the IFRS 16 liability	(1,320)
Other adjustments:	
Differences in the assessment of the lease term	2,101
Public sector leases without full documentation previously excluded from operating lease commitments	101
Rent increases/(decreases) reflected in the lease liability, not previously reflected in the IAS 17 commitment	(2,152)
Other adjustments	(495)
Total lease liabilities under IFRS 16 as at 1 April 2022	**34,588**

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. The Peeler House Practice was transferred to the Riding Group in June 2022 and Princess Medical Centre was transferred to James Alexander Family Practice on 31 March 2023. In 2022/23 the company suffered a loss of £788k (2021/22 £479k). 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 £3,746k and expenditure £4,534k).

Note 20 Inventories

	31 March 2023	31 March 2022
	£000	£000
Drugs	51	-
Consumables	101	137
Total inventories	**152**	137
Of which:		
Held at fair value less costs to sell	**-**	-

Inventories recognised in expenses for the year were £3,488k (2021/22: £3,340k). Write-down of inventories recognised as expenses for the year were £0k (2021/22: £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 2022/23 the Trust received £122k of items purchased by DHSC (2021/22: £248k).

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 2023	31 March 2022
	£000	£000
Current		
Contract receivables	14,612	9,002
Allowance for impaired contract receivables / assets	(2,535)	(1,266)
Prepayments (non-PFI)	1,048	1,031
PDC dividend receivable	-	93
VAT receivable	593	522
Other receivables	5,692	7,180
Total current receivables	**19,410**	**16,562**
Non-current		
Other receivables	159	66
Total non-current receivables	**159**	**66**
Of which receivable from NHS and DHSC group bodies:		
Current	9,551	2,145
Non-current	159	66

Note 21.2 Allowances for credit losses

	2022/23	2021/22
	Receivables	Receivables
Allowances as at 1 April – brought forward	**1,266**	1,499
New allowances arising	1,269	69
Utilisation of allowances (write offs)	-	(302)
Allowances as at 31 Mar 2023	**2,535**	1,266

Note 21.3 Exposure to credit risk

	31 March 2023	31 March 2023
	£000	£000
Non NHS Invoices	5,964	3,160
NHS Invoices	2,670	1,058
	8,634	4,218
Credit Risk	30%	30%
Loss Provision	(2,590)	(1,265)
Net Carrying Amount	**6,044**	2,953

Note 22 Other Assets

The Trust has an asset in respect of the Local Government Pension scheme of £3.402m. The valuation was determined by a qualified actuary and represents the maximum value of the pension asset. In 2021/22 there was a pension scheme liability of £2.232m and no pension scheme asset.

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

	2022/23	2021/22
	£000	£000
NBV of non-current assets for sale and assets in disposal groups at 1 April	**342**	1,540
Assets classified as available for sale in the year	-	450
Assets sold in year	(342)	(945)
Impairment of assets held for sale	-	(105)
Assets no longer classified as held for sale, for reasons other than sale	-	(598)
NBV of non-current assets for sale and assets in disposal groups at 31 March	**-**	**342**

The remaining asset held for sale which was Chestnuts GP Surgery was sold during August 2022, of which the sale made a small loss of £4k.

Note 23.2 Liabilities in disposal groups

There are no liabilities held in disposal groups in 2022/23 of in 2021/22.

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.

	2022/23	2021/22
	£000	£000
At 1 April	**29,386**	39,936
Net change in year	1,520	(10,550)
At 31 March	**30,906**	29,386
Broken down into:		
Cash at commercial banks and in hand	294	245
Cash with the Government Banking Service	30,612	29,141
Total cash and cash equivalents as in SoFP	**30,906**	29,386
Total cash and cash equivalents as in SoCF	**30,906**	29,386

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 2023	31 March 2022
	£000	£000
Bank balances	1	4
Monies on deposit	-	-
Total third party assets	**1**	**4**

Note 25.1 Trade and other payables

	31 March 2023	31 March 2022
	£000	£000
Current		
Trade payables	10,358	8,363
Capital payables	1,905	3,341
Accruals	18,549	11,630
Social security costs	1,548	1,475
VAT payables	-	-
Other taxes payable	1,152	1,023
PDC dividend payable	-	-
Pension contributions payable	1,885	1,687
Other payables	2,280	1,924
Total current trade and other payables	**37,677**	**29,443**

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 2022/23 (2021/2022: £Nil).

Note 26 Other liabilities

	31 March 2023	31 March 2022
	£000	£000
Current		
Deferred income: contract liabilities	7,610	7,513
Other deferred income	-	-
Total other current liabilities	**7,610**	7,513
Non-current		
Net pension scheme liability*	-	2,232
Total other non-current liabilities	**-**	2,232

*2022/23 this is showing within 'Other Assets', note 22.

Note 27.1 Borrowings

	31 March 2023	31 March 2022
	£000	£000
Current		
Lease liabilities*	1,870	-
Total current borrowings	**1,870**	**-**
Non-current		
Lease liabilities*	31,193	-
Total non-current borrowings	**31,193**	**-**

*The Trust has applied IFRS 16 to lease arrangements within these accounts from 1 April 2022 without restatement of comparatives. More information about leases and the impact of this change in accounting policy can be found in note 18.

Note 27.2 Reconciliation of liabilities arising from financing activities – 2022/23

	Lease Liability
	£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
Lease liability remeasurements	-
Application of effective interest rate	320
Early terminations	(189)
Other changes	-
Carrying value at 31 March 2023	**33,063**

Note 27.3 Reconciliation of liabilities arising from financing activities – 2021/22

	Loans from DHSC
	£000
Carrying value at 1 April 2021	**3,845**
Prior period adjustment	-
Carrying value at 1 April 2021 – restated	**3,845**
Cash movements:	
Financing cash flows – payments and receipts of principal	(3,838)
Financing cash flows – payments of interest	(144)
Non-cash movements:	
Application of effective interest rate	137
Carrying value at 31 March 2022	**-**

Note 29 Provisions for liabilities and charges analysis

	Pensions: early departure costs £000	Pensions: injury benefits £000	Legal claims £000	Other £000	Total £000
At 1 April 2022	**689**	**396**	**274**	**2,621**	**3,980**
Change in the discount rate	-	-	-	(140)	**(140)**
Arising during the year	-	335	249	230	**814**
Utilised during the year	(73)	(33)	-	-	**(106)**
Reversed unused	-	-	(233)	(2,555)	**(2,788)**
Unwinding of discount	1	7	-	3	**11**
At 31 March 2023	**617**	**705**	**290**	**159**	**1,771**
Expected timing of cash flows:					
- not later than one year;	72	33	-	-	**105**
- later than one year and not later than five years;	291	134	-	5	**430**
- later than five years.	254	538	290	154	**1,236**
Total	**617**	**705**	**290**	**159**	**1,771**

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 Clinical negligence liabilities

At 31 March 2023, £10,394k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Humber Teaching NHS Foundation Trust (31 March 2022: £15,011k).

Note 29 Contingent assets and liabilities

	31 March 2023	31 March 2022
	£000	£000
Value of contingent liabilities		
NHS Resolution legal claims	(13)	(31)
Gross value of contingent liabilities	**(13)**	(31)
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	**(13)**	(31)
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 2023	31 March 2022
	£000	£000
Property, plant and equipment	0	797
Intangible assets	-	-
Total	**0**	797

Note 31 Other financial commitments

Humber Teaching NHS Foundation Trust is not committed to making payments under non-cancellable contracts (which are not leases, PFI contracts or other service concession arrangement) in 2022/23 (2021/22: £Nil).

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.

In the financial year 2022/23 Humber Teaching NHS Foundation Trust contributed £809k to the fund (2021/22: £803k). A pension asset of £3.402m is included in the Statement of Financial Position as at 31 March 2023 (2021/22: liability of £2,232k).

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

	2023	2022
Pension Increase Rate	2.95%	3.20%
Salary Increase Rate	2.95%	4.10%
Discount Rate	4.75%	2.70%

Note 32.2 The estimated Fund Asset allocation is as follows:

	2023	2022
	£000	£000
Equities Securities	1,294	1,468
Debt Securities	1,134	1,644
Private Equity	794	691
Real Estate	1,163	1,408
Investment Funds & Unit Trusts	8,217	6,563
Cash & Cash Equivalents	240	336
	12,841	**12,110**

Note 32.3 Sensitivity Analysis

Change in assumptions at 31 March 2022	Approximate % increase to Defined Benefit Obligation	Approximate monetary amount £000
0.1% decrease in Real Discount Rate	2%	178
1 year increase in member life expectancy	4%	378
0.1% increase in the Salary Increase Rate	0%	24
0.1% increase in the Pension Increase Rate (CPI)	2%	156

Note 32.4 Projected Defined Benefit cost for the period 31 March 2024

Period Ended 31 March 2024	Assets	Obligations	Net (liability)/asset	
	£000	£000	£000	% of pay
Projected Current Service cost	-	244	(244)	(25.4%)
Total Service Cost	**0**	**244**	**(244)**	**(25.4%)**
Interest income on plan assets	610	-	610	63.5%
Interest cost on defined benefit obligation		449	(449)	(46.8%)
Total Net Interest Cost	**610**	**449**	**161**	**16.7%**
Total included in SoCI	**610**	**693**	**(83)**	**(8.7%)**

Note 32.5 Changes in the defined benefit obligation and fair value of plan assets during the year

	2022/23	2021/22
	£000	£000
Present value of the defined benefit obligation at 1 April	**(14,342)**	(14,784)
Current service cost	(420)	(503)
Interest cost	(389)	(300)
Contribution by plan participants	(68)	(71)
Remeasurement of the net defined benefit (liability) / asset:		
- Actuarial (gains) / losses	5,447	1,149
Benefits paid	333	167
Present value of the defined benefit obligation at 31 March	**(9,439)**	**(14,342)**
Plan assets at fair value at 1 April	**12,110**	**11,287**
Interest income	325	226
Remeasurement of the net defined benefit (liability) / asset:		
- Actuarial gain / (losses)	502	510
Contributions by the employer	169	183
Contributions by the plan participants	68	71
Benefits paid	(333)	(167)
Plan assets at fair value at 31 March	**12,841**	**12,110**
Plan surplus/(deficit) at 31 March	**3,402**	**(2,232)**

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 2023	31 March 2022
	£000	£000
Present value of the defined benefit obligation	(9,439)	(14,342)
Plan assets at fair value	12,841	12,110
Net defined benefit (obligation) / asset recognised in the SoFP	**3,402**	(2,232)
Net (liability) / asset after the impact of reimbursement rights	**3,402**	(2,232)

Note 32.7 Amounts recognised in the SoCI

	2022/23	2021/22
	£000	£000
Current service cost	(420)	(503)
Interest expense / income	(64)	(74)
Total net (charge) / gain recognised in SOCI	**(484)**	(577)

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 Integrated Care Boards and the way those Integrated 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 2023 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 Clinical Commissioning Groups and now Integrated 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 2023	£000
Trade and other receivables excluding non financial assets	17,585
Cash and cash equivalents	30,906
Total at 31 March 2023	**48,491**

Carrying values of financial assets as at 31 March 2022	£000
Trade and other receivables excluding non financial assets	14,982
Cash and cash equivalents	29,386
Total at 31 March 2022	**44,368**

All financial assets are held at amortised cost.

Note 33.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2023	£000
Obligations under leases	33,063
Trade and other payables excluding non financial liabilities	33,092
Total at 31 March 2023	**66,155**

Carrying values of financial liabilities as at 31 March 2022	£000
Trade and other payables excluding non financial liabilities	26,945
Total at 31 March 2022	**26,945**

All financial liabilities are held at amortised cost.

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 2023	31 March 2022
	£000	£000
In one year or less	35,264	26,945
In more than one year but not more than five years	6,374	-
In more than five years	29,799	-
Total	**71,437**	26,945

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 2022 and 31 March 2023 reflect the ratio of payables to receivables held on the statement of financial position.

Note 34 Losses and special payments

	2022/23		2021/22	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Cash losses	-	-	1	1
Special payments				
Ex-gratia payments	5	101	11	3
Total losses and special payments	**5**	**101**	12	4
Compensation payments received				

Note 35 Gifts

	2022/23		2021/22	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Gifts made	4	1	2	0

Note 36 Adjusted financial performance

A reconciliation of the deficit reported above to NHS England and Improvement is included on page 28 of the 2022/23 annual report.

	2022/23	2021/22
	£000	£000
Deficit for the period	(25,163)	(5,478)
Remove net impairments not scoring to the Departmental expenditure limit	24,782	5,166
Remove I&E impact of capital grants and donations	71	(18)
Remove non-cash element of on-SoFP pension costs	315	394
Adjusted financial performance surplus	**5**	**64**

Note 37 Related Party Transactions

This note now only includes related parties with transactions, which differs from previous annual accounts. 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 financial year between Humber Primary Care Limited and the Trust.

The Department of Health and Social Care is registered 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:

- NHS Property Services
- York and Scarborough Teaching Hospitals NHS Foundation Trust
- York Teaching Hospitals Facilities Management LLP
- Rotherham, Doncaster and South Humber NHS Foundation Trust
- NHS Supply Chain
- Tees Esk and Wear Valleys NHS foundation Trust
- NHS Business Services Authority
- NHS England
- Sheffield Teaching Hospitals NHS Foundation Trust
- Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
- Health Education England

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.

Note 38 Events after the reporting period

On 2nd May 2023 NHS Staff Council agreed to accept the pay offer made by the government to Agenda for Change staff in England. The pay offer covers both a non-consolidated lump sum for 2022-23 and uplifted salary rates for 2023-24. This has been treated as an adjusting post balance sheet event by providing for income and expenditure of £13.306m in the 2022/23 financial statements.

Quality accounts

Our 2022/23 Quality Account is available on our website here:

www.humber.nhs.uk/about/quality-accounts.htm

Humber Teaching NHS Foundation Trust
Willerby Hill
Beverley Road
Willerby
East Riding of Yorkshire
HU10 6ED

Tel: 01482 301700
www.humber.nhs.uk

The document is available in alternative formats on request.
Email: **hnf-tr.communications@nhs.net** or call 01482 301700.