

**Council of Governors
Public Meeting – Thursday 18 January 2024**

For a virtual meeting to be held at 2.40pm – 4.40pm by Microsoft Teams.

Quorum for business to be transacted – one third of Governors present.

The meeting should last two hours and there will be a comfort break for five minutes every 45 minutes. Governors do not have to be on camera during the meeting. However, it would be helpful if Governors could be on camera for asking questions/making comments. Please click the relevant icon to be called and where approval is required.

		Lead	Action	Report Format
Standing Items				
1.	Apologies for Absence	CF	Note	verbal
2.	Declarations of Interest	CF	Note	√
3.	Minutes of the Meeting held on 19 October 2023	CF	Approve	√
4.	Actions Log, Workplan and Matters Arising	CF	Discuss	√
5.	Annual Members Meeting 18 October 2023 Minutes	CF	Note	√
6.	Staff Story - Staff Survey – Turning Intent into Action	LP	Discuss	√
Board Report Backs				
7.	Annual Accounts	PB	Note	√
8.	Chair’s Report	CF	Note	√
9.	Chief Executive’s Report and Governors Questions to the Chief Executive	MM	Note	√
10.	Non-Executive Director Chairs of Sub Committees Assurance Reports & Feedback	NEDs	Note	√
Governor Items				
11.	Council of Governor Sub-Groups Feedback inc Membership Engagement Activities	DP	Note	√

12.	Proposed Changes to the Appointment, Terms and Conditions Committee (ATC) Terms of Reference	SC	Approve	√
13.	Results of the Membership Cleanse	SJ	Discuss	√
14.	Governors Questions – topical issues not already covered or discussion re any questions received in advance	All	Discuss	verbal
Performance & Delivery				
15.	Performance Update	PB	Note	√
16.	Finance Report	PB	Note	√
17.	Annual Operational Planning Cycle	PB	Note	√
Corporate				
18.	Annual Declarations	PB/SJ	Discuss	√
19.	Any Other Business	CF	Note	verbal
20.	Review of the Meeting – Being Humber	CF	Note	verbal
21.	Date, Time and Venue of Next Meeting Thursday 18 April 2024, 2.00pm in the Lecture Theatre, Willerby Hill, Willerby HU10 6ED			



Agenda Item 2

Title & Date of Meeting:	Council of Governors Public Meeting – 18 January 2024														
Title of Report:	Declarations of Interest														
Author/s:	Caroline Flint Trust Chair														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>			To approve		To discuss		To note	✓	To ratify		For assurance			
To approve		To discuss													
To note	✓	To ratify													
For assurance															
Purpose of Paper:	To provide the Council of Governors with an updated list of declarations. Declarations made by Governors are included on the publicly available register.														
Key Issues within the report:															
Positive Assurances to Provide: <ul style="list-style-type: none"> Governor declarations updated 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> N/A 													
Matters of Concern or Key Risks to Escalate: <ul style="list-style-type: none"> No matters to escalate 		Decisions Made: <ul style="list-style-type: none"> N/A 													
Governance:		Date	Date												
	Appointments, Terms & Conditions Committee		Engaging with Members Group												
	Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council												
	Trust Board														

Monitoring and assurance framework summary:

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

Governors' Declaration of Interests

Constituency	Governor	Interests Declared
Elected – Hull Public	Patrick Hargreaves	<ul style="list-style-type: none"> • None
	Vacant	<ul style="list-style-type: none"> • None
	Brian Swallow	<ul style="list-style-type: none"> • Member of Hull and East Yorkshire Mind • Member of Campus Health Centre Patient Participation Group.
	Vacant	
Elected – East Riding Public	John Cunnington	<ul style="list-style-type: none"> • None
	Ruth Marsden	<ul style="list-style-type: none"> • None
	Anthony Douglas	<ul style="list-style-type: none"> • Wife is employed by Humber • Member of the Labour Party • work on the Trust bank as an RGN and also as an Investigations Officer for HR.
	Sue Cooper	<ul style="list-style-type: none"> • Membership as a retired Nurse of the Royal College of Nursing
	Dominic Kelly	<ul style="list-style-type: none"> • Work for Haxby Group which provides NHS Service in Primary Care and General Practice
	John Morton	<ul style="list-style-type: none"> • None
Elected – Wider Yorkshire & Humber Public	Tim Durkin	<ul style="list-style-type: none"> • Member of Hull and East Yorkshire Mind • Member of (National) Mind • Associate Hospital Manager (AHM) for the Trust
Elected Whitby	Doff Pollard	<ul style="list-style-type: none"> • Cleveland Ironstone Mining Museum - reg charity • Trustee of Charity - Action with Communities in Rural England (ACRE) • Volunteer - Captain Cook Memorial Museum and Skinningrove Bonfire Committee, Whitby Disability Action Group • Member of Whitby Group Practice PPG • Volunteer with Humber Teaching NHS Foundation Trust
Service User and Carer	Anthony Houfe	<ul style="list-style-type: none"> • None

	Marilyn Foster	<ul style="list-style-type: none"> • Member of Patient and Carer Forum (Trust) • Quality and Improvement Strategy Member (Trust) • Market Weighton PPG • Fellow Improvement Academy
Elected - Staff	Vacant (clinical)	
	William Taylor (clinical)	<ul style="list-style-type: none"> • Member of Unite the Union • Wife is an employee of Humberside Police force
	Tom Nicklin (non clinical)	<ul style="list-style-type: none"> • None
	Sharon Nobbs (non clinical)	<ul style="list-style-type: none"> • None
	Joanne Gardner (non clinical)	<ul style="list-style-type: none"> • Currently works for the Trust. Works for East Riding Partnership (Addictions Service) on Baker Street in Hull
Appointed	Cllr Chambers (Hull City Council)	<ul style="list-style-type: none"> • Lay representative of the Royal College GPS and PPG Haxby Member
	Councillor David Tucker, East Riding of Yorkshire Council	<ul style="list-style-type: none"> • None
	Jacque White Hull University	<ul style="list-style-type: none"> • Employed by the University of Hull and a member of the Faculty of Health Sciences Leadership Team, leading all nursing and midwifery activity for the university. • Lead research and knowledge exchange activity, and write grants. Current activity is funded through Hull City Council and I have a grant (with the Trust) currently in Stage 2 application with the NIHR. • Trustee of the Warren Youth Project Hull • Member of the Labour Party • Within last 3 years I have received conference, consultancy and speaker fees from Janssen Pharmaceuticals Ltd. (part of the Johnson and Johnson family of companies).
	Voluntary Sector	<ul style="list-style-type: none"> • Vacant
	Jonathan	<ul style="list-style-type: none"> • None

	Henderson, Humberside Fire & Rescue	
	Paul French, Humberside Police	• Humberside Police representative

Agenda Item 3

Minutes of the Council of Governors Public Meeting held on Thursday 19 October 2023 in the Garden Suite, Mercure Hotel, Willerby

Present:

Rt Hon Caroline Flint, Chair
Michele Moran, Chief Executive
Cllr Linda Chambers, Appointed Governor, Hull City Council
John Cunnington, East Riding Public Governor
Sue Cooper, East Riding Public Governor
Tony Douglas, East Riding Public Governor
Tim Durkin, Wider Yorkshire & Humber Public Governor
Marilyn Foster, Patient and Carer Governor
Anthony Houfe, Service User and Carer Public Governor
Ruth Marsden, East Riding Public Governor
John Morton, East Riding Public Governor
Tom Nicklin, Staff Governor
Sharon Nobbs, Staff Governor
Doff Pollard, Whitby Public Governor/ Lead Governor
Brian Swallow, Hull Public Governor
William Taylor, Staff Governor

In Attendance:

Francis Patton, Non-Executive Director/SID
Stuart McKinnon-Evans Non-Executive Director
Dean Royles, Non-Executive Director
Peter Beckwith, Director of Finance
Lynn Parkinson, Chief Operating Officer
Stella Jackson, Head of Corporate Affairs
Mandy Dawley, Assistant Director of Patient and Carer Experience and Co-production, (for items 63/23, 71/23 & 72/23)
Sally Bainbridge, Specialist Safeguarding Practitioner and Service User (for item 63/23)
Colette Conway, Assistant Director of Nursing, Patient Safety and Compliance and Sadie Milner Patient Safety and Practice Development Lead (for item 73/23)
Jenny Jones, Trust Secretary
Katie Colrein, Membership Officer

Apologies:

Joanne Gardner, Staff Governor
Patrick Hargreaves, Hull Public Governor
Jonathan Henderson, Appointed Governor, Humberside Fire & Rescue
Dominic Kelly, East Riding Public Governor
Paul French, Appointed Governor Humberside Police

Cllr Tucker, Appointed Governor East Riding of Yorkshire Council
 Jacquie White, Appointed Governor, University of Hull
 Phillip Earnshaw, Non-Executive Director
 Mike Smith, Non-Executive Director

The Chair welcomed everyone to the meeting.

60/23	<p>Declarations of Interest Any changes to declarations should be notified to the Trust Secretary. The Chair requested that if any items on the agenda presented anyone with a potential conflict of interest, they should declare the interest and remove themselves from the meeting for that item.</p>
61/23	<p>Minutes of the Meeting held on 20 July 2023 The minutes of the meeting held on 20 July were agreed as a correct record.</p>
62/23	<p>Matters Arising and Actions Log The action log was noted.</p> <p>42/23 Changes to the Trust’s Constitution Tony Douglas requested that the revised Constitution be sent to all Governors. The Chair reported this was available on the website. Sue Cooper asked if it could also be shared with the Executives. The Chief Executive felt this was unnecessary as all the Executives were aware of and understood the organisation’s Constitution.</p> <p>The Constitution would be regularly reviewed, and legalities checked by the Head of Corporate Affairs to ensure everything was open and transparent in the organisation.</p> <p>51/22 Governor Questions Sue Cooper referred to exit interviews and suggested looking at good practice to see how this was progressed. She felt it was important to have a process in place. The Chair would take this forward as an action. Action CF</p>
63/23	<p>Patient Story - “Back in Control – Don’t Fall, Keep Tall” Due to patient confidentiality details of the story were restricted to those present at the meeting. The Council of Governors thanked them for sharing their story and lived experiences.</p>
64/23	<p>Chair’s Report The Chair presented her report which was taken as read. Highlights included:</p> <p>Governor nominations had now closed. Elections would take place for East Riding and the Clinical or Non-Clinical Staff category. The Hull nominations were unopposed. No nominations were received for Whitby, Scarborough and Ryedale or Staff (Clinical) despite the work that had taken place to promote the elections. The Chair appreciated the work that had been done to promote the elections by the governors, Membership Officer, Head of Corporate Affairs and the Communications Team.</p> <p>Tim Durkin was disappointed there were no nominations for Whitby, Scarborough and Ryedale and wondered if legally, co-option could be considered. It was confirmed that as Governors are elected by members of the public, this was not permitted.</p> <p>Discussion took place around the dates of the Annual Members Meeting (AMM) and</p>

	<p>elections and Governors requested that in future, the nominations close after the AMM. The Chair pointed out that there was a long time period for people to submit a nomination and that having a closing date after the AMM was unlikely to have had a significant impact on the number of nominations received. The AMM had to be held within a specific time period and due to the ongoing pensions issue affecting the annual accounts, this was later this year. However the comments were noted and would be considered going forward.</p> <p>The Annual Members Meeting (AMM) took place the previous day and was well attended. Marilyn Foster joined the meeting online and explained she had not been able to see key people due to the way the camera was facing. There were also some logging in difficulties experienced. The feedback would be passed on to the Communications Team.</p> <p>Hanif Malik Associate Non-Executive Director left the Trust at the end of his term of office. The Board had thanked him for his support and contributions during his time with the organisation.</p> <p>Ruth Marsden suggested consideration be given to holding meetings on an evening to allow Governors who worked to attend. The Chair explained that discussions were held in 2022 regarding this matter and the meetings had been timetabled to suit the majority of Governors. She pointed out that Governors are required to attend four Council meetings a year and new arrangements had been put in place for two online and two in person meetings. This was to reflect where people live and their expectations, however this would be kept under review.</p> <p><u>Resolved:</u> The report was noted</p>
65/23	<p>Chief Executive's Report</p> <p>The Chief Executive presented her report which included updates from the Executive Directors, Communications Team and Health Stars. The report was taken as read.</p> <p>Tim Durkin asked about the Delayed Transfers of Care and actions taken to escalate the matter. The Chief Executive reported this had been escalated especially for secure services where there were individuals with complex needs. A regional stock take was under way to give more understanding of requirements for specialist and local placements.</p> <p>Sue Cooper referred to the Social Worker of the Year in the communications section and wished Kirsten Bingham the best of luck. She also encouraged PICU to write up the model standards in relation to their positive relationships with patients through the use of appropriate humour and positive nonverbal communication.</p> <p><u>Resolved:</u> The report was noted.</p>
66/23	<p>Non-Executive Director Chairs of Sub Committees Assurance Reports and Feedback</p> <p>The assurance reports from the Sub Committees of the Board were provided for information and taken as read.</p> <p>Quality Committee</p> <p>Dean Royles chaired the meeting on behalf of Phillip Earnshaw. Discussions around the Letby case and Countess of Chester report were held. The Committee would be</p>

periodically receiving updates on these areas.

Doff Pollard referred to the Insight report and the four serious incidents reported asking if these were unusual. Lynn Parkinson explained that serious incidents were reported to the part II Board meeting regularly. A Datix report was also produced regularly which would identify any unusual issues, themes and trends. Deep dives into areas were helpful and usually requested if there was an anomaly.

Mental Health Legislation Committee

Dean also chaired this meeting on behalf of Mike Smith. Benchmarking of mental health data was requested on retentions to see how the Trust compared with other organisations.

Sue Cooper referred to the Best Interests and issues being taken forward with the Local Authority. She was assured this was being done through the Operations forums that both Hull and East Riding representatives attended.

Workforce & Organisational Development Committee

Dean reported that Freedom to Speak Up and DBS checks were discussed. Tony Douglas asked how long delays were before staff completed the DBS checks. Dean explained that the Committee took assurance that DBS checks were being undertaken for clinical staff (registered). The Executives received bi-weekly reports and followed up within their directorates and if required, sanctions were put in place.

Sue asked why the consultant vacancies had not been put out to advert. It was explained the Trust was aware which trainees would be available to apply for the roles at the end of their training programme and it was deemed unnecessary to advertise the roles before the training programme was completed..

Doff Pollard suggested that Governors have a refresh on the Countess of Chester report. The Chief Executive highlighted that there was more detail in her report too. The Chair suggested this could be done at a governor briefing rather than a Development Day.

Audit Committee

Stuart McKinnon-Evans presented the report. Positive assurance was received from the internal and external audit reports and discussion around the risk register.

Collaborative Committee

The report demonstrated the work of the Trust as lead provider. Stuart reported that the decision not to have the perinatal service in this area was disappointing with the funding awarded to Leeds. The decision has been challenged by the Trust and discussions continued.

Tony Douglas asked how the families of East Riding patients placed in beds in Glasgow were being supported. Stuart explained the report was from August and the position could have changed. The Chief Executive reported that patients' families were supported and that it was rare to move patients so far away.

The future use of Inspire was queried and it was noted that discussions were taking place to use the space. Lynn Parkinson commented that the Orion under occupancy was due to there being no suitable patients for admission.

	<p>Will Taylor asked for information about the process to support families out of area particularly where there were children involved.</p> <p>Charitable Funds Committee The report was taken as read. Work the look at the provider was underway and the Corporate Trustee would make a decision when necessary.</p> <p>Finance and Investment Committee Francis Patton gave a verbal update and reported updates on the agency spend and half year review and the latest financial positions at the meeting due to take place the following week. The Trust was in discussion with the ICB over property service costs for Whitby and Malton that had increased resulting in the Trust being in deficit.</p> <p>Resolved: <u>The reports were noted</u> <u>Refresh on Countess of Chester report to be arranged for a Governor briefing session</u> Action CF <u>Information about the process to support families out of area particularly where there were children involved to be shared with Will Taylor</u> Action LP</p>
67/23	<p>Council of Governor Governor Sub-Groups Feedback The report was taken as read. No comments were received.</p> <p>Resolved: <u>The verbal updates were noted.</u></p>
68/23	<p>Governors Questions John Morton raised an issue relating to treatment after diagnosis being refused by GPs. The Chair pointed out the Trust had three practices and there were no known such issues. John would e mail the Chair/Chief Executive with further details and, if appropriate, the matter would be reviewed.</p> <p>Resolved: <u>The query was noted.</u></p>
69/23	<p>Performance Update Peter Beckwith presented the report at the end of August. The report included the new performance indicators agreed. He explained that when non recurrent funding received for ADHD pathway ended, the waiting list would deteriorate unless further funding was identified. Given the pressures on the ICB finances this may not be a priority.</p> <p>Will Taylor asked for more information on:</p> <ul style="list-style-type: none"> • A breakdown of the low levels of Friends and Family feedback and if there were any particular groups affected. • Datix - if there were any areas that did not provide feedback. • Assurance that global metrics did not include child protection <p>The Chair explained that Committees reviewed the break down of information. Lynn Parkinson reported that the breakdown of datix data was available to the Divisions.</p> <p>Resolved: <u>The report was noted</u></p>
70/23	<p>Finance Update</p>

	<p>The report presented provided a summary of financial performance for the Trust for the 3 month period June 2023 to August 2023. The report was taken as read.</p> <p>Pete Beckwith updated on the current financial positions for the Trust and the ICB. As previously mentioned the Trust's deficit was due to the increased property service costs for Whitby and Malton.</p> <p><u>Resolved:</u> The report was noted.</p>
71/23	<p>Involvement Opportunities</p> <p>The report detailed the various involvement opportunities available for individuals to participate in. The report was taken as read.</p> <p><u>Resolved:</u> The report was noted.</p>
72/23	<p>PACE Five Year Forward Plan 2023-2028</p> <p>Mandy Dawley introduced the five year plan which identified three outcomes aligned to the Trust Strategy's six organisational goals and played a video which provided further details regarding the plan.</p> <p>In response to a comment from Ruth Marsden regarding the need to provide examples of what had changed from the previous plan, , Mandy Dawley explained that the plan included details of these and more information was included in the annual report. The Chief Executive reported there was significant data from service users to show improvements including the value based recruitment and peer support workers. Mandy's team had also produced a co-production stamp that was included on all documents that had been co-produced.</p> <p>The Chair was pleased to see the presentation by Tom Nicklin and a colleague on how they had created a sensory calm space on an inpatient unit.</p> <p>Marilyn Foster was involved with the Patient and Carer Experience (PACE) team and their work and was impressed with the way that they worked. Will Taylor noted the rewarding and positive work and asked how this would be captured more widely. Mandy explained that a small group of representatives from organisations in the Humber and North Yorkshire Integrated Care Board (ICB) region had been established. As part of their work they were creating a communications charter via co-production that would allow everyone to have a voice.</p> <p><u>Resolved:</u> The five year plan was noted.</p>
73/23	<p>Patient Safety Incident Response Framework</p> <p>Colette Conway and Sadie Milner provided an update on the Patient Safety Incident Response Framework (PSIRF) which set out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.</p> <p>Go live was on 1 October and there were policies and procedures in place to support the plan. Approximately 250 staff had been trained in the approach which now needed time to embed.</p> <p>Families and carer group had been involved in the work. Two patient safety partners were in place (Marilyn and Brian) and would help to push the safety agenda along with</p>

	<p>other representatives.</p> <p>Resolved: <u>The update was noted.</u></p>
74/23	<p>Trust Volunteer Recruitment</p> <p>Lynn Parkinson had circulated information to support this item. Marilyn Foster asked about the volunteer recruitment form which was challenging for people to complete. Lynn explained that it had been produced based on NHSE mandated guidance but would consider any suggestions or information that Marilyn may be able to share to improve the form, based on her previous experience.</p> <p>Resolved: <u>The update was noted.</u> <u>Information/contact details to be shared Action MF</u></p>
75/23	<p>Any Other Business</p> <p>No other business was raised</p>
76/23	<p>Review of the Meeting – Being Humber</p> <p>It was agreed the meeting had been delivered in the Being Humber style.</p> <p>Due to overrunning, the timings for in person meetings would be reconsidered. Action CF</p> <p>The Chief Executive suggested circulating the Being Humber framework with future meeting papers. Action KC</p>
77/26	<p>Date and Time of Next Meeting</p> <p>Thursday 18 January 2024, 2.00pm via Microsoft Teams</p>

Signed..... Date
Chair

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

Summary of actions from October 2023 meeting and update report on earlier actions due for delivery in January 2024						
<i>Rows greyed out indicate action closed and update provided here</i>						
Date of Meeting	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
19.10.23	51/22	Governor Questions	Exit interview form to be reviewed to make it appropriate for Governors.	CF	October 2023	Exit interviews offered to governors at the end of their term
19.10.23	66/23(a)	Non-Executive Director Chairs of Sub Committees Assurance Reports and Feedback	Refresh on Countess of Chester report to be arranged for a Governor briefing session	CF	25 April 2024	Arranged as part of the Governor Briefing Session
19.10.23	66/23(b)	Non-Executive Director Chairs of Sub Committees Assurance Reports and Feedback	Information about the process to support families out of area particularly where there were children involved to be shared with Will Taylor	LP	November 2023	LP asked Cathryn Daley-McCoy to discuss this with Will.
19.10.23	74/23	Trust Volunteer Recruitment	Information/contact details to be shared with LP regarding a more streamlined volunteer	MF	November 2023	Information received 7.11.23

			process/form			
19.10.23	76/23	Review of the Meeting – Being Humber	Timings for in person meetings to be reconsidered	CF	October 2023	Additional 30 minutes to be allocated to in person meetings.
19.10.23	76/23(b)	Review of the Meeting – Being Humber	Being Humber framework to be circulated with future meeting papers	KC	January 2024	Included with the papers
Outstanding Actions arising from previous Council meetings for feedback to a later meeting						
20.4.23	27/23	Performance Update	Discussion on Delayed Transfers of Care agreed for a future Governor Development session	Chief Operating Officer	Date to be confirmed	Added to Governor Development workplan
20.4.23	30/23(c)	Governor Questions	Governor Development Session on health inequalities to be arranged	Medical Director	To be confirmed	Added to Governor Development workplan

A copy of the full action log recording actions reported back to the Council and confirmed as completed/closed is available from the Trust Secretary

Council of Governors Work Plan 2024/25 v1

Council of Governors Meeting Dates:	Frequency	LEAD	18 Jan 2024	18 April 2024	18 July 2024	17 Oct 2024	Xx Jan 2025
Reports:							
Standing Items							
Minutes of the Last Meeting	Every Mtg	CF	✓	✓	✓	✓	✓
Actions List	Every Mtg	CF	✓	✓	✓	✓	✓
Chair's Report	Every Mtg	CF	✓	✓	✓	✓	✓
Chief Executives Report inc updates from Directors	Every Mtg	MM	✓	✓	✓	✓	✓
Patient /Staff Story presentation	Every Mtg	KF/SMcG	✓	✓	✓	✓	✓
NEDs Chairs of Sub Committees Assurance Reports & Feedback	Every Mtg	NEDs	✓	✓	✓	✓	✓
Patient Led Assessment of Care Environment Report (PLACE)	Annually	LP				✓	
Corporate							
Review of Constitution	Annually	SJ			✓		
Review of Council of Governors Workplan	Every Mtg	CF	✓	✓	✓	✓	✓
Fit and Proper Persons Compliance Report	Annually	CF					
Annual Declarations Report	Annual	SJ	✓	✓			✓
Performance & Delivery							
Finance Report	Every Mtg	PB	✓	✓	✓	✓	✓
Performance Report	Every Mtg	PB	✓	✓	✓	✓	✓
Governors							
Feedback from Governor Groups/Governor Activity	Every Mtg	All	✓	✓	✓	✓	✓

Council of Governors Meeting Dates: Reports:	Frequency	LEAD	18 Jan 2024	18 April 2024	18 July 2024	17 Oct 2024	Xx Jan 2025
Governors Questions	Every Mtg	All	✓	✓	✓	✓	✓
Annual Effectiveness Review of the Council of Governors including Terms of reference	Annually	CF			✓		
Annual Effectiveness Review for Appointments, Terms and Conditions Committee including terms of reference	Annually	SC			✓		
Annual Effectiveness Review for Engaging with members group including Terms of Reference for approval	Annually	DP		✓			
Formal Presentation of Accounts	Annually	PB	✓				✓
Annual Report if available	Annually	SJ		✓			
Annual Accounts– Audit findings and conclusions	Annually	PB		✓			
Outcome of the FPPT for Non-Executive Director Board members (including the Chair) will be presented to the Council of Governors for information	Annually	CF			✓		
Receive Feedback on the Trust Chair and Non-Executive Directors Appraisals	Annually	CF			✓		
Declarations for the Provider License (inc under Declarations item)	Annually	SJ	✓				✓
Council of Governors Statutory Duties							
Remuneration of the Chair and other Non-executive Directors (to ratify) Links to Appointments Terms and Conditions (ATC) Committee	As req	SM					
Presentation of the Annual Report and Accounts and any report on them (to receive)	Annually	AMM					
Approve the appointment of the Chief Executive (to approve – support)	As req						

Item 3

Trust Board Meeting

Minutes of the Annual Members Meeting/Annual General Meeting held on Wednesday 18 July 2023 in the Lecture Theatre, Humber Teaching NHS Foundation Trust

- Present:**
- Rt Hon Caroline Flint, Chair
 - Mrs Michele Moran, Chief Executive
 - Dr Phillip Earnshaw, Non-Executive Director
 - Mr Francis Patton, Non-Executive Director
 - Mr Stuart McKinnon-Evans, Non-Executive Director
 - Mr Dean Royles, Non-Executive Director
 - Mr Peter Beckwith, Director of Finance
 - Dr Kwame Fofie, Medical Director
 - Mrs Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals
 - Mrs Lynn Parkinson, Chief Operating Officer
 - Cllr Linda Chambers, Appointed Governor, Hull City Council
 - Mr John Cunnington, Public Governor, East Riding of Yorkshire
 - Mr Tony Douglas, Public Governor, East Riding of Yorkshire
 - Mr Tim Durkin, Public Governor, Rest of England
 - Mrs Marilyn Foster, Service User and Carer Governor
 - Mr Tom Nicklin, Staff Governor
 - Mrs Doff Pollard, Lead Governor and Public Governor, Whitby, Scarborough and Ryedale
- In Attendance:**
- Mrs Stella Jackson, Head of Corporate Affairs (Minutes)
 - Mrs Karen Phillips, Deputy Director of Workforce & Organisational Development
 - Mrs Jenny Jones, Trust Secretary (Minutes)
 - 63 members of staff
 - 6 members of the public
- Apologies:**
- Sue Cooper, Public Governor of East Riding of Yorkshire; Paul French, Appointed Governor of Humberside Police; Joanne Gardner, Staff Governor; Patrick Hargreaves, Public Governor of Hull; Jonathan Henderson, Appointment Governor of Humberside Fire and Rescue; Anthony Houfe, Service User and Carer Governor; Dominic Kelly, Public Governor of East Riding of Yorkshire; Steve McGowan, Director of Workforce and Organisational Development; Ruth Marsden, Public Governor of East Riding of Yorkshire; John Morton, Public Governor of East Riding of Yorkshire; Sharon Nobbs, Staff Governor; Mike Smith, Non-Executive Director; Public Governor of East Riding of Yorkshire; Brian Swallow, Public Governor of Hull; William Taylor, Staff Governor; David Tucker, Appointed Governor of East Riding of Yorkshire Council; Jacqui White, Appointed Governor of the University of Hull

01/23	<p>Welcome and Keynote Speaker</p> <p>The Chair welcomed everyone to the combined Annual Members Meeting and Annual General Meeting.</p> <p>She briefly outlined the role of the Trust before introducing the Keynote Speaker, Lizzie Simmonds.</p> <p>Lizzie gave an interesting and informative account of her journey to becoming an elite swimmer that had won medals and represented the country at various international sporting events. She highlighted the highs and lows of her journey and the importance of remaining resilient as well as mentally and physically fit and healthy.</p>
02/23	<p>Review of the Year: 2022-2023</p> <p>The Chief Executive gave a presentation containing key facts and figures about the Trust and key highlights, achievements and challenges during the 2022-23 financial year. A video was played at the end of the presentation which emphasised a number of the key points made.</p>
03/23	<p>Financial Review: 2022-2023</p> <p>The Director of Finance gave a presentation regarding the Trust's financial performance during 2022-23. He reported the audit of the accounts would be finalised once the local government pension scheme audit had concluded and the audited accounts would be presented to a General meeting of the Council of Governors.</p> <p>The presentation also contained information regarding the Trust's income and expenditure and highlighted the financial outlook for 2023-2024.</p>
04/23	<p>Lead Governor Presentation</p> <p>The Lead Governor gave a presentation regarding the role and work of the Council of Governors during the financial year. She thanked all governors that had stood down since the last Annual Members Meeting and welcomed those appointed during 2022-23.</p>
05/23	<p>Looking Ahead: 2023-24</p> <p>The Chief Executive gave a presentation regarding the key areas of work being undertaken and planned during 2023-24.</p> <p>She finished the presentation by showing a video regarding the Patient and Carer Experience Five Year Forward Plan and a further video regarding the role of the Trust.</p>
06/23	<p>Questions and Answers</p> <p>The Director of Nursing, Allied Health and Social Care Professionals and the Medical Director were asked about their key highlights during the year.</p> <p>The Director of Nursing, Allied Health and Social Care Professionals thanked all the staff for the work they did to improve patient care. She reported her key highlight had been the success of the nurse recruitment campaign which, due to the hard work of</p>

	<p>staff and initiatives undertaken at the Trust, had resulted in the Trust achieving its best nurse recruitment position.</p> <p>The Medical Director reported key highlights for him were his appointment as the Trust Medical Director, the work being undertaken by staff to improve patient care and the recognition of the good work being undertaken at the Trust which resulted in a larger trust wanting to learn about this.</p> <p>The Chief Operating Officer was asked whether any positive change for staff and/or patients had occurred post pandemic. She believed the most impactful change had been as a consequence of work undertaken on health and wellbeing which was having a positive impact on staff (and therefore patients).</p> <p>The Lead Governor was asked how members might utilise their membership effectively to make a difference. In response, the Lead Governor encouraged members to read the monthly newsletters containing information about engagement opportunities at the Trust. She urged those wanting to get more involved to join a Patient and Carer Experience Group, or to consider becoming a volunteer or research participant. She also encouraged members to share with Governors their views regarding the Trust's services and plans.</p>
07/23	<p>Any Other Business</p> <p>There were no other items of business and the meeting concluded at 16.10.</p>

Signed Date

Chair

Agenda Item 6

Title & Date of Meeting:	Council of Governors Public Meeting Thursday 18 th January 2024														
Title of Report:	Staff Survey – Turning Intent into Action A service story by Community, Primary Care and Forensic Services														
Author/s:	Matthew Handley – General Manager – Community & Primary Care Paula Phillips – General Manager – Forensic Services														
Recommendation:	<table border="1" data-bbox="539 607 1524 725"> <tr> <td data-bbox="539 607 938 645">To approve</td> <td data-bbox="938 607 1031 645"></td> <td data-bbox="1031 607 1410 645">To discuss</td> <td data-bbox="1410 607 1524 645">✓</td> </tr> <tr> <td data-bbox="539 645 938 683">To note</td> <td data-bbox="938 645 1031 683"></td> <td data-bbox="1031 645 1410 683">To ratify</td> <td data-bbox="1410 645 1524 683"></td> </tr> <tr> <td data-bbox="539 683 938 725">For assurance</td> <td data-bbox="938 683 1031 725"></td> <td data-bbox="1031 683 1410 725"></td> <td data-bbox="1410 683 1524 725"></td> </tr> </table>			To approve		To discuss	✓	To note		To ratify		For assurance			
To approve		To discuss	✓												
To note		To ratify													
For assurance															
Purpose of Paper:	<p>The purpose of this service story is to demonstrate to the Council of Governors the journey to improving staff engagement with specific focus on the successful engagement with the 2023 National Staff Survey and the ambitions for how to address the results once they are released.</p> <p>The National Staff Survey has been in place since 2003 – it is owned by NHS England and all NHS organisations are mandated to take part.</p> <p>The purpose of the survey, as outlined by NHS England is to:</p> <p style="text-align: center;"><i>‘Collect our NHS People’s views about working in their organisation. Used to improve local working conditions and improve patient care.’</i></p> <p>The overall Trust response rate in 2022 was 43.9% with Forensic Services seeing a 30% response rate and Community and Primary Care 35%</p> <p>Increased engagement and activity in these services has shown a statistically significant increase in response to the 2023 survey;</p> <ul style="list-style-type: none"> • Community Services - 63.09% • Primary Care – 57.80% • Forensic Services – 62.30% <p>This increased engagement provides an opportunity to improve workforce experience based on a greater employee voice. Action planning in response to this voice will impact on a much wider cohort of staff, demonstrating the Trust’s high-level of engagement in the ‘you said we did’ approach This in turn could potentially increase response rates further year on year due to staff feeling that their feedback has been acted upon.</p>														
Key Issues within the report:															
<p>Positive Assurances to Provide:</p> <ul style="list-style-type: none"> • Increased engagement in these services has shown a statistically significant increase in 	<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> • Once the results are released and the survey embargo lifted, the Trust and its services will 														

<p>engagement with the 2023 survey; Community Services - 63.09% Primary Care – 57.80% Forensic Services – 62.30%</p> <ul style="list-style-type: none"> The overall Trust response rate increased from 44% in 2022 to 55.62% in 2023 – showing an 11.62% increase in engagement compared with the previous year. 	<p>respond to the content and deliver upon identified actions.</p>
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<p>Key Risks/Areas of Focus:</p> <ul style="list-style-type: none"> The Trust will continue to consider and implement ways to further increase staff engagement and feedback, the national staff survey is one of many important ways in which we can achieve this. 	<p>Decisions Made:</p> <ul style="list-style-type: none"> The governors are asked to consider the engagement activity undertaken to improve the response to the staff survey in 2023 and the intentions to continue to build on these approaches.
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Governance:		Date		Date
	Appointments, Terms & Conditions Committee		Engaging with Members Group	
	Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	✓
	Trust Board			

Monitoring and assurance framework summary:

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

Agenda Item 7

Title & Date of Meeting:	Council of Governors Public Meeting – 18 January 2024			
Title of Report:	Annual Accounts 2022-23			
Author/s:	Name: Peter Beckwith Title: Director of Finance			
Recommendation:	To approve		To discuss	
	To note	<input checked="" type="checkbox"/>	To ratify	
	For assurance			
Purpose of Paper:	The purpose of this report is to present the audited annual accounts for 2022-23 financial year.			

Key Issues within the report:

<p>Positive Assurances to Provide:</p> <ul style="list-style-type: none"> All audit work is now complete and audited accounts have been submitted (<i>Attached at Appendix A</i>) Unqualified audit opinion on the accounts Audit Completion Report from External Auditors (<i>Mazars</i>) is attached (<i>Appendix B</i>) alongside follow up letter (<i>Appendix C</i>) Auditors Report to the Council of Governors is attached at <i>Appendix D</i> 	<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> None
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<p>Key Risks/Areas of Focus:</p> <ul style="list-style-type: none"> None 	<p>Decisions Made:</p> <ul style="list-style-type: none"> None report is to note
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Governance:		Date		Date
	Appointments, Terms & Conditions Committee		Engaging with Members Group	
	Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	✓
	Trust Board		Executive Management Team	

Monitoring and assurance framework summary:

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

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

Humber Teaching NHS Foundation Trust

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.



Signed

**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 7 to 55 form part of these accounts.



Michele Moran
Chief Executive
22 December 2023

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2023

	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2022 - brought forward	76,937	14,776	(414)	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

	2022/23	2021/22
Note	£000	£000
Cash flows from operating activities		
Operating surplus / (deficit)	(23,037)	(3,106)
Non-cash income and expense:		
Depreciation and amortisation	7,569	4,124
Net impairments	24,782	5,166
Income recognised in respect of capital donations	-	(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	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.

Note 1.4 Revenue from contracts with customers - continued

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 reserve and reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Note 1.7 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.8 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided.

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.

Note 1.8 Property, Plant and equipment continued

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.

Note 1.8 Property, Plant and equipment continued

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, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	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, ie, when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.13 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The Trust as a lessee

Recognition and initial measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 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 <https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts>.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.17 Value added tax

Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.18 Corporation tax

Under current regulations Humber Teaching NHS Foundation Trust is not liable to corporation tax, as the Trust's activities are purely healthcare related and therefore exempt.

Note 1.19 Climate change levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

Note 1.20 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's *FReM*.

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 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	<u>(34)</u>	<u>(25,129)</u>	<u>(25,163)</u>
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.

<https://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)

Note 3.2 Income from patient care activities (by source)	2022/23	2021/22
Income from patient care activities received from:	£000	£000
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 dissolved 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	<u>7,610</u>	<u>7,513</u>

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	<u>237,693</u>	<u>195,453</u>

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	<u>3,262</u>	<u>2,348</u>

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	<u>8,855</u>

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, eg 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	<u>24,782</u>	<u>5,166</u>
Impairments charged to the revaluation reserve	(2,625)	3,936
Total net impairments	<u>22,157</u>	<u>9,102</u>

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	Total
	£000	£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 Schem

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	<u>1,010</u>	<u>242</u>

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	<u>320</u>	<u>137</u>
Unwinding of discount on provisions	8	(7)
Other finance costs	389	300
Total finance costs	<u>717</u>	<u>430</u>

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	<u>5</u>	<u>64</u>

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	£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	9,876	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	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	8,789	72,326	4,437	66	-	4,883	34	90,535
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	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	8,199	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	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Subject to an operating lease	-	1,155	-	-	-	-	-	1,155
Not subject to an operating lease	8,825	71,221	4,437	68	10	4,883	34	89,478
Total net book value at 31 March 2023	8,825	72,376	4,437	68	10	4,883	34	90,633

Note 16 Donations of property, plant and equipment

Humber Teaching NHS Foundation Trust has received no donated assets in this financial year. (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 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	<u>33,063</u>

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

	Total	Of which leased from DHSC group bodies:
	31 March 2023 £000	31 March 2023 £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	<u>38,345</u>	<u>28,983</u>
Finance charges allocated to future periods	(5,282)	(4,630)
Net lease liabilities at 31 March 2023	<u>33,063</u>	<u>24,353</u>
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	<u><u>2,089</u></u>
	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	<u><u>42,569</u></u>

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 £000	31 March 2022 £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 receivables £000	2021/22 receivables £000
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 £000	31 March 2022 £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	<u>37,677</u>	<u>29,443</u>

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

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

Note 27.1 Borrowings

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

* 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	<u><u>33,063</u></u>

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	<u>3,845</u>
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	<u><u>-</u></u>

Note 28 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Other	Total
	£000	£000	£000	£000	£000
At 1 April 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	<u>(13)</u>	<u>(31)</u>
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	<u>(13)</u>	<u>(31)</u>
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	<u>0</u>	<u>797</u>

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
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
	<u>12,841</u>	<u>12,110</u>

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	<u>(9,439)</u>	<u>(14,342)</u>
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	<u>12,841</u>	<u>12,110</u>
Plan surplus/(deficit) at 31 March	<u>3,402</u>	<u>(2,232)</u>

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	31 March 2022
	2023	£000
	£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	<u>3,402</u>	<u>(2,232)</u>
Net (liability) / asset after the impact of reimbursement rights	<u>3,402</u>	<u>(2,232)</u>

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	<u>(484)</u>	<u>(577)</u>

Note 33 Financial instruments

Note 33.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that Humber Teaching NHS Foundation Trust has with Intergrated Care Boards and the way those Intergrated Care Boards are financed, Humber Teaching NHS Foundation Trust is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. Humber Teaching NHS Foundation Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing it in undertaking its activities.

Humber Teaching NHS Foundation Trust's treasury management operations are carried out by the Finance Department, within parameters defined formally within standing financial instructions and policies agreed by the board of directors. Treasury activity is subject to review by Humber Teaching NHS Foundation Trust's internal auditors.

Currency Risk

Humber Teaching NHS Foundation Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based, has no overseas operations and therefore has no exposure to currency rate fluctuations.

Interest Rate risk

Humber Teaching NHS Foundation Trust has borrowed from the government for capital expenditure, but has repaid such loans back during the previous financial year therefore the Trust has a very low exposure to interest rate fluctuations.

Credit Risk

As the majority of revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 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 Intergrated Care Boards, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks

Note 33.2 Carrying values of financial assets

Carrying values of financial assets as at 31 March 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 XXXX** of the 2022/23 annual report

	2022/23 £000	2021/22 £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.

Audit Completion Report

Humber Teaching NHS Foundation Trust
– year ended 31 March 2023

June 2023



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- 02** Status of the audit
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- 04** Significant findings
- 05** Internal control recommendations
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- 07** Value for Money

Appendix A: Draft management representation letter

Appendix B: Draft auditor's report

Appendix C: Independence

Appendix D: Other communications

This document is to be regarded as confidential to Humber Teaching NHS Foundation Trust. It has been prepared for the sole use of Those Charged With Governance. No responsibility is accepted to any other person in respect of the whole or part of its contents. Our written consent must first be obtained before this document, or any part of it, is disclosed to a third party.



Board of Directors
Humber Teaching NHS Foundation Trust
Trust HQ
Willerby Hill
Beverley Road
Willerby
HU10 6ED

16 June 2023

Dear Committee Members

Audit Completion Report – Year ended 31 March 2023

We are pleased to present our Audit Completion Report for the year ended 31 March 2023. The purpose of this document is to summarise our audit conclusions.

The scope of our work, including identified significant audit risks, key audit matters and other areas of management judgement, was outlined in our Audit Strategy Memorandum which we presented on 16 May 2023. We have reviewed our Audit Strategy Memorandum and concluded that the original significant audit risks and other areas of management judgement remain appropriate.

We would like to express our thanks for the assistance of your team during our audit.

If you would like to discuss any matters in more detail, then please do not hesitate to contact me on 0191 383 6300.

Yours faithfully

Gavin Barker

Mazars LLP

Mazars LLP

The Corner
Bank Chambers
26 Mosley Street
Newcastle upon Tyne
NE1 1DF

01

Section 01:

Executive summary

1. Executive summary

Principal conclusions and significant findings

As outlined in our Audit Strategy Memorandum, our audit has been conducted in accordance with International Standards on Auditing (UK), the relevant ethical and professional standards and the terms of our engagement, and means we focus on audit risks that we have assessed as resulting in a higher risk of material misstatement.

In section 4 of this report, we have set out our conclusions and significant findings from our audit. This section includes our conclusions on the audit risks and areas of management judgement in our Audit Strategy Memorandum, which include:

- Management override of controls;
- Revenue recognition; and
- Valuation of specialised land and buildings.

Section 5 sets out internal control recommendations and section 6 sets out audit misstatements. There are two unadjusted misstatements identified at the time of drafting this report.

Status and audit opinion

We are expecting to substantially complete our audit in respect of the financial statements for the year ended 31 March 2023 by 30 June 2023. This excludes our work on pensions, which as communicated in our Audit Strategy Memorandum, will be completed when we have assurance from the East Riding Pension Fund audit. At the time of preparing this report, significant matters remaining outstanding as outlined in section 2.

We will provide an update to you in relation to the significant matters outstanding through issuance of a follow up letter.

Subject to the satisfactory conclusion of the remaining audit work, we have the following conclusions:



Audit opinion

We anticipate issuing an unqualified opinion, without modification, on the financial statements. Our proposed audit opinion is included in the draft auditor's report in Appendix B.



Value for Money

We anticipate having no significant weaknesses in arrangements to report in relation to the arrangements that the Trust has in place to secure economy, efficiency and effectiveness in its use of resources. Further detail on our Value for Money work is provided in section 7 of this report.



Reporting to the group auditor

We anticipate reporting to the National Audit Office (NAO) that the Trust's consolidation data is consistent with the financial statements.

02

Section 02:

Status of the audit

2. Status of the audit

Our work is nearing substantial completion and there are currently no matters of which we are aware that would require modification of our audit opinion, subject to the outstanding matters detailed below.

Audit area	Status	Description of the outstanding matters
Journal testing		We are waiting for the evidence for one journal.
Property, Plant and Equipment		We met the valuer on 15 June 2023 and requested some further evidence to complete our remaining procedures.
IFRS 16 Leases		The valuer issued a revised valuation report on 15 June 2023, which we need to review and we have not yet received lease agreements for three sampled leases.
Income and expenditure		We have a small number of audit procedures outstanding.
Intangible Assets		We have a small number of audit procedures outstanding.
Receivables		We have a small number of audit procedures outstanding.
Payables		We have a small number of audit procedures outstanding.
Remuneration Report		We have a small number of audit procedures outstanding.
Pensions and WGA		This work will be completed in Autumn 2023 when we have received assurance from the East Riding Pension Fund auditor.
Closure procedures and final review		We will complete once the above work is complete.



Likely to result in material adjustment or significant change to disclosures within the financial statements.



Potential to result in material adjustment or significant change to disclosures within the financial statements.



Not considered likely to result in material adjustment or change to disclosures within the financial statements.

03

Section 03:

Audit approach

3. Audit approach

Changes to our audit approach

We provided details of our intended audit approach in our Audit Strategy Memorandum in May 2023. We have not made any changes to our audit approach since we presented our Audit Strategy Memorandum.

Materiality

Our provisional materiality at the planning stage of the audit was set at £4M using a benchmark of 2% of gross operating costs. Our final assessment of materiality, based on the final financial statements is £5M using the same benchmark.

Use of experts

Management and our use of experts was detailed in our Audit Strategy Memorandum. There have been no changes in our approach detailed in the Audit Strategy Memorandum.

Service organisations

Our Audit Strategy Memorandum detailed our planned use of service organisations as part of the audit. There have been no changes in our approach detailed in the Audit Strategy Memorandum.

04

Section 04: **Significant findings**

4. Significant findings

In this section we outline the significant findings from our audit. These findings include:

- our audit conclusions regarding other significant risks and key areas of management judgement outlined in the Audit Strategy Memorandum;
- our comments in respect of the accounting policies and disclosures that you have adopted in the financial statements. On page 15 we have concluded whether the financial statements have been prepared in accordance with the financial reporting framework and commented on any significant accounting policy changes that have been made during the year;
- any further significant matters discussed with management; and
- any significant difficulties we experienced during the audit.

Significant risks

Management	Description of the risk
override of controls	<p>In all entities, management at various levels within an organisation are in a unique position to perpetrate fraud because of their ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. Due to the unpredictable way in which such override could occur, we consider there to be a risk of material misstatement due to fraud and thus a significant risk on all audits.</p>
	<hr/> How we addressed this risk <p>We addressed this risk through performing audit work over:</p> <ul style="list-style-type: none">• Accounting estimates impacting amounts included in the financial statements;• Consideration of identified significant transactions outside the normal course of business; and• Journals recorded in the general ledger and other adjustments made in preparation of the financial statements.
	<hr/> Audit conclusion <p>Subject to the satisfactory completion of the work outstanding (set out in Section 02), our work has provided the assurance we sought and has not highlighted any material issues to bring to your attention.</p>

4. Significant findings

Revenue recognition

Description of the risk

The risk of fraud in revenue recognition is presumed to be a significant risk on all audits due to the potential to inappropriately shift the timing and basis of revenue recognition as well as the potential to record fictitious revenues or fail to record actual revenues.

For the Trust we deem the risk to relate specifically to the timing of income recognition, and in relation to judgements made by management as to when income has been earned. The pressure to manage income to deliver forecast performance in a challenging economic environment increases the risk of fraudulent financial reporting leading to material misstatement and means that we are unable to rebut the presumption.

How we addressed this risk

In addition to the response to management override on the previous page we undertook the following substantive procedures:

- tested a sample of revenue around the year end and a sample of deferred income by agreeing the transactions to appropriate source documentation and obtaining assurance that each item is recorded in the correct financial year and at the correct value;
- tested material income and year end receivables by agreeing the transactions to appropriate source documentation and obtaining assurance that each item is recorded in the correct financial year and at the correct value; and
- considered information provided by the Department of Health and Social Care in respect of year end intra-NHS transactions. We will identify any significant differences between the Trust's position and that of the counterparty and obtain assurance that the Trust's position is supported by appropriate evidence.

Audit conclusion

Subject to the satisfactory completion of the work outstanding (set out in Section 02), our work has provided the assurance we sought and has not highlighted any material issues to bring to your attention.

4. Significant findings

Valuation of specialised land and buildings

Description of the risk

Land and buildings are the Trust’s highest value assets. Most of these assets are specialised and in the absence of reliable market data are valued using the depreciated replacement cost method, which is complex and subjective.

Management engage Cushman and Wakefield, as an expert, to assist in determining the current values of property to be included in the financial statements. Changes in the value of property may impact on the Statement of Comprehensive Income depending on the circumstances and the specific accounting requirements of the Group Accounting Manual.

How we addressed this risk

We undertook substantive procedures including:

- liaising with management to update our understanding of the approach taken by the Trust in obtaining valuations;
- assessing the scope and terms of engagement of management’s valuation expert and the competence, skills and objectivity thereof;
- reviewing the work of management’s valuation expert and how these have been incorporated into the financial statements;
- reviewing the valuation methodology used, including testing the underlying data and assumptions;
- considering the reasonableness of the valuation by comparing the valuation output with market intelligence and challenging the Trust and the valuer; and.
- Testing a sample of valuations of specialised land and buildings by re-performing calculations and agreeing source data such as indices to prime records

Audit conclusion

Subject to the satisfactory completion of the work outstanding (set out in Section 02), our work has provided the assurance we sought and has not highlighted any material issues to bring to your attention.

4. Significant findings

Key areas of management judgement and enhanced risks

Accounting for leases under IFRS 16	Description of the management judgement <p>IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The Trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.</p> <p>On transition to IFRS 16 on 1 April 2022, the Trust will apply the standard retrospectively without restatement and with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date.</p> <p>The Trust has previously made disclosures in its financial statements; however, this is a complex area, hence we have assessed it as a key area of management judgement and enhanced risk.</p>
	How our audit addressed this area of management judgement <p>We addressed this risk by:</p> <ul style="list-style-type: none">critically reviewing the accuracy and completeness of the Trust's assessment;reviewing the accounting treatment; andreviewing the accounting treatment for a sample of leases.
	Audit conclusion <p>Subject to the satisfactory completion of the work outstanding (set out in Section 02), our work has provided the assurance we sought and has not highlighted any material issues to bring to your attention.</p>

Accruals	Description of the management judgement <p>At year end the Trust must estimate the value of services it has not yet received or been billed for. In 2022/23 NHSE asked NHS providers to accrue for the 2022/23 NHS pay award, which remains subject to a national dispute, and is material to the Trust. Accordingly, we have assessed it as a key area of management judgement and enhanced risk.</p>
	How our audit addressed this area of management judgement <p>We addressed this risk by:</p> <ul style="list-style-type: none">critically reviewed the Trust's approach to estimating accruals, including the new accrual for the 2022/23 pay award; andtested a sample of accruals to supporting working papers in order to assess the reasonableness of the estimate.
	Audit conclusion <p>Subject to the satisfactory completion of the work outstanding (set out in Section 02), our work has provided the assurance we sought and has not highlighted any material issues to bring to your attention.</p>

4. Significant findings

Qualitative aspects of the Trust's accounting practices

We have reviewed the Trust's accounting policies and disclosures and concluded that they comply with the Department of Health and Social Care Group Accounting Manual (GAM) 2022/23, appropriately tailored to the Trust's circumstances.

Draft accounts were received from the Trust on 27 April 2023. The accounts were of good quality and were submitted to NHS England (NHSE) in line with the national timetable. Working papers supporting the figures in the accounts were provided by the requested date of 4 May 2023, which was significantly earlier than in previous years and earlier or similar than for most of our other NHS clients. The quality of working papers was good, and we received good co-operation from management regarding requests for further information and evidence for samples.

Significant matters discussed with management

During our audit we communicated the following significant matters to management:

IFRS 16

IFRS 16 was introduced on 1 April 2022 and requires a lessee to recognise assets and liabilities for all leases with a term of more than 12 months, unless the underlying asset is of low value. A lessee is required to recognise a right-of-use asset representing its right to use (ROU) the underlying leased asset and a lease liability representing its obligation to make lease payments.

Per the GAM, subsequent measurement of the ROU asset should be consistent with the principles for subsequent measurement of property, plant and equipment set out in IAS 16 as adapted by the Treasury's Financial Reporting Manual. Accordingly, the right of use assets should be measured at either fair value or current value in existing use. A practical expedient is in place for a cost model to be used where it results in a reliable proxy for current value; which is expected to be the case for most assets including non-property assets and non-specialised property assets. However, for specialised property assets where market data is not readily available a regular valuation is expected to be required to estimate the current value in existing use.

Through discussions with management, we established that the Trust had commissioned a ROU asset valuation for all significant leased assets and received a report showing nil valuations. Management sought clarification from the valuer and were assured that the report meant there was no change using the revaluation model to value leased assets at 31 March 2023, as opposed to the cost model applicable to valuations at 1

April 2023. However, on 9 June 2023 the valuer decided that the methodology used to produce these valuations was incorrect and informed the Trust that they would be reissuing the report. When this report was received on 15 June 2023 the valuation was £26M lower. We will need to audit this revised report before the material misstatement can be confirmed. The Trust is currently considering the impact of the new valuation on the financial statements.

At the current time we have not reflected any changes arising from this as adjusted misstatement in Section 06, Summary of Misstatements. We will clarify the final outcome in our follow up letter prior to issuing our audit opinion.

Moreover, in some cases, our testing identified that there is a lack of formal documentation supporting lease agreements, and leases have been valued using assumptions about the life of the lease. We have included an internal control recommendation (see section 05 of this report) to highlight that management should seek to put in place formal lease agreements for all leases recognised under IFRS 16 signed by both parties, that clearly specify the lease term.

Valuation of local government pensions

The actuarial report indicated that unusually at 31 March 2023 the Trust's pension assets exceeded its pension liabilities. The Trust showed the net pension assets on its Statement of Financial Position. We reviewed the relevant accounting standard and determined that this may be appropriate, given that the Trust's funding scheme gives the Trust rights to a surplus on the fund. However, the surplus should be restricted to the value of the asset ceiling if that was lower than the surplus. As the surplus was below materiality management decided that the surplus could not be materially misstated and decided against requesting an actuarial valuation of the asset ceiling.

Significant difficulties during the audit

During the audit we did not encounter any significant difficulties apart from those noted in the previous section and we have had the full co-operation of management.

We would like to thank the Finance Team for the improvement in working papers and for their cooperation throughout the audit in response to our queries and requests for further information.

05

Section 05:

Internal control recommendations

5. Internal control recommendations

As part of our audit of the financial statements, we obtained an understanding of internal controls sufficient to plan our audit and determine the nature, timing and extent of testing performed. Although our audit was not designed to express an opinion on the effectiveness of internal control, we are required to communicate to the Board any deficiencies identified during our work.

The purpose of our audit was to express an opinion on the financial statements. As part of our audit, we have considered the internal controls in place relevant to the preparation of the financial statements in order to design audit procedures to allow us to express an opinion on the financial statements but not for the purpose of expressing an opinion on the effectiveness of internal control or to identify any significant deficiencies in their design or operation.

The matters reported are limited to those deficiencies and other control recommendations that we have identified during our normal audit procedures and that we consider to be of sufficient importance to merit being reported. If we had performed more extensive procedures on internal control, we might have identified more deficiencies to be reported or concluded that some of the reported deficiencies need not in fact have been reported. Our comments should not be regarded as a comprehensive record of all deficiencies that may exist or improvements that could be made.

Our findings and recommendations are set out below. We have assigned priority rankings to each of them to reflect the importance that we consider each poses to your organisation and, hence, our recommendation in terms of the urgency of required action. In summary, the matters arising fall into the following categories:

Priority ranking	Description	Number of issues
1 (high)	In our view, there is potential for financial loss, damage to reputation or loss of information. This may have implications for the achievement of business strategic objectives. The recommendation should be taken into consideration by management immediately.	0
2 (medium)	In our view, there is a need to strengthen internal control or enhance business efficiency. The recommendations should be actioned in the near future.	1
3 (low)	In our view, internal control should be strengthened in these additional areas when practicable.	0

5. Internal control recommendations

Other deficiencies in internal control – Level 2

Description of deficiency

The Trust leases several significant assets without formal, signed lease agreements specifying the lease term.

Potential effects

This makes valuation more subjective and increases the risk of differences of opinion with lessors regarding the terms of the lease.

Recommendation

The Trust should negotiate formal lease agreements for all the property leases that it holds and ensure that they are signed, with clear commencement and termination dates by 31 March 2024.

Management response

Agreed in principle, but the Trust needs to assess the practicality of completing this exercise by 31 March 2024 and will complete this by addressing priority leases first.

5. Internal control recommendations

Follow up on previous internal control recommendation – Level 2

Description of deficiency

The Trust is required to complete a CEST assessment for locums and other off-payroll contractors under IR35 rules set by HMRC. However, it has accepted that its arrangements for ensuring that these are accurately completed are weak and has received advice that HMRC are likely to recover tax and NI in respect of locums if they have not exercised due care in ensuring they were completed accurately.

Potential effects

Although the potential liability at 31 March 2022 is covered by a provision in the accounts the liability is increasing annually and thus reducing funds available for patient care.

Recommendation

The Trust should ensure that during 2022/23 the arrangements for ensuring the accurate completion of CEST assessments are improved and the provision in the accounts reviewed annually to ensure it remains appropriate..

Management response

The Trust will develop a standing operating procedure to enable robust CEST assessments to be undertaken. The outcome from the robust assessments will inform a full and through review of the current provision and any future provisions – this will be reported through the Finance and Investment Committee.

2022/23 Update

The Trust engaged consultants to undertake a review of the Trusts processes for complying with off payroll working regulations. The review highlighted a number of areas/engagements for which there were risks and identified shortfalls in process. Following the review, a task and finish group was established with an aim of ensuring new processes were in place by 6 April 2023 and an update was given to the Audit Committee and FIC. At year-end, although completion had slipped the consultants informed the Trust that HMRC’s current approach in the NHS is to make enquiries regarding systems and processes and investigate whether liabilities exist if shortfalls are evident rather than seek recovery of tax and NI. Accordingly, the provision was reversed unused in the 2022/23 accounts and a decision was taken to focus on getting proper processes in place.



06

Section 06:

Summary of misstatements

6. Summary of misstatements

This section outlines the misstatements identified during the audit, above the trivial threshold for adjustment of £150,000. The table outlines the misstatements that were identified during the audit which management has assessed as not being material either individually or in aggregate to the financial statements and does not currently plan to adjust.

The table outlines the misstatements that were identified during the audit which management has assessed as not being material either individually or in aggregate to the financial statements and does not currently plan to adjust.

Unadjusted misstatements

		SOCI		SOFP	
		Dr (£'000)	Cr (£'000)	Dr (£'000)	Cr (£'000)
1	Dr: Right of Use assets			1,042	
	Cr: Property, Plant and Equipment				1,042
	Capital expenditure on a leased asset was misclassified as reclassifications from assets under constructions to buildings within the Property, Plant and Equipment note and this led to an increase in Property, Plant and Equipment instead of leased assets.				
2	Dr: Deferred Income			1,000	
	Cr. Income		1,000		
	This relates to funding received late in 2022/23 that the Trust intends to use in 2023/24. However, there is insufficient evidence of contractual conditions that have not been met to justify deferring the income.				
Total unadjusted misstatements			1,000	2,042	1,042

6. Summary of misstatements

Adjusted misstatements

		SOCI		SOFP	
		Dr (£'000)	Cr (£'000)	Dr (£'000)	Cr (£'000)
1	Dr: Receivables			6,323	
	Cr: Payables				6,323
<p>This relates to the accrual for the NHS pay award that was accounted for as an adjusting post balance sheet event within income and expenditure but netted off in terms of the impact on the Statement of Financial Position.</p>					
Total adjusted misstatements				6,323	6,323

6. Summary of misstatements

Disclosure amendments

During our review of the financial statements, we have identified amendments that were required to disclosures. The Trust has made these amendments, the most significant of which were:

SOCI – the footnote showing how to reconcile the surplus from continuing operations shown to the adjusted surplus that the Trust’s financial performance is measured against has been moved to a separate note;

SOCITE – The prior period adjustment shown on the SOCITE TAC form did not initially feed through to the accounts causing an imbalance on the statement and between the SOCITE and the Statement of Financial Position. The Trust has corrected this error.

Accounting Policies – The description of significant sources of estimation uncertainty has been amended to clarify that there is no significant uncertainty in respect of the going concern status of the Trust;

Note 15 PPE – as in 2021/22 the accumulated depreciation on buildings had not initially been reversed following the revaluation. This caused both the gross book value of buildings and the accumulated depreciation of buildings to be overstated by £4.2M. The Trust has corrected this error.

Note 17 Revaluation – The Trust has amended the note to clarify how it reconciles to the Statement of Comprehensive Income;

Note 28 Provisions - The movement on the legal pay provision has been split between the £249K new provisions and £233K reversed unused in the year;

Note 33 Financial Instruments – The description of financial instruments at Note 33.5 has been clarified;

Note 37, Related party Transactions: This has been amended to remove related parties without transactions and add the transactions in respect of Humber Primary Care Limited.;

Note 38, Post Balance Sheet Events – the note was updated to disclose the pay award as an adjusting post balance sheet event;

Annual Report - The draft annual report has been amended to include some required information on senior manager remuneration, exit packages and the fair pay disclosure and ensure that conclusion section of the Annual Governance Statement appeared in the correct place.

The accounts were also amended in several areas for grammatical, spelling and referencing errors. In some areas additional narrative was added to aid the user of the accounts understanding and ensure compliance with the requirements of the GAM.



07

Section 07:

Value for Money

7. Value for Money

Approach to Value for Money

We are required to consider whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The NAO issues guidance to auditors that underpins the work we are required to carry out and sets out the reporting criteria that we are required to consider. The reporting criteria are:

- **Financial sustainability** - How the Trust plans and manages its resources to ensure it can continue to deliver its services;
- **Governance** - How the Trust ensures that it makes informed decisions and properly manages its risks; and
- **Improving economy, efficiency and effectiveness** - How the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

At the planning stage of the audit, we undertake work to understand the arrangements that the Trust has in place under each of the reporting criteria and we identify risks of significant weaknesses in those arrangements. Although we describe this work as planning work, we keep our understanding of arrangements under review and update our risk assessment throughout the audit to reflect emerging issues that may suggest significant weaknesses in arrangements exist.

Where our risk-based procedures identify actual significant weaknesses in arrangements we are required to report these and make recommendations for improvement. Where such significant weaknesses are identified, we report these in the audit report by exception.

The primary output of our work on the Trust's arrangements is the commentary on those arrangements that forms part of the Auditor's Annual Report. We intend to issue the Auditor's Annual Report in Autumn 2023.

Status of our work

We are yet to complete our work in respect of the Trust's arrangements for the year ended 31 March 2023. At the time of preparing this report, we have not identified any significant weaknesses in arrangements that require us to make a recommendation, however we continue to undertake work on the Trust's arrangements.

Our draft audit report at Appendix B outlines that we have not yet completed our work in relation to the Trust's arrangements. As noted above, our commentary on the Trust's arrangements will be provided in the Auditor's Annual Report within three months of the date of our audit opinion.

Appendices

A: Draft management representation letter

B: Draft auditor's report

C: Independence

D: Other communications

Appendix A: Draft management representation letter

Gavin Barker
The Corner
Bank Chambers
26 Mosley Street
Newcastle upon Tyne
NE1 1DF

June 2022

Dear Gavin

Humber Teaching NHS Foundation Trust audit for year ended 31 March 2023

This representation letter is provided in connection with your audit of the financial statements of Humber Teaching NHS Foundation Trust, for the year ended 31 March 2023 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view in accordance with the Group Accounting Manual. I confirm that the following representations are made on the basis of enquiries of management and staff with relevant knowledge and experience (and, where appropriate, inspection of supporting documentation) sufficient to satisfy ourselves that I can properly make each of the following representations to you.

My responsibility for the financial statements and accounting information

I believe that I have fulfilled my responsibilities for the true and fair presentation and preparation of the financial statements in accordance with the Group Accounting Manual and relevant legislation and International Financial Reporting Standards (IFRS) as adapted and adopted by HM Treasury.

My responsibility to provide and disclose relevant information.

I have provided you with:

- Access to all information of which we are aware that is relevant to the preparation of the financial statements such as records, documentation and other material;
- Additional information that you have requested from us for the purpose of the audit; and
- Unrestricted access to individuals within the Trust you determined it was necessary to contact in order to obtain audit evidence.

I confirm as Accountable Officer that I have taken all the necessary steps to make me aware of any relevant audit information and to establish that you, as auditors, are aware of this information. As far as I am aware there is no relevant audit information of which you, as auditors, are unaware.

Accounting records

I confirm that all transactions that have a material effect on the financial statements have been recorded in the accounting records and are reflected in the financial statements. All other records and related information, including minutes of all Board and relevant committee meetings, have been made available to you.

Accounting policies

I confirm that I have reviewed the accounting policies applied during the year in accordance with Group Accounting Manual and International Accounting Standard 8 and consider these policies to faithfully represent the effects of transactions, other events or conditions on the Trust's financial position, financial performance and cash flows.

Accounting estimates, including those measured at fair value

I confirm that any significant assumptions used by the Trust in making accounting estimates, including those measured at fair value, are reasonable.

Contingencies

There are no material contingent losses including pending or potential litigation that should be accrued where:

- Information presently available indicates that it is probable that an asset has been impaired or a liability had been incurred at the balance sheet date; and
- The amount of the loss can be reasonably estimated.

There are no material contingent losses that should be disclosed where, although either or both the conditions specified above are not met, there is a reasonable possibility that a loss, or a loss greater than that accrued, may have been incurred at the balance sheet date.

There are no contingent gains which should be disclosed.

All material matters, including unasserted claims, that may result in litigation against the Trust have been brought to your attention. All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to you and accounted for and disclosed in accordance with the Group Accounting Manual and relevant legislation and IFRSs as adapted and adopted by HM Treasury.

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Appendix A: Draft management representation letter

Laws and regulations

I confirm that I have disclosed to you all those events of which I am aware which involve known or suspected non-compliance with laws and regulations, together with the actual or contingent consequences which may arise therefrom. We have complied with all aspects of contractual agreements that would have a material effect on the accounts in the event of non-compliance.

Fraud and error

I acknowledge my responsibility as Accountable Officer for the design, implementation and maintenance of internal control to prevent and detect fraud and error. I have disclosed to you:

- All the results of my assessment of the risk that the financial statements may be materially misstated as a result of fraud;
- All knowledge of fraud or suspected fraud affecting the Trust involving:
 - management and Those Charged With Governance;
 - employees who have significant roles in internal control; and
 - others where fraud could have a material effect on the financial statements.

I have disclosed to you all information in relation to any allegations of fraud, or suspected fraud, affecting the Trust's, financial statements communicated by employees, former employees, analysts, regulators or others.

Related party transactions

I confirm that all related party relationships, transactions and balances, have been appropriately accounted for and disclosed in accordance with the requirements of the Group Accounting Manual and relevant legislation and IFRSs. I have disclosed to you the identity of the Trust's related parties and all related party relationships and transactions of which I am aware.

Impairment review

To the best of my knowledge, there is nothing to indicate that there is a permanent reduction in the recoverable amount of the property, plant and equipment and intangible assets below their carrying value at the statement of financial position date. An impairment review is therefore not considered necessary.

Charges on assets

All the Trust's, assets are free from any charges exercisable by third parties except as disclosed within the financial statements.

Future commitments

I am not aware of any plans, intentions or commitments that may materially affect the carrying value or classification of assets and liabilities or give rise to additional liabilities.

Ultimate parent company

I confirm that the ultimate parent company for Humber Teaching NHS Foundation Trust is the Department of Health and Social Care.

Ukraine

We confirm we have carried out an assessment of the continuing war in Ukraine on the Trust and there is no significant impact on the Trust's operations from restrictions or sanctions in place.

Subsequent events

I confirm all events subsequent to the date of the financial statements and for which the Group Accounting Manual, relevant legislation and IFRSs require adjustment or disclosure have been adjusted or disclosed. Should further material events occur after the date of this letter which may necessitate revision of the figures included in the financial statements or inclusion of a note thereto, I will advise you accordingly.

Going concern

I confirm that I have carried out an assessment of the potential impact of the COVID-19 Virus pandemic on the Trust, including the impact of mitigation measures and uncertainties and am satisfied the going concern assumption remains appropriate and that no material uncertainty has been identified.

To the best of my knowledge there is nothing to indicate that the Trust, or its subsidiaries, will not continue as going concerns in the foreseeable future. The period to which I have paid particular attention in assessing the appropriateness of the going concern basis is not less than twelve months from the date of approval of the accounts.

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Appendix A: Draft management representation letter

Performance related allocations

I confirm that I am not aware of any reason why the Trust funding allocation/resource limits would be changed and have not been made aware that there is any intention to withdraw additional year-end performance related allocations.

Annual Governance Statement

I am satisfied that the Annual Governance Statement (AGS) fairly reflects the Trust's, and Group's, risk assurance and governance framework and I confirm that I am not aware of any significant risks that are not disclosed within the AGS

Annual Report

The disclosures within the Annual Report and Remuneration Report fairly reflect my understanding of the Trust's financial and operating performance over the period covered by the financial statements

Global Banking Challenges

We confirm that we have assessed the impact on the Trust of the on-going Global Banking challenges, in particular whether there is any impact on the Trust and Group's ability to continue as a going concern, and on the post balance sheet events disclosures.

We confirm that our exposure (either direct cash exposure or direct / indirect through investments) with Silicon Valley Bank, Credit Suisse, Signature Bank or any other bank in a distress situation, is not material

Unadjusted misstatements

I confirm that the effects of any uncorrected misstatements are immaterial, both individually and in aggregate, to the financial statements as a whole. A list of the uncorrected misstatements is attached to this letter as an Appendix. *Insert appendix of unadjusted misstatements.*

Yours sincerely

Accounting Officer

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Appendix B: Draft audit report

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.

Appendix B: Draft audit report (continued)

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.

Appendix B: Draft audit report (continued)

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 not completed our work on the Trust's arrangements. On the basis of our work to date, having regard to the guidance issued by the Comptroller and Auditor General in January 2023, we have not identified any significant weaknesses in arrangements for the year ended 31 March 2023.

We will report the outcome of our work on the Trust's arrangements in our commentary on those arrangements within the Auditor's Annual Report. Our audit completion certificate will set out any matters which we are required to report by exception.

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.

Appendix B: Draft audit report (continued)

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.

Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate until we have completed the work necessary to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

[Signature]

Gavin Barker (Key Audit Partner)
For and on behalf of Mazars LLP

The Corner
Bank Chambers
26 Mosley Street
Newcastle
NE1 1DF
United Kingdom

Date: to be confirmed

Appendix C: Independence

As part of our ongoing risk assessment, we monitor our relationships with you to identify any new actual or perceived threats to our independence within the regulatory or professional requirements governing us as your auditors.

We can confirm that no new threats to independence have been identified since issuing the Audit Strategy Memorandum and therefore we remain independent.

Appendix D: Other communications

Other communication	Response
Compliance with Laws and Regulations	We have not identified any significant matters involving actual or suspected non-compliance with laws and regulations. We will obtain written representations from management that all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing financial statements have been disclosed.
External confirmations	We did not experience any issues with respect to obtaining external confirmations.
Related parties	<p>We did not identify any significant matters relating to the audit of related parties.</p> <p>We will obtain written representations from management confirming that:</p> <ul style="list-style-type: none"> a. they have disclosed to us the identity of related parties and all the related party relationships and transactions of which they are aware; and b. they have appropriately accounted for and disclosed such relationships and transactions in accordance with the requirements of the applicable financial reporting framework.
Going Concern	<p>We have not identified any evidence to cause us to disagree with the Board that the Trust will be a going concern, and therefore we consider that the use of the going concern assumption is appropriate in the preparation of the financial statements.</p> <p>We will obtain written representations from management, confirming that all relevant information covering a period of at least 12 months from the date of approval of the financial statements has been taken into account in assessing the appropriateness of the going concern basis of preparation of the financial statements.</p>

Appendix D: Other communications

Other communication	Response
<p>Subsequent events</p>	<p>We are required to obtain evidence about whether events occurring between the date of the financial statements and the date of the auditor’s report that require adjustment of, or disclosure in, the financial statements are appropriately reflected in those financial statements in accordance with the applicable financial reporting framework.</p> <p>We will obtain written representations from management that all events occurring subsequent to the date of the financial statements and for which the applicable financial reporting framework requires adjustment or disclosure have been adjusted or disclosed.</p>
<p>Matters related to fraud</p>	<p>We have designed our audit approach to obtain reasonable assurance whether the financial statements as a whole are free from material misstatement due to fraud. In addition to the work performed by us, we will obtain written representations from management, and where appropriate the Board, confirming that:</p> <ul style="list-style-type: none"> a. they acknowledge their responsibility for the design, implementation and maintenance of internal control to prevent and detect fraud; b. they have disclosed to the auditor the results of management’s assessment of the risk that the financial statements may be materially misstated as a result of fraud; c. they have disclosed to the auditor their knowledge of fraud or suspected fraud affecting the entity involving: <ul style="list-style-type: none"> i. management; ii. employees who have significant roles in internal control; or iii. others where the fraud could have a material effect on the financial statements; and d. they have disclosed to the auditor their knowledge of any allegations of fraud, or suspected fraud, affecting the entity’s financial statements communicated by employees, former employees, analysts, regulators or others.

Gavin Barker, Director

gavin.barker@mazars.co.uk

Mazars

The Corner
Bank Chambers
26 Mosley Street
Newcastle upon Tyne
NE1 1DF

Mazars is an internationally integrated partnership, specialising in audit, accountancy, advisory, tax and legal services*. Operating in over 90 countries and territories around the world, we draw on the expertise of 40,400 professionals – 24,400 in Mazars' integrated partnership and 16,000 via the Mazars North America Alliance – to assist clients of all sizes at every stage in their development.

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ID: Mazars

Audit Committee
Humber Teaching NHS Foundation Trust
Willerby Hill
Beverley Road
Willerby
HU10 6ED

Direct line +44 (0)7896 684 771

Email gavin.barker@mazars.co.uk

22 December 2023

Dear Committee Members

Conclusion of pending matters – Audit completion report for Humber Teaching NHS Foundation Trust.

As required by International Standards on Auditing (UK and Ireland), we are writing to confirm any matters arising on the conclusion of the audit areas that were marked as outstanding within our Audit Completion Report issued on 16 June 2023. We presented an audit progress report to the Audit Committee on 7 November 2023, which provided members with an initial update on this outstanding work, but explained that at that stage we were still waiting for assurance from the East Riding Pension Fund audit, which meant some work remained outstanding.

The outstanding matters in our progress report to the November audit committee and the conclusions reached are detailed below:

Matter	Conclusion reached
Pensions	We received an assurance letter from the East Riding Pension Fund auditor on 20 December 2023. There are no matters to bring to your attention.
Whole Government Accounts	We undertook the procedures on the Trust’s consolidation data required by NAO once we received the necessary information from the pension fund auditor. There are no matters to bring to your attention.
Final versions of accounts, annual report and Annual Governance Statement	We completed our final checks once the above work was complete and we had confirmed that no further adjustments to those outlined in the June Audit Completion Report and November Audit Progress Report were necessary.

Matter	Conclusion reached
Post Balance Sheet Events and Letter of Representation	We updated our review of potential post balance sheet events on the opinion date and reviewed a letter of representation signed by the Accountable Officer also on that date. There were no matters to bring to your attention.
Audit Review and Quality Control	We have completed our final review and closure procedures and there were no matters to bring to your attention.

In addition, on page 25 of our audit completion report and page 4 of our progress report we noted that we had not completed our 2022/23 review of the Trust's arrangements for value for money. However, at the time of preparing the reports we had not identified any significant weaknesses.

We have now completed our value for money assessment and issued our Auditor's Annual Report. The report summarises the Trust's arrangements for economy, efficiency and effectiveness in the use of resources during 2022/23 and confirms that we did not identify any significant weaknesses in those arrangements.

If you wish to discuss these or any other points discussed at the meeting, then please do not hesitate to contact me.

Yours sincerely

Gavin Barker

Gavin Barker
Director

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

Title & Date of Meeting:	Council of Governors Public Meeting – 18 January 2024																		
Title of Report:	Chair's Report																		
Author/s:	Rt Hon Caroline Flint Trust Chair																		
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>	To approve		To discuss		To note	✓	To ratify		For assurance									
To approve		To discuss																	
To note	✓	To ratify																	
For assurance																			
Purpose of Paper:	To provide updates on the Chair, Non-Executive and Governor activities since the last Council meeting and to note Marilyn Foster's appointment as the new Lead Governor.																		
Key Issues within the report:																			
Positive Assurances to Provide: <ul style="list-style-type: none"> 5 new governors elected. New Board arrangements working well. 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> Induction for new governors. Governor Briefing on Mental Health Legislation and Deprivation of Liberty Orders. 																	
Key Risks/Areas of Focus: <ul style="list-style-type: none"> No matters to escalate 		Decisions Made: <ul style="list-style-type: none"> N/A 																	
Governance:	<table border="1"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Appointments, Terms & Conditions Committee</td> <td></td> <td>Engaging with Members Group</td> <td></td> </tr> <tr> <td>Finance, Audit, Strategy and Quality Governor Group</td> <td></td> <td>Other (please detail) Quarterly report to Council</td> <td>18.1.24</td> </tr> <tr> <td>Trust Board</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Date		Date	Appointments, Terms & Conditions Committee		Engaging with Members Group		Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	18.1.24	Trust Board			
	Date		Date																
Appointments, Terms & Conditions Committee		Engaging with Members Group																	
Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	18.1.24																
Trust Board																			

Monitoring and assurance framework summary:

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

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

Trust Chair's Council of Governor's Report – 18 January 2024

Happy New Year and I hope everyone found time to relax and enjoy the Christmas season.

However, it is with sadness that I report the death of Sam Muzaffar, former Humber Governor and Lead Governor, who died on 30 December. Sam and I exchanged emails just before Christmas and when I saw him at the Annual Members' Meeting in October he appeared so well, which makes his sudden passing so unexpected.

Sam was a well-regarded Trust governor and supportive Lead Governor to me in my first year as Chair. He always came across as a thoughtful and caring person and from conversations with him, it was clear he was proud of his life, work and family.

Individuals who knew Sam will have sent their sympathies to his family as have I and the Trust. A Trust representative attended his funeral. We will take a minute's silence at the January Council of Governor meeting.

This will be the last Council of Governors for retiring governors Sue Cooper, John Cunnington and Lead Governor Doff Pollard and Staff Governor Tom Nicklin who wasn't re-elected. All four have contributed in different ways bringing their own experience and knowledge to bear. My particular thanks to Doff in undertaking her role as Lead Governor and as Chair of the Engaging Members Group and to Sue as Chair of the Appointment, Terms and Conditions Committee and being able to work with them on different projects and issues. On behalf of the Board and Council of Governors I wish them all the best and thank them for their service.

Welcome to Emma Dallimore who will be taking up the role of Voluntary Partner Governor. Emma is the Chief Executive of HEY Mind. Congratulations to the following successful candidates elected in the recent Governor Elections:

Kimberley Thomas ER Governor

Ted Burnside ER Governor

Isobel Carrick Hull Governor

Maureen Bristow Hull Governor

John Duncan Staff Governor

Marilyn Foster has put her name forward to be the new Lead Governor. As the only candidate the Council of Governors is asked to note this appointment.

1. Trust Board Strategic Development Meeting 12 December 2023

- At our last meeting of 2023 we received a **Primary Care Update** and discussed progress made, with all GP posts within Primary Care recruited to. Focus to continue on achieving the financial recovery trajectory and a trajectory for 2024/2025 is to be presented to the Finance Committee in Q4. Further Board engagement with the integrated Care Board (ICB) on new models of care is planned and a further Primary Care Update at the April meeting.

- We took the opportunity to reflect on how the new Strategic Board meetings in 2023 were working. The consensus was that the new arrangements were proving effective. Looking forward it was agreed important to maintain that Strategic Board Development meetings should focus on two or three key strategic matters (including the positioning of the Trust in the ICS, the strategic areas contained in the Trust Strategy and developments in other industries) at each meeting rather than business as usual matters.
- It was also confirmed that the audit of the local government pension scheme was now complete, and no changes had been made to the accounts which the Board had approved in June and the Trust Board formally approved the audited annual accounts for 2022-23.
- It was the first opportunity for the whole Board to meet in person with our two Associate Non-Executive Directors Priyanka Perera and David Smith who joined us for Xmas Lunch along with the Board Support Unit Team.

2. Chair's Activities Round Up

I reported to the Trust Board in November meeting up with Dr Jaisa George, who has recently joined us as part of our International Recruitment programme; Eloise Nicholson – GMTS trainee and Kirsten Bingham who was awarded the Gold award for National AMHP of the Year 2023 to discuss social work at Humber.

We held the Quarterly Staff Awards in Scarborough and as always it was great to hear everyone's stories of their careers in the NHS and at Humber.

I visited Malton Hospital and was introduced to our staff and services there by our Services Manager Rishi Sookraj. Also bumped into Public Governor Tony Douglas who works there too.

The Staff Celebration evening on 10 November was a resounding success showcasing the amazing work happening across our Trust every day.

My Christmas visits included Inspire; Avondale Assessment Unit; the Psychiatric Intensive Care Unit and Newbridges. I was pleased to join the Humber Carol Concert in the Willerby Lecture Theatre and make a contribution on the theme of "journeys".

At the time of writing I will be on the interview panels for a round of consultant interviews in January 2024 for different services which I hope will be successful.

External meetings included: HNY Provider Chairs; Chairs ICS Briefings; NHS Confederation Chairs meeting; Helen Phillips NHS Professionals

3. **Governors**

A Chief Executive update on recent inquests was provided to governors via email on 22 December 2024. Some governors had concerns about media reporting and it was an oversight that governors were not made aware of sooner.

I attended **the Appointment, Terms and Conditions Committee** on 21 November from which items for Part I and part II of January's Council of Governors meeting are included.

Governor Development Day (14.12.23) took place and there was an open and constructive discussion about how the Board and Governors work together, understanding of respective roles and where improvements can be made. The rest of the session focused on the work of the Board Committees, Collaborative and Charitable Funds with slides provided to all governors afterwards.

Governor Briefings 2024 are replacing the individual Public and Staff Governor catch ups and will be open to all governors including our Partner Governors. They will take place 10 times a year from 0900-1000 online with half the time for an informal catch up with me and the other half to brief on a specific service or topical issue relevant to governors.

Over Christmas **Governor Brian Swallow** contacted me about arranging a discussion on mental health legislation and deprivation of liberty orders. A presentation on this subject has been arranged for our first Governor Briefing of 2024 on 25 January at 0900 for which you will receive a link. Any slides will be shared with all governors afterwards.

The New Governors' Induction will take place on 1 February 2024 from 1200-1600 in person at the Mercure Hotel. New governors are already completing required forms and have received their Induction Pack.

Trust Chair Caroline Flint 03/01/24

Agenda Item 9

Title & Date of Meeting:	Council of Governors Public Meeting – 18 January 2024																		
Title of Report:	Chief Executive's Report																		
Author/s:	Name: Michele Moran Title: Chief Executive																		
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>	To approve		To discuss		To note	✓	To ratify		For assurance									
To approve		To discuss																	
To note	✓	To ratify																	
For assurance																			
Purpose of Paper:	<p>To provide the Council of Governors with an update on local, regional and national issues.</p> <p><i>Areas of note:</i></p> <ul style="list-style-type: none"> Change to Responsible Officer 																		
Key Issues within the report:																			
Positive Assurances to Provide: <ul style="list-style-type: none"> Work contained within the report Responsible Officer Change 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> Contained within the paper 																	
Key Risks/Areas of Focus: <ul style="list-style-type: none"> Nothing to escalate 		Decisions Made: <ul style="list-style-type: none"> N/A 																	
Governance:	<table border="1"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Appointments, Terms & Conditions Committee</td> <td></td> <td>Engaging with Members Group</td> <td></td> </tr> <tr> <td>Finance, Audit, Strategy and Quality Governor Group</td> <td></td> <td>Other (please detail) Quarterly report to Council</td> <td>✓</td> </tr> <tr> <td>Trust Board</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Date		Date	Appointments, Terms & Conditions Committee		Engaging with Members Group		Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	✓	Trust Board			
	Date		Date																
Appointments, Terms & Conditions Committee		Engaging with Members Group																	
Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	✓																
Trust Board																			

Monitoring and assurance framework summary:

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

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

Chief Executive's Report

1 Around the Trust

1.1 Responsible Officer (RO)

I would like to take this opportunity to inform the Board that Dr Kwame Opoku-Fofie, Executive Medical Director, has taken over the RO responsibility for Humber Teaching NHS Trust with effect from 1st November 2023.

Dr Fofie has completed all the required training for this important statutory role in medical regulation such as making recommendations to the GMC regarding revalidation of doctors. Other duties include evaluating a doctor's fitness to practise in the trust and liaising with the GMC over relevant procedures.

I would like to thank Dr Michael Dasari for all his hard work as RO and for his support over the last year.

1.2 Right Care – Right Person

The Board of Directors received and discussed our work working with the police and I continue to advice many areas including the London Metropolitan Police. The team have also developed a national tool kit which is beginning to be circulated.

1.3 Social Worker of the Year

I am pleased to let you know that Kirsten Bingham was the Gold Winner at the Social Worker of the Year Awards for the Approved Mental Health Professional (AMHP) of the Year. Well done to Kirsten, well deserved.

1.4 Staff Awards

The following staff were successful at this year's Staff Awards, which was a great success with over 300 staff attending. Thanks to Anita Green and the Communications team for making the evening the success that it was.

Award	Winner
Being Humber Award	Joanne Howard and Rachel Johnson
Wellbeing	Helen Courtney and the Humber Centre Team
Humbelievable Award	ERP Addictions Service
Humbelievable Award	Daniel Tonks
Innovation Award	Humber Centre Catering Team
Innovation Award	Scarborough and Ryedale Urgent Community Response Team
Outstanding Care Award	Health and Wellbeing Advisor Connector Service
Patient and Care Experience Award	KUF Training Project
Patient Safety Award	Kathy Hobman
Patient Safety Award	Derwent Ward, Humber Centre
Volunteer of the Year Award	Shaun Atkinson
Chair and Chief Executive Special Recognition Award	Estates Team

1.5 Breastfeeding Service Award

Hull's 0-19 service has recently been through a detailed and complex assessment process in order to start to attain the Unicef Breast Feeding accreditation award and the service has passed with flying colours. The team were commended as a team for the 'mothered' centred service that they are providing to families. Unicef also commented on the commitment from staff and how it was clear to see how much our staff care about their clients. Therefore, the service has the green light to progress to the Gold award. Well done to the team.

2 Around the System

2.1 Humber and North Yorkshire Health Care Partnership - Mental Health, Learning Disabilities and Autism Collaborative – 5th Annual International Conference

The Mental Health, Learning Disabilities and Autism Collaborative Programme held their fifth annual international conference. Titled 'Let's Talk Autism', the event was attended by nearly 400 people from across Humber and North Yorkshire and beyond, with attendees from health and social care, the ICB, local authority, VCSE, and carers and individuals with lived experience.

Professor Sheila Baroness Hollins gave the keynote speech on Autism and Mental Health, and Brent Kilmurray, Chair of Humber and North Yorkshire Health and Care Partnership, Mental Health, Learning Disabilities and Autism Collaborative gave an update on the progress of the Programme. As part of the local showcase we heard from Jill Corbyn, Director of Neurodiverse Connections; Lynsey Webster and Anne-marie Marin, Senior Keyworkers from the Humber and North Yorkshire Keyworker service; and Gill Poole, Chief Executive of Matthew's Hub. The second session of the conference heard presentations from Claire Murdoch, National Director for Mental Health, NHSE, Tom Cahill, National Director for Learning Disabilities and Autism, NHSE, and Gavin Harding, Lived Experience Advisor for the NHSE Learning Disabilities and Autism programme. The event was recorded and can be viewed on our Youtube channel here <https://youtu.be/99kGuSF183s>.

3 National News

3.1 Kings Speech

There was no mention or announcement of any of the changes that have been discussed on a revision to the Mental Health Act/Bill.

3.2 NHS IMPACT

More guidance and detail has been published following the Boards discussion at the last Strategic Board meeting, namely:

The 5 components of NHS IMPACT:

1. Developing a shared purpose and vision
2. Investing in people and building an improvement focussed culture.
3. Developing leadership behaviours
4. Building improvement capability and capacity
5. Embedding improvement into management processes so that it becomes the way in which we run our organisations and systems.

The National Improvement Board has been established to oversee the development and spread of these 5 components through NHS IMPACT. It is made up of ICB and Trust chief

executives, clinicians, improvement experts, and key national leaders. At our first meeting, in September 2023, NHS IMPACT reflected on the tangible results that they expect this to deliver over the next five years. The National Improvement Board discussed these in terms of the “quadruple aim”....delivering better health outcomes and reduced inequalities, better quality of care for patients, a more effective use of resources and increasing numbers of colleagues who are able to find joy and pride in their work.

The National Improvement Board also agreed the following short-term priorities for the coming months. These are:

- 1) Promote NHS IMPACT vision, aims and framework. Using a wide range of forums and networks to raise awareness and gather ideas.
- 2) Inspire and encourage Trusts, places, systems to progress on their improvement journeys. There is a co-designed a self-assessment tool and a maturity matrix in relation to the five components of NHS IMPACT. NHS IMPACT strongly urged all Boards and Chief Executives to engage directly with this, to reflect honestly on where we were currently, and to develop a plan to move forward.
- 3) Strengthen delivery of key priorities, including safety, using an improvement led approach. These priorities include urgent and emergency care, elective recovery, primary care access, the delivery of mental health services and patient safety. All of these will benefit from a stronger improvement focus both locally and nationally.
- 4) Mobilise a network of support partners.

The NHSE executive group have committed to moving ahead on this journey, undertaking the self-assessment process and seeking advice and support as they move forward.

4 Director Updates

4.1 Chief Operating Officer Update

4.1.1 Leadership Visibility

The Chief Operating Officer and Director of Nursing are currently undertaking a series of visits to in patient units, unannounced and out of hours (please see Executive Director of Nursing, AHP and Social Care Professionals section for details). In addition, the Chief Operating Officer has met with the team at Psypher (early intervention in psychosis service). Current operational challenges were discussed, areas of transformational change work were considered and any barriers to making progress were picked up and addressed. Overall staff were motivated, committed to improvement and had a good focus on implementing measures to support staff health and wellbeing.

4.1.2 Operational, Winter Planning, Industrial Action and Covid Update

Our **winter plan for 2023/24** has been reviewed and approved by the Executive Management Team. Additional winter pressures funding is not confirmed, but in anticipation of this, a number of operational schemes have been developed and will be submitted when required. Through our EPRR team we have undertaken an organisational review of our plan and response which we are feeding into the wider system work.

Operational service pressures have been stable in the Trust in October and early November. The highest pressures were seen in our community services in Scarborough and Ryedale due to continued high demand and the ongoing pressures seen by the acute hospital. The Trusts overall operational pressures in the last two months has remained reduced to (OPEL) 2 (moderate pressure) from an escalation level (OPEL) 3 (severe

pressure) in the summer. Mental health pressures have reduced due to an improved position on acute pathways demands and a reduction in the use of out of area beds.

Child and Adolescent Mental Health (CAMHS) services are continuing to experience high demand, it remains at a plateau in October and November for core services but with ongoing increase in referrals for Neurodiversity services. Presenting needs continue to be of high levels of acuity and complexity. High demand for young people experiencing complex eating disorders has plateaued and a new eating disorder community treatment service has been operationalised by the service to support this. Focus continues on reducing waiting times in these services, particularly in relation to autism and attention deficit hyperactivity disorder diagnosis. Occupancy and patient flow in our CAMHS inpatient service remains improved and whilst delayed transfers of care have risen slightly this has not impeded admission when this has been required.

Nationally requirements are in place to eradicate the use of out of area mental health beds and our services are implementing plans to achieve this. Our out of area bed use has reduced in October and November, it is impacted by our overall bed occupancy which has reduced slightly with daily occupancy between 74.0 – 81.1%. Where we have utilised out of area beds this has been for older people predominantly with functional disorders. Work is underway to improve this position with plans developed to expand the use of the Older Peoples Acute Community Service (intensive community support) and to consider the use of step up/step down community-based beds.

Delayed transfers of care (DTC) from our mental health beds have continued to reduce during the last two months, overall there is improvement in the last quarter and some of the longer delays have been resolved due to the escalation measures in place. Patients are waiting predominantly for specialised hospital placements with other NHS providers or local authority provided residential placements. Escalation mechanisms are in place with partner agencies to take action to resolve the delayed transfers and discharges that our patients are experiencing. Focus is being maintained on improving this position further to achieve the best outcomes for our patients and to ensure it does not continue to adversely impact on the improved position we have achieved in reducing out of area placements. The escalation measures have had a positive impact on achieving discharge for some of our longest delayed patients.

System pressures have seen some improvement in the Humber areas more recently for both health and social care., pressures have remained high in York and North Yorkshire. Whilst Acute hospital partners in all parts of our area have reported pressures at OPEL 4 during the last two months, periods of de-escalation to OPEL 3 (and occasionally OPEL 2) are occurring frequently. Local authorities and the Ambulance services have also experienced some improvement in pressures. The combined impact of these ongoing pressures has however seen system pressures remain at overall OPEL 3. System work has continued to focus on reducing the number of patients in the acute hospitals who do not meet the criteria to reside in order to improve patient flow, reduce ambulance handover times and to recover elective activity. New initiatives have been developed supported by new national discharge funding to improve patient flow. Progress has been made to develop space identified by Hull University Teaching Hospitals NHS Trust to provide a new facility, adjacent to the Emergency Department, to stream mental health service users to. The new provision opened on 26th June and provides an enhanced environment to assess the needs of those presenting with mental health issues and is staffed by our expanded hospital mental health liaison team. Early data demonstrates that the service is continuing to successfully divert patients away from the emergency department, it is being monitored

closely and early information about the patients experience of the new facility is extremely positive.

Ongoing work has been taking place by our recruitment team to increase the number of staff available to us on our bank, recruitment campaigns focussed on specific clinical areas have had success and bank fill rates are improved. Continuing effort is taking place to reduce the number of health care assistant vacancies to decrease reliance on agency use and a rolling advert and recruitment process is in place.

The Trust has seen low numbers of cases of **Covid-19** positive inpatients during October and early November.

When combined with non-covid related sickness the overall staff absence position is currently at 6.63%.

The recent Junior doctors strike has been managed well, with very limited impact on our services.

4.2 Director of Nursing, Allied Health and Social Care Professionals

4.2.1 Leadership Visibility

Over the last couple of months, the Director of Nursing, Allied Health & Social Care Professionals has visited Market Weighton Surgery to meet with staff, Millview Lodge to meet the new service manager and Townend Court to support staff regarding the acuity and complexity on the unit. They have also attended the Multidisciplinary Team meeting for the Home-Based Treatment and Crisis Team to see how patient information is discussed in the team to promote a shared understanding across the team of individual patient needs.

The Director of Nursing also met with a number of staff as part of a review of staff uniforms. National work has been ongoing to agree a national uniform for staff working in the NHS. This work has now concluded, led by the CNO for England and her team. We are currently gaining views on the national uniform from our staff which if positive we will look to start the switch next year following EMT agreement. The Trust uniform policy will also be updated.

4.2.2 Care Quality Commission State of Care Report 2022/23

The CQC published its annual State of Care report on the October 20th 2023. The State of Care is CQC's annual assessment of health care and social care in England.

Access to Care- Key points

Getting access to services remains a fundamental problem, particularly for people with protected equality characteristics. Along the health and care journey, people are struggling to get the care they need when they need it.

Record numbers of people are waiting for planned care and treatment, with over 7 million people on elective care waiting lists at June 2023. But the true number of people could be much higher, as some people who need treatment are struggling to get a referral from their GP.

In the community, people are facing ongoing struggles with getting GP and dental appointments. As a result, some people are using urgent and emergency care services as the first point of contact, or not seeking help until their condition has worsened.

Once at hospital, people are facing longer delays in getting the care they need. In 2022, over half (51%) of respondents to our urgent and emergency care survey said they waited more than an hour before being examined by a nurse or doctor, up from 28% in 2020.

Insufficient capacity in adult social care is continuing to contribute to delays in discharging people from hospital. Ongoing staffing and financial pressures in residential and community services are having an impact on the quality of people's care, with some at greater risk of not receiving the care they need.

Quality of Care- Key Points

Increasing demand and pressures on staff are taking a toll on their mental health and wellbeing. Staff have told us how, without the appropriate support, this is affecting the quality of care they deliver.

Many people are still not receiving the safe, good quality maternity care that they deserve, with issues around leadership, staffing and communication. Ingrained inequality and the impact on people from ethnic minority groups remains a key concern.

The quality of mental health services is an ongoing area of concern, with recruitment and retention of staff still one of the biggest challenges for this sector.

Innovation and improvement varies, but the use of artificial intelligence (AI) in health care has the potential to bring huge improvements for people. Given the speed of growth of AI, it is important to ensure that new innovations do not entrench existing inequalities.

Inequalities

Midwives from ethnic minority groups say that care for people using maternity services is affected by racial stereotypes and a lack of cultural awareness among staff.

Midwives from ethnic minority groups described a 'normalised' culture where staff tolerate discrimination from colleagues, and say they are less likely to be represented in leadership and managerial roles.

Patients from ethnic minority groups who have a long-term condition were more than 2.5 times more likely to say that staff in the emergency department talked as if they were not there, compared with patients in White ethnic groups who did not have a long-term condition.

People from ethnic minority groups who have a long-term condition felt they were talked down to about their treatment and were not treated as individuals. They also said a lack of cultural competency was a barrier to receiving good quality care.

Failures in the system and a lack of funding can mean that budgets are prioritised above truly person-centred approaches to support in supported living services.

The health and care workforce

Staff regularly fed back to the CQC of being overworked, exhausted and stressed, sometimes to the point of becoming ill, injured or leaving their job altogether. They say low staffing levels can affect their ability to provide safe and effective care to people.

Just over a quarter (26%) of NHS staff were satisfied with their level of pay. This is 12 percentage points lower than before the pandemic. Dissatisfaction with pay is linked to industrial action by healthcare staff during 2023.

Some adult social care providers are struggling to pay their staff a wage in line with inflation.

Over half of respondents to the CQC survey of adult social care providers in England said they were having challenges recruiting new staff and 31% said they were having challenges in retaining them.

There has been a steady decrease in staff vacancy rates for care homes, from 11% in January to March 2022 to 7% in April to June 2023.

In 2022/23, approximately 70,000 people arriving to work in the UK from overseas started direct care roles in the independent adult social care sector, compared with around 20,000 in 2021/22.

Providers of adult social care services have told us that recruiting staff from overseas has enhanced the diversity and skills of their team and helped resolve staffing issues. In 2022/23, we made 37 referrals for concerns regarding modern slavery, labour exploitation and international visas – more than 4 times the number made in 2021/22.

Deprivation of Liberty Safeguards

Ongoing problems with the current system have left many people who are in vulnerable circumstances without legal protection for extended periods.

In 2022/23, the number of applications to deprive a person of their liberty increased to over 300,000, with only 19% of standard applications completed within the statutory 21-day timeframe.

Delays in implementing the Liberty Protection Safeguards mean these challenges are likely to continue.

Systems

Local systems must implement plans to address unwarranted variations in population health and disparities in people's access, outcomes, and experience of health and social care.

Local authorities are tackling workforce problems in adult social care and trying to address gaps in care as they plan for the future, but they will need to demonstrate an understanding and preparedness for the changing and complex needs of local populations.

Assessing carers' needs is vital. Carers, including many unpaid carers, are a critical part of all local care systems and they are not always getting the support they need – there is variation across the country and many carers are facing financial problems.

People's experience in urgent and emergency care continues to be poor and the problems are pointing to issues that require a local system level response.

Summary

Ian Trenholm, CQC Chief Executive and Ian Dilks CQC Chair sum up by saying:

Many of the challenges described in this year's State of Care are to some degree caused by a lack of joined-up planning, investment, and delivery of care. Integrated care systems present the opportunity of bringing together local health and care leaders with the populations they support to understand, plan, and deliver care at a local level. This would, in time, move some of the focus of care away from big institutions and towards local and self-care provision, with autonomy to act on the needs of a local population and an increased focus on preventing poor health – not just treating it.

However, in our first look across local care systems, we found that while all systems have some equality and health inequalities objectives, not all these plans have timeframes and measures. All systems need clear and realistic goals, and support to achieve these, that reflect how they will address unwarranted variations in population health and disparities in access, outcomes, and experience of health and social care.

This opportunity must be grasped to ensure fairer care for everyone – so people get the care they need, not just the care they can afford.

Next Steps

It is of note that the new CQC inspection regime now includes integrated care systems. Assessing local systems is one of the CQC core strategic ambitions to enable CQC to provide independent assurance to the public of the quality of care in their area.

CQC have a new responsibility to provide a meaningful and independent assessment of care in a local area. They will want to know if different parts of a system are working together and meeting the needs of their local populations. Their work involves a review of local authorities in some aspects of their duties, as well as a review of the provision of health care and adult social care within an ICB's area – and to assess how well the ICS functions.

As a result, CQC aim to present a more in-depth and holistic view of health and adult social care services by assessing how well local systems perform against the important things that matter to the people in that community.

Moving forward, CQC will be looking at how services are working together within an integrated care system, as well as how systems are performing overall against the 4 key aims of: improving outcomes, tackling inequalities, enhancing productivity and value for money, and helping the NHS to support broader social and economic development. CQC also has a new role in looking at how local authorities meet their duties under the Care Act (2014).

4.3 Director of Workforce & Organisational Development (OD) Updates

4.3.1 Visits - Homelessness Team

Karen Phillips, Deputy Director of Workforce & OD, visited the Homelessness Team in October and valued the opportunity to better understand the patient, service user interaction and experience. The team were highly engaging and provided some real-life examples of the service user journey and the impact of social stigma on their client group.

4.3.2 Carers

On 2nd October, EMT agreed proposals to advance a campaign of support for Carers in the workplace. Essentially this will deliver upon a programme of targeted support,

management resources and communications to ensure carers in the workplace are able to meet their caring demands and enjoy a positive and supportive working environment.

4.3.3 Exit Interviews

An exit interview takes place to gain understanding of what can be improved upon to retain top talent. Exit interviews are an important tool for:

- Providing intelligence to reduce turnover: understanding the common reasons for leaving can inform our strategies and work plans for improving retention.
- Revealing organisational/cultural issues: employees leaving are typically more willing to discuss problems. They no longer need to worry about their criticism impacting their careers. Exit interview questions offer an opportunity to gain deeper insights into organisational and leadership culture, thereby identifying potential problems from within.
- Maintaining a positive reputation: exit interviews are often the last chance for leaving a good impression. An open dialogue shows that an organisation can accept criticism and demonstrate a willingness to improve. If a departing employee is listened to and appreciated, they will remember the organisation more positively, may recommend the organisation to others and could even return in the future.

EMT reflected on the current engagement with exit interviews/questionnaires and approved proposals to drive up engagement as well as to target those leaving harder to recruit roles to better understand employee experience and reasons for leaving.

4.3.4 Staff Survey 2023

The National Staff survey Concluded on 24 November 2023.

Incentives were introduced this year in an attempt to drive up completion rates as well as a targeted programme of communications and divisional efforts. At the point of writing, completion rate was reported at 50%.

4.3.5 Act Against Racism

The Royal College of Psychiatrists have launched their [Act Against Racism](#) campaign, alongside new guidance to help mental health employers tackle racism in the workplace.

Working with their members, and in consultation with NHS MWRES leads, NHS Race and Health Observatory, Medical Directors and others, the Royal College of Psychiatrists have developed new guidance on *Tackling Racism in the Workplace*. This includes a step-by-step guide to implement practical change and will help the Trust to meet CQC requirements and achieve the recently published NHSE EDI Improvement plan targets.

The campaign has 15 actions (See appendix 1 for a list of actions) and a suite of resources designed to make meaningful change at a strategic and systemic level, the Royal College of Psychiatrists anticipate their guidance can support the Trust to go further.

In October 2023 the Trust signed to the Act Against Racism campaign signalling its commitment to using the Royal College of Psychiatrists Tackling racism in the workplace guidance, 15 actions and Maturity Matrix and will form part of our 'Being Humber' standards which are being reviewed.

4.3.6 Recruitment Time to Hire

NHS England have started time to hire benchmark that reflects on 52 trusts over a 3-month period. The national time to hire average is 72.5 calendar days. The Trust is reporting a 52 day average, which is significantly below the national average.

4.4 Medical Director Updates

4.4.1 Leadership Viability

Since the last Board, I have visited and spent time with the team at Inspire Unit and at Miranda House engaging with the Mental Health Crisis Intervention Team and AMHP team on duty.

I continue to be blown away by the dedication from the staff and the team despite the pressure of the work and increasing demand.

4.4.2 Quality Improvement

QI Week 6-10 November – celebrated QI activities with over 100 attendees and included the following presentations: Mental Health Legislation - A Guide for Inpatient and Community Mental Health Teams, Trauma Informed Approach at Walker Street, Using QI to address Health Inequalities and Sensory Activity at Westlands.

4.4.3 Medical Education Department

- The Medical Education Team will be welcoming the President of the Royal College of Psychiatrists, Dr Lade Smith, to the Trust on the 12 March 2024 for a 'Spotlight on the President of the RCPsych' and Q&A session.
- Hosted the Higher Trainee Committee at Humber on the 1 November 2023, this brought General Adult trainees to the Trust from across the region.
- Director of Medical Education, Executive Medical Director, and Consultants of the Trust will be attending a regional Higher Trainee 'Speed Dating' event in Leeds on the 6 December 2023, this is an excellent opportunity for prospective consultant networking and to showcase Humber as an employer of choice.

4.4.4 Pharmacy

Following the success of our first cohort of Apprentice Pharmacy Technicians, we submitted a funding application to HEE for two Apprentice Pharmacy Technicians to start in the February 2024 cohort. We are pleased to report that our application was successful. The panel was impressed with the training we can (and do) provide to apprentice pharmacy technicians as well as the diversity of the role we have for our Medicines Optimisation Technicians. From this application, we have been asked to produce a presentation with the title "The Benefits of Having Highly Trained Pharmacy Technicians in the Workplace" at a regional HEE event later this month.

4.5 Director of Finance Updates

4.5.1 Leadership Visibility

Since September the Director of Finance has visited Whitby to discuss and finalise the artworks project, attended Stockton Hall with the Lead Provider Collaborative, visited the Scarborough and Ryedale Community Service Team to discuss capacity and demand modelling and also met the contractor at Inspire to see the start of the long-awaited garden improvement works. The Director of Finance has also had the privilege to

participate/observe the Patient Led Care of the Environment assessments at the Humber Centre and Townend Court (STARS Ward).

4.5.2 Finance and Planning Updates

Cyber Security Updates

There are two types of CareCert notifications,

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

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

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

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

In terms of CareCerts

- CareCERT notices issued during 2023: 160 (*Incl 15 in October*)
- High Priority CareCERT notices Issued during 2023: 10 (*Incl 2 in October*)

In terms of number of Active Workstations

- Total active workstations detected by Lansweeper 3,578 (*47 of which are servers*)
- Workstations no seen in the last 60 days – 296 (*241 of which not seen for 90 days*)

There were no Distributed Denial of Service (DDoS) attacks against the Trusts internet connections to the end of 2023.

4.5.3 Digital Updates

Electronic Patient Record (EPR)

NHS England have issued the EPR investment agreement (approved by Board in July), now signed this enables the Trust to drawdown the 2023/24 revenue and capital funding.

NHSE Future Connectivity Programme

The Trust has been successful in a application to the NHSE England Future Connectivity Programme and has been awarded £0.554m to replace/renew network equipment which supports the increased need for bandwidth.

4.5.4 Estates and Hotel Services Updates

Granville Court

An options paper has been developed for consideration at Executive Management Team in support of the planned capital works at Granville Court.

Subject to approve works will be prioritised as part of the 24/25 capital programme with works potentially scheduled to commence in the summer of 2024.

En Suite Door

A programme of works has been developed to remove ensuite doors from identified sites across the Trusts inpatient estate (*priority sites are Avondale, Newbridges, Westlands, Millview Court and STaRS*), works planned to commence on the 4th December.

Seclusion Work – En-Suite Provision

The Tender process for the seclusion suites at Newbridges, Westlands and Avondale has concluded. A preferred bidder has been selected and works and planned to commence in January 2024.

Trust HQ Demolition

Tender for the removal of Asbestos has been completed and a contractor appointed, this works enables the demolition of the former Trust Headquarters to be completed this financial year.

4.5.5 Contracts Update

Atamis

Atamis provides onboarded organisations with a single location to manage procurement, tendering, contracts, suppliers and procurement value and savings the expectation is this will create efficiencies not only within the NHS but also the supplier side.

The Atamis system is freely available to NHS trusts, foundation trusts and ICBs under a central deal with the Department of Health and Social Care

The Trust's contracting team are making progress towards implementing the new system

Provider Selection Regime

Subject to parliamentary scrutiny and agreement, the Department of Health and Social Care intends for the Provider Selection Regime (PSR) to come into force on 1 January 2024.

The PSR is set out in the Health Care Services (Provider Selection Regime) Regulations 2023, which the Department of Health and Social Care introduced into Parliament on 19 October 2023

This legislation replaces the existing rules which set the expectation that competitive tendering is used to award contracts for health care services.

5 Communications Update

Service Support

The team are managing a service communications plan to support change and development across the organisation.

General Practice Website Developments

Our three general practices each have their own websites which have over 9,000 visits per week. Since the new Digital Communications Officer joined in August work has taken place in partnership with practice teams to improve sites content and structures as well as identifying and fixing errors. For patients, this has made the sites easier to find on search engines, improved navigation and reduced dead-ends in the user journey.

The 'site-health' of all sites is now at about 85% - the 'excellent' industry standard stands at above 80%.

Following a patient survey, we are now working with practice managers, to redesign the home pages and review and rewrite content in response to patient feedback.

Theme 1: Promoting people, communities, and social values

- **Brand Updates**

The brand platform continues to perform well and ahead of target to grow visitors by 20%. A key part of this is to continually develop the resource in line with staff feedback and raise awareness through six weekly brand workshops.

New developments of the period include a reorganisation of the platform to include defined sections for clinical, corporate and communications resources.

Over 100 new images have been added to the online photo library over the period. The platform has now achieved over 700 photo downloads since showing it's quickly become a valuable asset for staff to access images themselves as well as saving time for the team. The photo library was used as an essential resource for the Staff Celebration Evening with staff able to view and download images in real time.

- **Social Media Content**

Social media content has supported the Staff Celebration Evening, with the Trust's Instagram account re-launched to share photos from the evening.

Our coverage of the event was published on all of our platforms, with an engagement rate of 8% and a reach of over 20,000.

The team have used social media channels to support critical messaging, such as the withdrawal of the Brushing for Life dental packs that were identified as a potential choking hazard. Posts were shared alongside a web article within 24 hours of being notified of this potential issue.

Paid activity continued to support the Humbelievable work stream. Posts for the return to nursing campaign targeted those who are qualified in nursing that may have taken time away from the profession. Advertising reached 55,000 people sending 380 potential

Theme 2: Enhancing prevention, wellbeing and recovery

- **Stakeholder Newsletter (Humber Happenings)**

Following an audience building campaign the stakeholder newsletter has seen a significant increase of subscribers, up 257.14% year on year.

With this increase in subscribers, the Humber Happenings newsletter has been further enhanced by being published on a new newsletters section on our LinkedIn. Within the first month the account gained 1,080 newsletter subscribers.

- **Electronic Patient Record Project**

11 – 15 December 2023 will be the first, BeDigital Week. The aim of the week is to raise

awareness of digital workstreams and activities, to encourage members of staff across the Trust to get involved in what the Digital Team has to offer.

Each day of the week will bring a different topic of conversation through MS Teams Lunch and Learn sessions including a session on the Future of Tech, with a special guest from Google.

The events programme including competitions and activities will encourage attendance and engagement.

Theme 3: Developing an effective and empowered workforce

- **Staff Celebration Evening 2023**

The 2023 event was held on the 10th November. It was attended by over 270 guests who enjoyed a two-course meal, awards presentation, and entertainment. Feedback from sponsors has been excellent with the main event sponsor and others already committing to supporting the 2024 event. A review will provide recommendations for 2024 including moving to a larger venue to accommodate more staff who wish to use the celebration as a festive night out for their teams.

- **Humblebelievable**

Our annual New Year, New Job campaign will relaunch in December. It builds on last year's successful campaign and includes media partnerships, Google advertising, on street advertising in Hull, Facebook and LinkedIn advertising, radio advertising with Viking FM/Greatest Hits radio, and Spotify and YouTube advertising.

- **Respect Campaign**

A creative marketing campaign has now launched to encourage reporting of staff harassment and abuse. A communications campaign encourages reporting in a simple, anonymous way. <https://intranet.humber.nhs.uk/report-it.htm>

Theme 4: Fostering integration, partnerships, and alliances

Healthcare Support Worker Week

We worked with NHSE media team to share a media case study for Healthcare Support Worker week. Jo Inglis, Charge Nurse, Maister Lodge shared her career journey to inspire others to think about this career through the HCSW programme. Her profile was uploaded to the regional website and shared on our regional social media channels. Read Jo's story <https://www.england.nhs.uk/north-east-yorkshire/healthcare-support-workers/jo-inglis/>

Theme 6: Optimising an efficient and sustainable organisation

- **Interweave**

The team continues to support the Interweave and wider Yorkshire and Humber Care Record team with a variety of communications activities. The current focus is improving their external facing website, ensuring plain English is supported and that a bespoke 'members area' is developed to support a positive user experience for customers and

suppliers. We are also generating an enhanced brand pack for the team, complete with flyers and other materials which can be used when attending events and conferences.

Whitby Bricks

Estates department has confirmed their support in installation of the brick slips as part of the Whiby Garden. Final engraving information being confirmed with supporters and order will be placed by Health Stars

Once the first phase is installed, Health Stars believe it will enable more publicity to take place and hopefully encourage others to purchase a brick as they will be able to see how their brick would look in-situ.

We will work with the Communications team to ensure publicity is maximised.

Fundraising Appeals

Three bigger ticket fundraising appeals are now live, each with a dedicated Just Giving Page. We are using differing fundraising streams to maximise income, as the current fundraising landscape is very un-predictable.

Each appeal will have its own marketing campaign which will be publicised on social media, via trusts comms and through Smile's communication networks.

National figures show that traditional charitable giving in England is down, as individuals and households grapple with rising costs for essential needs like housing, food, and energy, they reportedly have less disposable income to contribute to charitable causes.

This economic strain also affects the willingness of donors to make charitable donations, leading to a drop in fundraising revenues for many organisations. To mitigate shortfalls in fundraising targets, Health Stars is adopting the following strategies: diversifying fundraising efforts to include online campaigns, greater emphasis on grant and philanthropic trust fundraising, devising a legacy campaign, encouraging in memory and tribute donations, exploring partnerships and collaborations with local businesses and other nonprofits, focusing on donor retention and stewardship to maximise the value of existing supporters, and enhancing communications to highlight that contributions are being used effectively to address the critical issues our donors and supporters care about.

Circle of Wishes

So far this year, 115 wishes have been submitted to Health Stars through the Circle of wishes. All wishes have been acknowledged, and those that have not yet been granted are in progress. Some require additional funding or information requested/outstanding from the wish maker, fund guardian, health & safety, estates and/or infection control. Some of the wishes we have funded include gardening and allotment equipment, sensory Toys, wellbeing packs, waiting room enhancements a new pool table, resources for volunteers. We worked with WISHH charity to help fund equipment and resources for the Mental Health Liaison Service - Humber Suite. Wishes we are working on at the moment include team building events for staff teams and Christmas craft packs.

Other fundraising activities include re-launching the Pennies from Heaven Scheme across the Trust for existing staff and new starters as well as re-vitalising the communications around the Health Stars lottery and creating a real buzz for staff. This will also include reaching out to local organisations for them to support us via membership and selling charity scratch cards.

Several events have also taken place including a Bingo night which realised almost £1000 and staff at Miranda House took part in a sponsored walk.

Michele Moran
Chief Executive

Agenda Item 10

Title & Date of Meeting:	Council of Governors Public Meeting – 18 January 2024														
Title of Report:	Non-Executive Director Chairs of Sub Committees Assurance Reports & Feedback														
Author/s:	Francis Patton, Chair of Finance and Investment Committee Phillip Earnshaw, Chair of Quality Committee Dean Royles, Chair of Workforce and Organisational Development Committee Mike Smith, Chair of Mental Health Legislation Committee Stuart McKinnon-Evans, Chair of Audit Committee, Charitable Funds Committee and Collaborative Committee														
Recommendation:	<table border="1" data-bbox="539 835 1517 949"> <tr> <td data-bbox="539 835 935 875">To approve</td> <td data-bbox="940 835 1031 875"></td> <td data-bbox="1035 835 1409 875">To discuss</td> <td data-bbox="1414 835 1517 875"></td> </tr> <tr> <td data-bbox="539 882 935 922">To note</td> <td data-bbox="940 882 1031 922">✓</td> <td data-bbox="1035 882 1409 922">To ratify</td> <td data-bbox="1414 882 1517 922"></td> </tr> <tr> <td data-bbox="539 929 935 949">For assurance</td> <td data-bbox="940 929 1031 949"></td> <td data-bbox="1035 929 1409 949"></td> <td data-bbox="1414 929 1517 949"></td> </tr> </table>			To approve		To discuss		To note	✓	To ratify		For assurance			
To approve		To discuss													
To note	✓	To ratify													
For assurance															
Purpose of Paper:	To provide the Council of Governors with the Sub Committee Assurance reports that have been submitted to the last Board meeting														
Key Issues within the report:															
<p>Positive Assurances to Provide: Details included in the reports from</p> <ul style="list-style-type: none"> • Finance and Investment Committee • Quality Committee • Workforce & Organisational Development Committee • Mental Health Legislation Committee • Audit Committee • Charitable Funds Committee • Collaborative Committee 	<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> • N/A 														
<p>Matters of Concern or Key Risks to Escalate:</p> <ul style="list-style-type: none"> • No matters to escalate 	<p>Decisions Made:</p> <ul style="list-style-type: none"> • N/A 														
Governance:	<table border="1" data-bbox="539 1809 1350 1962"> <thead> <tr> <th data-bbox="539 1809 839 1850"></th> <th data-bbox="844 1809 935 1850">Date</th> <th data-bbox="940 1809 1249 1850"></th> <th data-bbox="1254 1809 1350 1850">Date</th> </tr> </thead> <tbody> <tr> <td data-bbox="539 1856 839 1962">Appointments, Terms & Conditions</td> <td data-bbox="844 1856 935 1962"></td> <td data-bbox="940 1856 1249 1962">Engaging with Members Group</td> <td data-bbox="1254 1856 1350 1962"></td> </tr> </tbody> </table>				Date		Date	Appointments, Terms & Conditions		Engaging with Members Group					
	Date		Date												
Appointments, Terms & Conditions		Engaging with Members Group													

	Committee			
	Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	✓
	Trust Board	Sept 23		

Monitoring and assurance framework summary:

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

Agenda Item 10a

Title & Date of Meeting:	Trust Board Public Meeting – 29 th November 2023		
Title of Report:	Finance and Investment Committee Assurance Report - Chair's Log		
Author/s:	Francis Patton, Chair		
Recommendation:	<input type="checkbox"/>	To approve	<input type="checkbox"/>
	<input type="checkbox"/>	To discuss	<input type="checkbox"/>
	<input type="checkbox"/>	To note	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	To ratify	<input type="checkbox"/>
	<input type="checkbox"/>	For assurance	<input type="checkbox"/>
Purpose of Paper:	The aim of this paper is to provide assurance to the Trust board on the financial performance of the Trust and any business development opportunities identified.		
Key Issues within the report:			
<p>Positive Assurance to Provide:</p> <ul style="list-style-type: none"> The HFMA Sustainability checklist provides strong assurance about the Trusts financial sustainability. Continued delivery of the BRS for 23/24. The ongoing monitoring of plans to deliver the Primary care and Agency recovery plans. Capex investment for 23/24 are on track. Work on the Off Payroll workers is on track. The Trust has a high degree of confidence in its year end forecast. The BeDigital plan is on track. The Green plan is delivering strong results. The new BAF & risk register. 	<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> The Terms of Reference for FIC are being reviewed in light of taking on the digital agenda. There are ongoing Primary Care and Agency cost reduction plans in place. A review of progress on the Primary Care strategy will be coming to the December strategic board session. 		

Key Risks/Areas of Focus: <ul style="list-style-type: none"> • The financial position of the NHS at all levels remains a concern with forecast outturns looking overly optimistic which could lead to tighter controls in the second half of the year. • The Trust reported a deficit of £0.300m at month 6. • The disputed property costs of Whitby and Malton hospitals are putting pressure on our year end outturn. • The ongoing costs of Primary Care and Agency costs continue to put pressure on our yearend outturn. • The future costs of Lorenzo will put a medium-term pressure on the Trust. • 	Decisions Made: <ul style="list-style-type: none"> • To accept the key papers received at FIC.
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Governance: <i>Please indicate which committee or group</i>		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Report produced for the Trust Board	29.11.23

Monitoring and assurance framework summary:

The committee is providing assurance that the Trust financial performance remains close to plan and that the Trust has a healthy cash position. Good assurance was also provided around the ongoing delivery of the budget reduction strategy, monitoring of Primary care and Agency costs, capex spend, the BAF, the Green plan, Off Payroll workers and the BeDigital plan.

Concerns were flagged around the NHS financial position, the disputed property charges at Whitby

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

Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Committee Assurance Report – Key Issues

The key areas of note arising from the Committee meeting held on 31st of October were:

- The committee reviewed its Terms of Reference in light of it now taking on the Digital agenda. A number of suggestions were made to improve them and when refined further it will come back to FIC and then to Board.
- In terms of the Insight report the key issues raised were: -
 - The Month 4 NHSE England board paper reported a £809m overspend (1.5%) compared to plan. The full year expenditure limit as at month 4 (£168.7bn) includes a number of additional funding streams confirmed by DHSC but not yet recognised in the published financial directions (The most significant being additional funding for the pay award). ICS's financial positions continue to be impacted by the ongoing industrial action, which is driving additional expenditure as well as impacting on efficiency delivery, this represents a significant risk that many systems will overspend this year. NHSE reported that to the end of July a cost impact of £550m for industrial action and lost activity valued at a further £550m. Transformation and reserves funding shown comprises pay award funding, SDF and ERF funding which is not yet allocated (but is fully committed). This line also includes a small contingency which is required to offset the start-of-year planning gap.
 - At month 5 the Humber and North Yorkshire ICB recorded a deficit position of £57m this is a £30m adverse variance to plan (deficit at Month 5 was £42m). The ICB continue to forecast a deficit position consistent with the NHSE approved plan (£30m deficit), the M6 extrapolated forecast indicate a £116m deficit position (£102m forecast at Month 5).
 - The committee commented that all forecasts at all levels looked unrealistic and that many trusts seem unwilling to declare their true position. The second half of the year will undoubtedly be very difficult and could lead to NHSE involvement in terms of efficiency and control.
 - The committee reviewed the HMFA Sustainability checklist in detail and made a number of suggestions on further evidence that could be provided to evidence the Trust's performance.
 - The committee reviewed a staff pay bridge evidencing why staff numbers have increased year by year from 2019/20 and also illustrating, where possible, the impact on productivity. The committee asked for further work on this and for it to become a standard item on the agenda.
- The Trust reported a deficit of £0.300m at Month 6 relating to Third party Property Charges at Whitby and Malton Hospitals. The cash balance at the end of Month 6 was £25.862m. The Better Payment Practice Code figures show achievement of 94.3%. The Year-to-Date Agency expenditure totalled 3.918m. This is £0.554m below the same period for the previous year. An Agency Recovery Plan has been developed which is aimed at reducing the level of agency costs with oversight at Executive Management Team. A Primary Care Recovery Forecast has been developed with oversight at Executive Management Team, focussing on 2023/24 run rate. The committee discussed the Primary Care Recovery forecast and plan which at the half year is £97k overspent on a deficit budget due to Locum care, sickness and vacancies. There

will be a detailed update at the December strategic session.

- At month 6 Children's and LD reported an overspend of £0.194m; Community and Primary Care reported an underspend of £0.179m; Mental Health reported an overspend of £0.389m; Forensic services reported an underspend of £0.206m; Corporate Services reported an underspend of £0.949m driven predominantly by finance technical items. The committee discussed that delivery of budget was coming predominantly from finance technical rather than from the divisions which needs monitoring. The committee also discussed the issue around Whitby and Malton property charges.
- The committee then undertook a deep dive on agency costs. Year to date spend of £3.918m represents a 12% reduction in spend year on year. Forecast spend for the year represents a 25% reduction on 2022/23 spend levels. Whilst this is a very creditable performance which the committee congratulated the team for delivering it current spend year to date is £0.377m over the Trust profiled financial plan and forecast position to the end of the year is to exceed plan by £0.5m. This will remain a focus for the committee. Next steps for Agency spend include building a detailed forecast for Medical and other roles with a focus on run rate and 2024/25 and monitoring of performance against agency trajectories continues to be a focus at accountability reviews and EMT/ODG.
- In terms of BRS for 2023/24 there has been a very positive start to the year with an overall savings amount of £1.402m achieved at Month 6. Forensic Services, Director of Nursing, Chief Operating Officer and Medical Director have achieved the full value of savings Target in 2023/2. The Community Division is highlighting a risk in the achievement of £0.050m at Outturn. Work continues to ensure that the full year savings targets are achieved, and schemes are developed for future years. Any 2023/24 savings targets which are not met recurrently will be found non recurrently and the target included within 2024/25. The committee congratulated the team on the delivery year to date but did question if there could be some stretch applied to the corporate areas that have already delivered their savings for the full year.
- The committee received a capital expenditure update. Work has commenced on planning and delivery of most schemes within the programme and 22% of the annual budget has been spent/committed at the end of September. Work is progressing on planning and delivering the 3 major schemes in the programme at Granville, the Humber Centre and Pine View. Replacement bedroom door sets are installed and integrated at Avondale and Inspire and installed at Westlands with integration planned for the end of October. Additional digital funding has been notified (£0.484m) this will be added to the capital programme in October once funding agreements have been received. There is currently no identified national solution to merging IFRS16 capital pressures.

Looking forward the budget has been reprioritised to meet emerging and operational requirements and include additional funding, this now totals £12.029m (including £0.532m of IFRS 16 expenditure that is expected to be funded by NHSE.). £2.091m has been spent at the end of September and a further £0.401m committed, £1.420m expenditure on digital projects represents the majority of expenditure to date. Plans for the seclusion and extra care facilities have been timed to avoid both projects being undertaken at the same time and causing distress to patients. Work on the decarbonisation plan is progressing and a tripartite approach to developing a "blue light" solar farm is being explored with Police and Fire services. Digitisation is progressing with the EPR scheduled for implementation in May 2024 and the Interweave (Yorkshire and Humber Care Record) continues to be developed.

- The committee received an update report on the Off Payroll Working Progress. Substantial progress has been made with processes and training and there is a much wider understanding of the issues across the Trust. Work is underway to incentivise the delivery of a bank and direct engagement model by increasing rates as the risks and costs associated with doing nothing are high. There is a risk that consultants and GP's may move away from the Trust and work for a noncompliant organisation if the options offered by the Trust are to their detriment. Workers can continue working through agencies, but the rates are likely to increase to reflect additional National Insurance liabilities.

The next step of the process is to write to workers with the Trusts formal assessment of their employment status and set out the alternative options to the current ways of working. Information is required by agencies, and decisions about pay rates are required to progress with the next steps. Consistency of approach and compliance would be achieved if one central team supported all temporary workers.

The committee congratulated the team on the work to date which was helping to support the agency cost improvement plan.

- The committee received a mid-year review using the month 6 position to look forward to the second half of the year and the potential financial outcome. To remain on plan the Trust has released £0.444m of Bad Debt Provision and £0.196m of Non-Consolidated Pay Award at Month 3, no further provision has been released since this time. Based on current run rate and other known items, the Trust expect to deliver a £0.6m deficit position by the end of the financial year, significant items that are factored into the Trust Level forecast are summarised below.
 - Current Forecast Position £0.6m.
 - Neuro waiting list (above current run rate) £0.5m.
 - Salary Sacrifice Impact £0.3m.
 - PDC/Depreciation benefit on leased assets (£1.0m).
 - *Year end provision £0.2

The Trust has a high degree of confidence in the forecast position and will develop Divisional level forecasts to underpin the accuracy of the Trust level forecast but has concerns about the wider financial position across the NHS.

The Committee discussed the forecast outturn in detail and acknowledge that our key concerns remain the funding of the Whitby and Malton property costs and the impact of the issues highlighted around the financial position of other Trusts within the ICB and wider NHS.

- The Committee received the BAF, and risk register. No matters of concerns were highlighted or key risks further to those included in the Finance risk register extract and Board Assurance Framework escalated. The 4 risks held on the Finance Risk Register linked to the Board Assurance Framework had remained the same. The committee discussed the new style BAF in detail and asked for some work to be undertaken on the negative/gaps in assurance and for the new role FIC were playing in the digital agenda to be considered in the next iteration.
- The Committee received its first report on the Be Digital agenda. The IGG, DDG & EPR

programme group meetings have taken place in October 2023 and a BeDigital report issued to EMT and FIC. The TPP/HTFT kick off meeting took place on the 19 October.

Areas of concern/key risks include that the cost of Lorenzo for the next two year has increased which is creating a cost pressure of £350k per annum. This significant increase has been escalated with Dedalus who supply Lorenzo. There is an also an EPR risk concerning data migration, reporting and the impact of operational pressures which is being reviewed.

Work underway includes business change for the current ways of working taking place with operational teams; the EPR contract is in the process of being approved; recruitment of operational leadership and operational subject matter experts is ongoing; NHS England are to approve the investment agreement; we have received £748k of additional funding for patient communication and voice recognition software which will need to be dealt with.

Finally, there has been approval for the replacement solution for the Health Assure / MyAssurance system and the Lorenzo structured data sets have been created so it can be provided to TPP.

The committee reviewed the report and the detailed risk register and were assured on the progress being made.

- The committee received the green plan update which showed that the Carbon reduction targets were slightly behind Green Plan target and that the Trust is in the process of increasing awareness of waste management across operational areas. There is a risk of continued energy price increases until a capped price is established from March 2024.

Actions underway include the fact that some procurement data is outstanding and being chased; the Salix (phase 3b) grant submission has been submitted, with a positive outcome received in March 2023; a review of the Gas and Electricity contract renewal post March 2024 is under way; the Biomass at ERCH has been recommissioned; the Photovoltaic (PV) panels have been installed at Townend Court; the feasibility of a solar farm is in development.

The committee congratulated the team on their achievements to date.

- The committee received chairs reports from the Estates Strategy & Capital Delivery Group, the Digital Delivery Group and the Major Schemes Project Board and were assured that all were working well.

Agenda Item 10b

Title & Date of Meeting:	Trust Board Public Meeting – Wednesday 29 th November			
Title of Report:	Quality Committee Board Assurance Report - September 2023			
Author/s:	Dr Phillip Earnshaw, Non-Executive Director, and Chair of Quality Committee			
Recommendation:	To approve		To discuss	
	To note		To ratify	
	For assurance	X		
Purpose of Paper:	The Quality Committee is one of the sub committees of the Trust Board.			
	The paper provides a summary of discussions held at the additional Quality Committee held on 28 September 2023, arranged primarily to receive and review a number of annual reports, with a summary of key issues for the Board to note.			
Key Issues within the report:				
Positive Assurance to Provide: It was agreed positive assurances were received from the following reports: - <ul style="list-style-type: none"> • Safeguarding Annual Report • Clinical Audit Annual Report • NICE Guidance Annual Report • Zero Events Annual Report • Patient Safety Annual Report • Psychology Annual Report • Closed Cultures Report which had previously been reported to the Board 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> • It was agreed from the action log that an interim update on the Letby inquiry would be included in the Quality Insight report to Quality Committee in December 2023 with a further paper to the March 2024 Quality Committee updating on what has been published so far. • An update report to be added to the Quality Committee Quality Insight Report in December 2023 on the status of delayed clinical audits. 		
Key Risks/Areas of Focus: <ul style="list-style-type: none"> • It was agreed there were no items at today's meeting of concern or key risks. 		Decisions Made: The following reports were approved for presentation and ratification at the Trust Board <ul style="list-style-type: none"> • Safeguarding Annual Report 		
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Report produced for the Trust Board	29.11.23

Monitoring and assurance framework summary:

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

Committee Assurance Report – Key Issues

The key areas of note arising from the Quality Committee held on 28 September 2023 are as follows: -

The minutes of the meeting held on the 31 August 2023 were agreed as a true record and the action log approved noting two actions closed with the remaining item updated and closed at the meeting. The Quality Committee assurance report was noted, and the updated work plan noted. There were no declarations of interest received.

Discussion item – Staff Survey Action Plan – The paper was presented, as requested by the Workforce and OD Committee to view from a quality perspective. EC (Strategic HR Business Partner) gave an overview of the corporate and divisional action plans to progress the findings from the 2022 survey. It was agreed it was useful for the Quality Committee to have a discussion regarding the plans noting the high levels of staff engagement in the plans for improvement. It was noted the staff survey would be starting again this October.

Safeguarding Annual Report – The annual report highlighted the increased workload completed by the safeguarding team over the past year with key highlights including the White Ribbon work and the Domestic Abuse Champions who have increased in number to 82 over the past year. The Committee discussed the report noting the Board have agreed to sign up for the sexual safety charter and considered how this links with the White Ribbon in the future, noting work had already commenced to look at this. It was agreed there is growing awareness in clinical areas with safeguarding referrals becoming part of business as usual and assurance was gained following a discussion around the Learning Disability Mortality Reviews (LeDeR) and the systems we have in place.

The annual report was approved by the Committee for presentation and ratification at Trust Board.

Clinical Audit Annual Report – The report highlighted the position against work undertaken across the Trust over the last year in terms of both national and local clinical audit. It was noted over 10,000 MyAssurance compliance audits have been completed with 100% compliance for Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and 97% compliance on the quarterly infection prevention and control (IPC) audits. Each division had its own Clinical Audit plan, and there were multiple areas of assurance within the report demonstrating positive practices in line with standards. It was stated that clinical audit was now becoming part of business as usual linking with the Trust approach to quality improvement.

The Committee agreed good assurance was received from the report however requested more information to be included in the Quality Insight report at the next meeting on the status of clinical audits which have been delayed or not yet started.

NICE Guidance Annual Report – The Committee noted a very comprehensive report noting a positive internal audit undertaken around the process for NICE Guidance which received significant assurance around the robustness of processes. All priorities over the past year were achieved and detailed in the report and six new goals have been set which align with the Trust strategic goals, building on the progress made over the past year with divisions and clinical networks.

Zero Events Annual Report – The report provided a year end position around the agreed zero events, highlighting the significant progress made and quality improvement work undertaken including the positive assurance, outlining key actions and work underway. It was noted as part of the Patient Safety Incident Response Framework (PSIRF) that zero incidents would be rebranded to Patient Safety Priorities. Improvement work against these new patient safety priorities will be undertaken and presented to QPaS for oversight and monitoring. It was confirmed good to see the rebrand which should hopefully avoid the confusion with zero events and never events.

It was agreed that assurance was received from the report.

Patient Safety Annual Report – The report confirmed the healthy position of the Trust in the move towards PSIRF with a switch over planned for Sunday 1 October 2023. It was confirmed we continue to be a high reporting of low and no harm organisation noting an increase of 25% in reported incident, which on review has indicated high acuity of patients and increase staff knowledge of what should be reported due to increased awareness. Reporting of near misses has also increased. Work has been done to strengthen learning from incidents which will continue with the transition to PSIRF. An in-depth discussion was held around self-harm and how social media can affect trends and it was agreed the social media aspect should also be explored further in the suicide strategy.

It was agreed that assurance was received from the report.

Psychology Annual Report – The second annual report was presented to the Committee, giving an overview of the work undertaken by the Psychology department highlighting the changes over the past year, including the increase in workforce, new roles and opportunities as part of the national drive to grow and widen psychological professions, noting the first cohort of Clinical Associate Psychologist (CAPS) have qualified this year. It was commented on regarding the importance of the department being embedded in teams to allow building of expertise in the specific area and agreed the report this year clearly shows how all areas that are being developed within the Trust. The team was thanked for their work.

Closed Cultures Report – The report was noted, having been to the public part of the Board

meeting in September and was being presented to the Quality Committee to allow further discussion if required. The Chair confirmed as a non-executive he felt very assured the organisation was doing all it could to ensure there are no closed cultures whilst being continually vigilant. A discussion was held around Board visibility as well as senior leaders and service managers and it was confirmed the focus on this report was around out of hours visibility and confirmed Board members will be making out of hours visits.

Reporting Group Minutes – the minutes were noted with no queries raised. It was noted that the chair of the Quality Committee is due to attend QPaS for assurance purposes and a date for this will be arranged.

The chair thanked everyone who had being involved or presented the annual reports to the Quality Committee and it was agreed the additional meeting should be kept going forwards allowing time specifically for annual reports.



Agenda Item 10c

Title & Date of Meeting:	Trust Board Public Meeting – 29 November 2023														
Title of Report:	Workforce & OD Committee Assurance Report														
Author/s:	Dean Royles – Non-Executive Director														
Recommendation:	<table border="1" data-bbox="475 707 1458 819"> <tr> <td data-bbox="475 707 850 741">To approve</td> <td data-bbox="850 707 994 741"></td> <td data-bbox="994 707 1353 741">To discuss</td> <td data-bbox="1353 707 1458 741"></td> </tr> <tr> <td data-bbox="475 741 850 775">To note</td> <td data-bbox="850 741 994 775">x</td> <td data-bbox="994 741 1353 775">To ratify</td> <td data-bbox="1353 741 1458 775"></td> </tr> <tr> <td data-bbox="475 775 850 819">For assurance</td> <td data-bbox="850 775 994 819"></td> <td data-bbox="994 775 1353 819"></td> <td data-bbox="1353 775 1458 819"></td> </tr> </table>			To approve		To discuss		To note	x	To ratify		For assurance			
To approve		To discuss													
To note	x	To ratify													
For assurance															
Purpose of Paper:	<p>The Workforce and Organisational Development Committee is one of the sub committees of the Trust Board.</p> <p>This paper provides an executive summary of discussions held at the meeting on 22 November 2023 and a summary of key points for the board to note.</p>														
Key Issues within the report:															
<p>Positive Assurances to Provide:</p> <ul style="list-style-type: none"> • Staff Health & Wellbeing and EDI Groups continue to be engaged and well attended. • Noted positive assurance from the People Insight Report, particularly regarding the continued and sustained reduction in turnover and sickness, and continued high compliance for statutory and mandatory training • The committee noted the high engagement with national staff survey and flu/covid vaccinations. • The committee noted the progress made with the risk register and BAF with full oversight and progress captured. 	<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> • DBS, leaver and Absence Deep Dives to continue to be presented to committee bi-annually • Deep dive recommended into outstanding stat/mand competencies. • Appraisal audit report to be presented to the committee in February to provide assurance on the quality of appraisals. • Deep dive report and exploration into stress, anxiety and depression as the leading reason for absence. • Continue to seek reverse mentor nominations. • Consider automatic renewal process for DBS checks. 														

<ul style="list-style-type: none"> • The committee welcomed the Guardian of Safe Working report with a verbal update agreed for the February committee. • AHP report was well received and insightful with good progress mad. • The People Strategy was presented to the committee and approved pending one minor amend. • The Leaver, Absence and DBS deep dives were presented for the committee to discuss. 	<ul style="list-style-type: none"> • EDI group to consider potential approach/actions in relation to increased national reporting of antisemitism.
<p>Key Risks/Areas of Focus:</p> <ul style="list-style-type: none"> • Turnover for consultant vacancies remains high • Whilst significant progress has been made against the suite of workforce metrics, focus required on bringing those that are outside of target in line with it. 	<p>Decisions Made:</p> <ul style="list-style-type: none"> • People Strategy approved.

		Date		Date
Governance:	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	22/11/23
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

Monitoring and assurance framework summary:

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

√ Tick those that apply

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

Committee Assurance Report – Key Issues

Assurance Report 22 November 2023

Staff Health & Wellbeing:

- Staff Health & Wellbeing Group continue to be an engaged and focused group.
- Positive feedback received from Managers regarding the attendance management toolkit.
- Positive implementation of Wagestream.
- Staff survey completion rates ahead of last year's final rate with 3 weeks left to go (as at 09 November 2023)

- 28 days of Wellbeing to be launched in January 2024, led by the Communications Team.
- Estates work ongoing to improve outside staff break areas.
- Domestic Violence & Sexual Safety Charter programmes of work to be considered jointly.

Equality, Diversity and Inclusion Group:

- Engaged group with good operational attendance at each meeting.
- WRES, WDES, Gender Pay Gap and EDI Annual Report completed for the 2023 national reporting round.
- The Trust achieved initial stage accreditation with the Rainbow Badge Scheme.
- EDI Priorities for patients agreed in 2023.
- Continued monitoring and progress against all EDI actions pertaining to the suite of national reports.
- Respect campaign being launched in November 2023.
- Continued attention on promoting reverse mentoring.
- Ongoing focus to ensure network chair attendance at the steering group.
- Reverse Mentoring requires active participants with lived experience. At present no mentors have come forward.

Medical Education Committee:

- No meeting taken place since the last report to the Workforce & OD Committee held on the 06 September 2023. Next meeting due to take place later in November 2023.
- Conference held in October 2023 with over 100 delegates in attendance from across the organisation and different areas of the NHS.

People Insight Report:

The report presented gave the committee positive assurance in relation to:

- Trust vacancies overall continue to reduce, maintaining a below 10% for five consecutive months. At 3075.8 FTE, the Trust headcount is 124.6 greater than October 2022.
- Nursing vacancies have reduced through the year from 12.78% in October 2022, now reported at 11.74%.
- Turnover remains above the Trust target at 11.44%, however it has fallen for six consecutive months and is the lowest it has been for over 12 months.
- Registered Nursing turnover remains below 10% at 9.51%.
- The Trust has a BAME workforce of 6.77% demonstrating a higher representation than both East Riding and North Yorkshire.
- Sickness rate has improved month on month for the last twelve months, now reporting a rate of 5.1% (very slightly above the organisational 5% target)
- 97.50% of staff have benefited from an appraisal as at 13th October 2023 with 67 outstanding
- The Trust uptake of COVID Vaccination currently stands at 36.7% and the Flu update currently stand at 59.47%

Risk Register and BAF

- The report presented showed an overall assurance rating for the strategic goal is applied based on the review of the positive assurance, negative assurance and gaps in assurance identified. The overall rating included on the Board Assurance Framework represents the overall assurance available to the Executive Lead at the time of review.
- There are currently 3 risks rated at 9 and above (current risk rating) included on the Workforce risk register.
- A full review was undertaken for the development of the Board Assurance Framework template for 2023/24, which included consideration being given to the sources of assurance and scoring methodology used.

Guardian of Safe Working Hours Quarterly Report:

- Report showed an increase in exception reports for the period 01 August – 31 October 2023, however no exceptions raised with immediate patient safety concerns.
- Analysis of uptake of exception reports and delay in supervision review.
- Communication to encourage supervisors' timely reviews. Plan to review strategy for when supervisors are unwell and not able to review exceptions within recommended time frames.
- Monitoring exercise to provide data to identify patterns of work intensity.
- Noted that the report in the future will be required to go to Operational Delivery Group prior to coming to this meeting for assurance.

Allied Health Professional Annual Report:

- Report and presentation were well received and provided positive assurance.
- AHPs are dedicated to innovation and patient safety through governance arrangements and strategic forums, now have professional network group meetings for all professions.
- Have restructured the leadership for equity and achieved notable milestones such as, AHP Day, enhancing research, and quality improvements, as well as building our networks, partnerships and alliances.
- The report reflects on the AHPs achievements and demonstrates a dedication to holistic and patient centred care reflecting the Trust commitment to excellence and innovation in the AHPs delivery of care over the last year.
- Areas of focus continues to be engaging and developing our AHP support workers.
- Also currently working with management to balance clinical demands and leadership responsibilities for the professional lead for Children's Speech and Language Therapist and Dietitians' roles to ensure they can fully work to the requirements of their professional lead role.

People Strategy 2024-2028:

- The People Strategy aligns to the Trust Strategy and the regional and national People agenda (including the NHY Health and Care Partnership strategy, the NHS LT WFP and the NHS People Promise and plan)

- The Strategy navigated a full programme of co-production throughout September 2023 and has been awarded the co-production stamp.
- The strategy has been to Operational Delivery Group and wider stakeholders in draft form for comments.
- Work underway within the Workforce & OD Directorate to align the strategy to an operational People Delivery Plan.
- The Strategy was approved by EMT on 13 November 2023, after a discussion within the Committee on 22 November it was felt that there need to a firmer reference in relation to retention.
- The committee approved the strategy subject to the minor change recommended.

DBS Deep Dive:

- The report provided the committee assurance in relation to DBS renewals within the organisation.
- 54.3% (32) of individuals currently attending work with expired DBS's have completed all parts of the Trac process and are awaiting their certificate to be issued.
- 44.5% (12) of individuals with expired DBS's have expiration dates of less than one month.
- 48% (23) of individuals with expiration dates of 6 weeks or more have DBS's have completed all parts of the Trac process and are awaiting their certificate to be issued.
- Risk assessments are issued to all line managers when an individual has a DBS that is due to expire.
- A report is currently being drafted for EMT to consider implementation of the DBS update service.

Leaver Analysis Deep Dive:

- The report showed a decrease in turnover at a Trust level, going from 15.35% in April 2023 to 13.62% in September 2023.
- Reduction in vacancy rates from 9.98% in April 2023 to 8.60% in September 2023
- The national benchmarking data used covers July 2022 – July 2023. In comparison to the national data (obtained from NHS Digital) HTFT is below the national 14.3% leaver rate.
- Engagement in the Exit survey/interview has significantly improved – the response rate has increased from 17% to 23.43%
- The highest reason for leaving across the Trust is Work-life Balance followed by retirement.
- At a Trust level, most staff who left within the 6-month period had between 1-2 years' service, closely followed by those with less than 1 years' service.

Absence Analysis Deep Dive:

- The report gave assurance as at September 2023 HTFT sickness absence is reported as 5.05%, which is marginally outside of the Trust target of 5%.
- Sickness absence has reduced by 0.66% compared to September 2022
- Three out of five operational divisions have reduced sickness absence rates compared to April-September 2022.

- Children's and Learning Disability remain below the Trust target (<5% sickness absence).
- Five out of six corporate divisions have reduced sickness absence rates compared to the period April-September 2022.
- HTFT sickness absence is better than average when benchmarked against other NHS organisations in England, and in comparison, to Mental Health Trusts nationally.

Agency Spend Update:

- The report showed that the year to date spend of £3.918m represents a 12% reduction in spend year on year.
- Forecast spend for the year represents a 25% reduction on 2022/23 spend levels.
- Work is progressing to update trajectories based on known activities.
- Current spend year to date is £0.377m over the Trust profiled financial plan and forecast position to the end of the year is to exceed plan by £0.5m.

Title & Date of Meeting:	Trust Public Board Meeting – 29 th November 2023														
Title of Report:	Mental Health Legislation Committee Assurance Report following meeting of 02 nd November 2023														
Author/s:	Name: Michael Smith Title: Non-Executive Director and Chair of Mental Health Legislation Committee														
Recommendation:	<table border="1" data-bbox="539 663 1524 779"> <tr> <td data-bbox="539 663 938 698">To approve</td> <td data-bbox="938 663 1031 698"></td> <td data-bbox="1031 663 1410 698">To discuss</td> <td data-bbox="1410 663 1524 698"></td> </tr> <tr> <td data-bbox="539 698 938 734">To note</td> <td data-bbox="938 698 1031 734">x</td> <td data-bbox="1031 698 1410 734">To ratify</td> <td data-bbox="1410 698 1524 734"></td> </tr> <tr> <td data-bbox="539 734 938 779">For assurance</td> <td data-bbox="938 734 1031 779"></td> <td data-bbox="1031 734 1410 779"></td> <td data-bbox="1410 734 1524 779"></td> </tr> </table>			To approve		To discuss		To note	x	To ratify		For assurance			
To approve		To discuss													
To note	x	To ratify													
For assurance															
Purpose of Paper:	<p>The Mental Health Legislation Committee (MHLC) is one of the sub-Committees of the Trust Board</p> <p>This paper provides assurance to the Board with regard to the agenda issues covered in the committee held on 02nd November 2023.</p>														
Key Issues within the report:															
<p>Positive Assurances to Provide:</p> <ul style="list-style-type: none"> • Committee assured regarding Reducing Restrictive Interventions (RRI) report: <ul style="list-style-type: none"> ○ Use of Force digital database provides real time data at ward level. ○ Ongoing improvement of co-production ○ National publication toolkit to reduce blanket restrictions ○ Ongoing Safewards initiatives, which supports reducing restrictive practices and interventions. • MHL performance report within normal variations: <ul style="list-style-type: none"> ○ Section 4 applied – shows as zero for last 7 months. ○ S2 used appropriately more than S3 evidencing the use of assessment prior to consideration for longer period of treatment in hospital. ○ Applied CTOs has remained fairly static. 	<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> • Detention benchmarking work in progress. • S136 T&F group to explore options of reducing numbers of detentions as Trust still has high number of S136 detentions for size of patch and diversity than want to see. Committee to be kept updated on progress. • Further exploration around what is required for half of the NEDs to be trained as Associate Hospital Managers (AHM) as recommended by the Rapid Review. • The next joint EMT/ODG in January would focus on information flows, including information seen by this Committee and how these could be tightened, as recommended by the Rapid Review. • 														

<ul style="list-style-type: none"> ○ S136 working group looking at how to reduce the use of S136. Police are involved in these discussions and it is also on the action plan of the crisis care concordat. ● Received update report on completion of Z48 - robust reminder system in place to ensure Z48s completed within the 3 working day timescale. Forms that are completed outside the 3 working day timeframe are on average now completed within a week. ● All mental health legislation related policies / procedures / guidance up to date. ● Received MAPPA Update - Overall continue in good position in relation to MAPPA requirements. Trust asked to provide increased training for Humberside Police; this indicates an increasingly positive working relationship that will benefit patients. ● MHLSG (Mental Health Legislation Steering group) minutes noted. Committee was assured Trust is aware of a Regulation 28: prevention of future deaths report (to a London Trust) and had reviewed relevant policy (AWOL) to ensure correct and robust processes in place. ● MHLSG subgroups and CQC MHA visits updates report noted. 	
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Key Risks/Areas of Focus: <ul style="list-style-type: none"> ● N/A 	Decisions Made: <ul style="list-style-type: none"> ● N/A
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Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee	02.11.23	Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	29.11.23

Monitoring and assurance framework summary:

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

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

Committee Assurance Report – Key Issues

- Received update report on completion of Z48 (assessment of capacity to consent to treatment form) - Robust reminder system in place to ensure Z48s completed within the 3 working day timescale. Forms that are completed outside the 3 working day timeframe are on average now completed within a week. Z48 form guidance has been updated and recirculated to all Consultants and they have been offered individual support by the Mental Health Legislation Team to aid completion.
- Insight report: - The paper covers key Publications, Policy highlights and summaries of relevant reports and papers as follows:
 - Case (Ordinary residence and s117) – Worcestershire Judgement
 - Rapid Review into data on MH inpatient settings 28.06.23 - Department of Health & Social Care
 - Putting into practice the principles of the Mental Health Act reforms: a national QI programme
 - Restraint Reduction Network (RRN) Blanket Restrictions Resource Toolkit

Discussions took place to confirm the number of NEDs required to be trained as Associate Hospital Managers (AHM) - three out of the existing six NEDs. Further information on the role and potential workload of AHMs and what is required for NEDs to be provided. The document (Rapid Review), reviewed at Strategic Board in August, stated an action plan has been developed for taking forward by EMT and ODG. The next joint EMT/ODG in January would focus on information flows, including information seen by this Committee and how these could be tightened.
- Committee noted and assured MHL performance report within normal variations. Admissions show increase for August and September but data across year does show peaks and troughs. S2 used appropriately more than S3 evidencing the use of assessment prior to consideration for longer period of treatment in hospital. Zero Section 4 applied for last 7 months. Applied CTOs has remained fairly static; noted a number of patients on recurrent CTOs sometimes two or three within a month. AWOLs – noted difficult situation when patients refuse to return after leaving the unit for a smoke break.
- Committee noted S136 working group looking at how to reduce the use of S136 – for further discussion at February Committee along with report on Right Care Right Person. Noted Trust patients have not suffered any detriment due to right care right person.
- Received quarter 2 report on Reducing Restrictive Interventions – Use of Force digital

database provides real time data at ward level. RRI group is monitoring how data is utilised on a daily basis by wards to understand type of incidences and occurrences. Ongoing improvement of co-production; with service users contributing their lived experiences. National Reducing Restrictions Network publication toolkit to reduce blanket restrictions; pilot at Inspire and review of toolkit at Newbridges to adapt to suit adult mental health, RRI group monitoring. Ongoing relevant training around reducing restrictive practices. Ongoing Safewards initiatives - supports reducing restrictive practices and interventions.

- Committee received MAPPA Update - Overall continue in good position in relation to MAPPA requirements, receiving really positive feedback. Continue to focus on training for staff. Dedicated webpage for information and updates. MAPPA champions in place to support clinical staff. Trust asked to provide increased training for Humberside Police; this includes a recent request for health and wellbeing training. This indicates an increasingly positive working relationship that will benefit patients.
- All mental health legislation related policies/procedures/guidance up to date.
- MHLSG (Mental Health Legislation Steering group) minutes noted – discussed Regulation 28: prevention of future deaths report to a London Trust - regarding a patient that went AWOL while on escorted leave, and subsequently completed suicide. Right care, Right person quoted by police as reason not to look for patient. The report recommends that the risk level is properly emphasised to the police and that staff should follow patients when they go AWOL where it is safe to do so. Committee was assured Trust is aware of the incident and had reviewed relevant policy (AWOL) to ensure correct and robust processes in place.
- MHLSG subgroups and CQC MHA visits updates report noted.

Title & Date of Meeting:	Trust Board Public Meeting 29 November 2023												
Title of Report:	Assurance Report from November 7 2023 Audit Committee												
Author/s:	Stuart McKinnon-Evans												
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>x</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>	To approve		To discuss		To note	x	To ratify		For assurance			
To approve		To discuss											
To note	x	To ratify											
For assurance													
Purpose of Paper:	To inform the Trust Board of the outcome of the Audit Committee of November 7 2023												

Key Issues within the report:

Positive Assurance to Provide:

- Self assessment: the Committee comfortably meets the standards expected by the HFMA
- Procurement processes and activity, including single tender waivers, are operating to expected norms.
- The revised Board Assurance Framework for “Fostering integration, partnership, and alliances” shows an acceptable level of progress and residual risk, at a score of 8
- Assurance gained about how risk management is undertaken in Forensic Services Division, and how staff are involved in the identification, reporting, review and mitigation of risks
- Internal audit: three reports received significant assurance level (volunteer recruitment, job planning and safer staffing). The 2023/24 internal audit plan is on track
- Counter Fraud programme for 2023/24 is on track
- The 2022/23 accounts are still on track to be closed once the local government pension fund audit is complete.
- The annual Information Governance report contained much evidence to provide high levels of assurance about the progress achieved in 2022/23, with the Information Governance group providing good senior leadership

Key Actions Commissioned/Work Underway:

- Planning for the advent in January 2024 of a new procurement regime (the Provider Selection Regime) which will allow the Trust to arrange supplies of health care services without competitive tendering, whilst still securing quality and value
- Ensuring the timeliness of information on the BAF, continuous consideration of the completeness of the range of information, and judgement about the balance between strategic and operational information to evidence ratings on the scorecard.

Key Risks/Areas of Focus:		Decisions Made:		
<ul style="list-style-type: none"> Salient risks still relate to workforce and waiting times, despite the existing controls and actions being taken Internal audit concluded that whilst actual engagement with service users is good, there is insufficient evidence of action to make changes where feedback from them is less positive. However, this may be primarily about gaps in record-keeping/reporting. 		<ul style="list-style-type: none"> Continued endorsement and support to the range of controls, prevention and assurance work being undertaken across the scope of the Committee's remit. Confirmation that the Internal Audit plan's scope is still appropriate, with no change to the plan. To endorse the positive annual Information Governance report 		
Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail) Report produced for the Trust Board	29.11.23

Monitoring and assurance framework summary:

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

Committee Assurance Report – Key Issues

The Committee, which was quorate, considered the following matters:

Committee Self-Assessment: A detailed self-assessment using the HFMA audit committee checklist concluded that the committee comfortably meets the expected standards.

Single Tender Waivers/Procurement Update: The single tender waiver controls continue to operate, with 37 previously reported waivers totalling £11.6m being monitored. One further waiver with a value of £0.265m has been approved in the last quarter, which the Committee endorsed. A significant reform to procurement will come into effect from January 2024, with the Provider Selection Regime. Essentially, this will exempt the Trust from having to use competitive tendering to procure health/medical services, though we will of course still aim for quality and value in the supply.

Board Assurance Framework at Q4: The BAF page on “fostering partnerships and alliances” was considered at length, the discussion covering: the timeliness of information on the face of the scorecard; the link (or lack of) between gaps in controls and future mitigation actions; the spread of evidence to ensure that all the sub-objectives of the “fostering partnerships and alliance” goal were covered; and the appropriate balance between strategic and operational evidence. Related, we heard that further work is in hand to evidence the benefits of collaborative provision. After consideration, the Committee concluded that still-new-look BAF is a good tool; and agreed the current rating of 8 for progress and residual risk, which is inside the tolerable range defined for this goal.

Trust-wide risk register: The corporate risk register was considered. No material changes were made since the September Board meeting. The salient risks of availability of clinical/care human resources, and waiting times, are still proving hard to mitigate.

A deep-dive into the Forensic Services risk register: We heard in detail about the highest residual risks (rated 9+) relating to: recruitment of psychiatric consultant; Responsible Clinician capacity; capacity-related time delays in prison-related settings; insufficient en-suite accommodation at Humber Centre; power supply outage risk at Pine View; not all patients registered with a dentist; physical layout (two buildings) may inhibit swift response to incident. We heard how the process of identifying, recording, reviewing, rating and managing risks, involves staff at all levels. Risks are entered on Datix at team leader level; but this is preceded/supported by team level discussions. The presenters demonstrated that risk management is integral to their overall leadership and management. The Committee welcomed the clear presentation of the risks, and the clear link between risks identified and the mitigating actions underway.

Internal Audit: The assurance levels for the three reports were welcomed: recruitment of volunteers (significant); job planning (significant); safer staffing (significant). The report on service user engagement concluded limited assurance, principally driven by insufficient evidence of follow-up action (ie less the engagement per se, but the subsequent remedy to poor feedback). The Medical Director undertook to tackle this gap, with the current working assumption being that the issue is primarily about gaps in record-keeping and reporting, rather than a lack of substantive action. The Internal Audit plan for the year was reviewed: it is on track, and the Committee agreed that the original scope is still appropriate, with no changes needed.

Counter Fraud: The Committee received the report on Counter Fraud activity to in Q2 of 2023/24, with good progress on information to new starters, regular newsletters, and masterclasses. In

discussion, we revisited the phishing exercise results and the remedial follow-up; the trends in reported incidents; and concluded that, in line with other types of prevention regimes (eg health and safety, patient safety and information governance) more reporting is better than less as it is a sign of staff engagement and awareness of risks.

External Audit: Mazars still await the outcome of the audit of the local government pension scheme, so they can finally close out the 2022/23 accounts. The Committee was made aware of a number of new publications and reporting requirements, and received assurance from the Director of Finance that his team are tracking them.

Changes to Contracts: No changes to contracts were notified.

Emergency Preparedness Resilience and Response: We agreed that the EPRR, which is still being worked up, will be reported to the Committee once it has completed its review at subsidiary governance.

Information Governance Annual Report– The Committee welcomed the detailed and positive annual Information Governance Report for 2022/23, which provided a comprehensive assessment of activity, achievements, and residual issues. Positive evidence included: the Data Security and Protection Toolkit standards were met, supported by an independent audit of same which gave a high assurance; 95% training compliance achieved; IG breaches were managed, and were relevant, reported to the Information Commissioners Office (ICO) with no further action required; the 2022/23 IG work plan Key Objectives met; and the Information Governance group of key senior leaders is effective and active. Key risks were identified as: people, training, and devices not in use. We discussed the role of Information Assets Owners and the support given to them by the central team. The Trust also saw a c 45% rise in the number of Freedom of Information Requests, which has resource implications, but which, again, can be seen as active engagement of users with IG.

Finally, the Committee undertook a brief self-assessment against “**Being Humber**”, concluding that indeed we had been. The senior manager from Audit Yorkshire endorsed the conduct and style of the meeting, which was welcome.

Title & Date of Meeting:	Trust Board Public Meeting – 29 November 2023														
Title of Report:	Assurance Report from Part One Charitable Funds Committee of 21 November 2023														
Author/s:	Stuart McKinnon-Evans														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>X</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>			To approve		To discuss		To note	X	To ratify		For assurance			
To approve		To discuss													
To note	X	To ratify													
For assurance															
Purpose of Paper:	Through this report, the Charitable Funds Committee provides information and assurance to the Board from its 21 November 2023 meeting.														
Key Issues within the report:															
Positive Assurance to Provide: <ul style="list-style-type: none"> 2 KPIs (expenditure budget; response to wishes received) are green Three main fundraising campaigns are in play: CAMHS Waiting Room; Malton Day Room; and mental health, with a 12-18 month timeline Current/upcoming events were noted The Inspire garden project is now underway, following confirmation that £80K from Newby Trust is still available 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> Regular discussions amongst Fund Zone managers to expend funds already raised Completion of the charity’s report and accounts for 2022/23 													
Key Risks/Areas of Focus: <ul style="list-style-type: none"> The KPI for fundraising remains red, with little evidence of the target being achieved There is insufficient evidence of staff engagement with Health Stars (due to poor survey response rate) Despite approaches to foundations and other grant giving bodies, the activity this year has not yet generated funds Only 25 wishes have been granted so far this year, compared to 115 submitted The risk register was not up to date 		Decisions Made: <ul style="list-style-type: none"> Approval of up to £20K funding to create a sensory room at East Riding Community Hospital 													

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee	X	Collaborative Committee	
			Other (please detail) Report produced for the Trust Board	29.11.23

Monitoring and assurance framework summary:

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

Committee Assurance Report – Key Issues

The Committee discussed forward-looking and retrospective information:

Work Plan: the work plan was accepted.

Funding Approval: 19,977 was approved to create a sensory room at East Riding Community Hospital, to support neurodivergent children (Autism/ADHD/LD) was discussed. The scheme is supported by relevant stakeholders, and implementation is expected to take 3 months. It will be fully funded from existing ERCH zone funds. The Committee heard from the service team why they strongly supported the facility: it will augment their existing staged-response service; and the proposed site is accessible and suitably located between Hull and East Riding; and the design has been thought through. Assurance was sought from the Deputy COO that the facility will integrate with existing operations.

Finance report: Total income to October 2023 was £79,900, with a net surplus of £15,264. Direct expenditure on charitable activities totalled just £12,400.

Recent performance remained poor: in the 3 months to October, income was just £11,000, with direct expenditure on charitable activities £7,100. Operating expenditure, dominated by the Smile contract charge, was £22,200. As a result, the net deficit for the quarter was £18,200.

Despite ongoing fundraising activity, the Committee was concerned that the prospects of a turnaround in the position looked slim.

The Committee considered the status of the fund zones. Total balances stood at £287,000. It was noted that the zones show a wide range of positions. In most cases, the value of wishes making a call on the fund is lower than the money available; in some, there is an additional fundraising target before schemes can proceed. Despite now regular discussions between the fund zone managers and the central team, the Committee cannot yet conclude that there is a clear plan to utilise the funds already raised, and asked for further planning work, including considering whether funds could be vired/merged between zones (which the Committee would need to approve).

Insight Report: The Insight Report was discussed at length. The Committee:

- Noted that reported status of the KPIs (expenditure budget Green; Wishes processing Green; Income generation Red; staff awareness of funds Green; staff raising funds Green)
- Concluded that the low response rate to the staff survey suggests there is not enough evidence of staff engagement in charitable activity (which is the underlying ambition for the organisation's culture). Options to improve response rates were discussed (incentivisation; use of team meetings).
- Considered the latest statistics on wishes, and the process maps. 115 Wishes submitted to date in 2023, with 25 granted, 59 in progress, 19 declined, 12 withdrawn. Questions were raised about how the queue is managed; why only 25 have been granted to date; and the cycle time once a wish has been acknowledged. A new online platform is being developed which will allow wish-makers to track their submission.
- Received a brief update on the Malton Day Room, CAMHS sensory room, and mental health campaigns, noting that a prospective 12-18 month timescale is envisaged
- Discussed whether and how target audiences were being identified and segmented. While institutional funders can be identified by their funding criteria, it was not clear to the Committee how more populous groups were being understood, and how the campaigns were being promoted effectively. The experience of the Whitby campaign (which did not reach its target) should provide learning.

- Noted that approaches have been made to one foundation per month, but responses have still not been received from the last four, due to the cycle of the foundations' decision-making cycles. We considered the pipeline of prospective funding, which does not look sufficient to achieve the fundraising target.
- Noted that 7 prospective grant givers have been identified.
- Noted the recent and upcoming events (golf, Clear Out Your Coppers (no significant impact), Bingo Night, Give a Gift, Staff Lottery, Christmas-related, and Re-Gift a Gift)
- Welcomed the Inspire garden project being now underway, following confirmation that £80K from Newby Trust is still available.

In summary, the Committee concluded that fundraising performance remains below target, that there is still much more scope for higher staff engagement in fundraising, and that while the KPI on wishes is technically achieved, the related statistics suggest the process still requires improvement.

Charity's Annual Report and Accounts 2022/23: The Committee considered an initial draft of the Trustee report, which, it was concluded, needs a substantial re-write. The accountants have yet to submit the financial statements to Smile, which is disappointing given the Committee meeting cycle. It was agreed that the Sub-Committee Chair, Chair of Finance Committee, and Finance Director, will review the accounts on receipt, before submission to the full Trustee Board, to meet the submission deadline of 31 January 2024

Risk Register: The risk register as presented was not discussed, as it was not up to date. The Committee noted that it did not refer to the persistent and salient risk, that fundraising targets will not be achieved.

Title & Date of Meeting:	Trust Board Public Meeting – 29 th November 2023														
Title of Report:	Collaborative Committee Assurance Report														
Author/s:	Stuart McKinnon-Evans Non-Exec Director – Chair of Collaborative Committee														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>			To approve		To discuss		To note	✓	To ratify		For assurance			
To approve		To discuss													
To note	✓	To ratify													
For assurance															
Purpose of Paper:	This paper provides an executive summary of discussions held at the meeting on Wednesday 15 November 2023 and a summary of key points for the Humber Teaching NHS Foundation Trust Board to note.														
Key Issues within the report:															
Positive Assurance to Provide: <ul style="list-style-type: none"> Number of young people in CAMHS requiring eating disorder out of area care is reducing. Adult Secure reduction in medium and low secure patient population. 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> All 3 work streams are in the process of reviewing 2022/23 priorities and setting new priorities for 2024/25 Work is progressing with Perinatal Phase 2 – working closely with W and S Yorkshire PC. 													
Key Risks/Areas of Focus: <ul style="list-style-type: none"> 2 risks are currently rated at 12 or higher these are CAMHS packages of care and AED – both forecasting financial pressure overspends 		Decisions Made: <ul style="list-style-type: none"> Mill Lodge estates costs – agreed at CAMHS work stream, PCOG and noted at Collaborative Committee. 													

Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	15.11.2023
			Other (please detail) Report produced for the Trust Board	

Monitoring and assurance framework summary:

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

Committee Assurance Report – Key Issues

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

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

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

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

The meeting on 15 November 2023 was *quorate*, and discussed the following matters:

Insight Report

- ✓ Overall positive Q1 2023/24 contract meeting with NHS England Regional Team.
- ✓ Excellent CPaQT feedback from Schoen Clinic Senior Team following annual quality visit.
- ✓ Excellent feedback from NHS England Quality assurance meeting on 20.10.2023.
- ✓ Stockton Hall have won one of the National Service User awards.
- ✓ Continuing to work with W Yorkshire and S Yorkshire on Phase 2 – Perinatal. Collaborative Planning Director is attending Task and Finish group to agree Governance for the new Collaborative. (*also representing the Perinatal Collaborative in discussions with NHS England regarding Case Management*).
- ✓ Dr Nicola Green, Clinical Lead for CAMHS and AED has been invited to speak at the Action Trauma Summit as part of a panel discussion.
- ✓ NHSE Specialised Commissioning have shared their intention is to issue a new 2-year contract to existing Lead Providers of MHLDA NHS-Led Provider Collaboratives. The new contract will run from 1st April 2024 through to 31st March 2026, with the contract being held between NHS England and the Lead Provider.

Work Stream Updates

Detailed Business Intelligence reports were shared at the meeting, however due to timings of the meeting September 2023 data was included in the meeting pack. Latest patient detail was shared at the meeting and is summarised below:

1 CAMHS

14 patients in hospital care within HNY

16 patients in hospital care outside of HNY of which:

CAMHS eating disorder	2
CAMHS Low Secure	4

CAMHS Medium Secure	1
CAMHS PICU	3
CAMHS General (incl. LD)	5
CAMHS Low Secure LD *	1

*note – 1 out of area low secure LD is now commissioned by HNY ICS

The number of people placed out of area for eating disorder has reduced, however the number of young people requiring PICU has increased in the last 2 months, as this is a fluctuating position at this time it is not the intention to re-open Nova at Inspire. Instead the CAMHS workstream will review the position over a longer period and take into consideration wider system pressure before making proposal for future commissioning; which form part of the 2024/25 priority setting.

Pressure at Mill Lodge with high numbers of young people requiring NG Feed.

Alternatives to Hospital is progressing well, however as the number of young people requiring an eating disorder has reduced the project group will focus on Trauma Informed Care and providers asked to develop a flexible approach to service delivery of young people. In addition, due to the financial position and that CAMHS referral patters are changing it is likely the 2024/25 funding will be for 1 year (in addition to the 1-year fixed term funding for 2023/24).

2 Adult Eating Disorder

15 patients in hospital care within HNY
3 patients in hospital care outside of HNY

Historically there have been circa. 11 people in adult eating disorder in-patient services due to number of young adult transitioning from CAMHS to adult services and complexity in presentation the number of people in in-patient and day care has increased in the last 6 months.

A new risk has been added to the Risk Register to reflect current case numbers and financial pressure.

Business Intelligence data clearly demonstrates that there is a correlation from areas which have historically low investment into community ED services and the areas which refer and admit a higher % of people to in-patient care. Discussions have commenced with place and HNY ICS but until additional funding is allocated to community providers, or we look at how the overall pathway is funded the pressure on AED in-patient is likely to continue.

In addition, providers are advising that referrals into AED are different to 12 months ago. Increased complexity, neuro diversity and mental illness. The workstream have agreed to review how providers will innovate existing service provision to respond to changing patient referrals.

This increase in referral and complexity of care is being seen nationally and NHS England have established 3 task and finish groups to review, these task and finish groups are being attended by Dr Clare Whitton and Dr Nicola Green.

3 Adult Secure

12 patients in High Secure – commissioned by NHS England
66 patients in hospital care within HNY
68 patients in hospital care outside of HNY

Total of 134 patients in adult low and medium secure services.

15 people Clinically Ready for Discharge.

Clinical Lead working towards establishing workstream groups to focus on pathway development, focusing on the admission, discharge and clinical models. To include.

- Male LDA
- Male PD
- Prison Transfers
- Women's

Bed modelling exercise is now complete, and decision made to recommission same number of beds within HNY for 24/25. Final paper will be shared at the next Collaborative Committee.

Research into prison healthcare in HNY is underway findings to be shared early 2024. Prison healthcare is led by Humber NHS FT working with Tees, Esk and Wear Valleys NHS FT.

Workforce for Adult Secure is under review by the workstream and Dr Sharon Howden (Clinical Lead) and Steve to attend Specialised Provider Collaborative and NHS England meeting in London on 5 December.

Stepping Down Project undertaken by Hull University and HNY PC – the findings of the report were shared in 2022/23 and Karlyn Scott presented along with colleagues from Hull University the findings at the 11th European Conference on Mental Health 13 – 15 Sept 2023 in Slovenia.

Risk Register

Specialised Provider Collaborative Risk Register which includes all risks currently rated at 12 or higher:

Each work stream has their own risk register which is reviewed at each workstream meeting. CPaQT meet every 2 months to peer review all the risk register in readiness for PCOG and Collaborative Committee

PC21 Following receipt of month 6 financial information the CAMHS financial risk has increased to **12** due to forecast year end overspend.

PC12 Following receipt of month 6 financial information the AED financial risk has increased to **15** due to forecast year end overspend.

Quality Improvement and Assurance

Case Manager and senior Quality Leadership visits to each provider within HNY PC bi annual and annual. All patients continue to be reviewed 6-8 weeks.

Steve, Clare and Peter Beckwith visited Stockton Hall in October to review the service and estates work.

Clifton House Routine Plus Meetings held fortnightly with all partners working together. Spreadsheet with objectives is updated every 2 weeks. Overall Good positive progress in the areas highlighted:

- HCR20 training is now across all the service and a clear time line for training.
- New staff recruited into management position.
- Westerdale admissions now on a case-by-case basis.

StEIS and Serious Incidents - only HTFT has moved over to new PSIRF process within HNY Provider Collaborative.

Head of Lived Experience is developing a new strategy for HNY PC.

NHS England have met with CPaQT to review qualitative data – all PC have been asked to undertake this exercise. Presentation shared by CPaQT and feedback from NHS England was positive.

Clinical brief is updated each week by the Case Managers reviewed by Clinical Director to ensure that any patient in long term segregation is reviewed and actions taken to reduce segregation.

Papers Ratified at the Collaborative Committee

Mill lodge increased estates costs – agreed at CAMHS work stream, PCOG and noted at Collaborative Committee.

Agenda Item 11

Title & Date of Meeting:	Council of Governors Public Meeting – 18 January 2024														
Title of Report:	Council of Governor Sub-Groups Feedback Engaging with Members Group														
Author/s:	Doff Pollard, Chair of Engaging with Members Governor Group Sue Cooper, Chair of Appointments Terms and Conditions Committee														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>			To approve		To discuss		To note	✓	To ratify		For assurance			
To approve		To discuss													
To note	✓	To ratify													
For assurance															
Purpose of Paper:	To provide the Council of Governors with an update from the meetings held.														
Key Issues within the report:															
Positive Assurances to Provide: <ul style="list-style-type: none"> • Provided in the report and verbal updates 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> • N/A 													
<ul style="list-style-type: none"> • Key Risks/Areas of Focus No matters to escalate 		Decisions Made: <ul style="list-style-type: none"> • N/A 													
Governance:		Date	Date												
	Appointments, Terms & Conditions Committee		Engaging with Members Group												
	Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council ✓												
	Trust Board														

Monitoring and assurance framework summary:

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

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

The Engaging with Members meeting took place on 23rd Nov 2023

The key points arising from the meeting

1. The meeting received an update regarding the nominations from the different constituencies for the elected Governors. No nominations had been received for the Whitby, Ryedale and Scarborough Governor and the Clinical Staff Governor
2. Debrief of the Annual members meeting highlighted the welcoming of the changed venue and some technical points.
3. There had been an increase in the number of members that had signed up for the newsletter
4. There was a useful discussion regarding volunteering and the Governors felt they had explored this issue in detail and were satisfied by the answers to the questions raised. The paper presented to the meeting has been circulated to all Governors and the meeting felt there was a need to find good ways to publicise the changes that have taken place regarding volunteering.
5. There was discussion regarding member engagement between staff governors and staff
6. The meeting reviewed the work plan
7. A new chair for this group is needed and volunteers for this position are encouraged to contact Chair of Governors and/or Head of Corporate Affairs.

Doff Pollard

Appointments, Terms and Conditions Committee – 21 November 2023

The Appointments, Terms and Conditions Committee meeting took place on 21 November. A verbal update will be provided at the meeting

Agenda Item 12

Title & Date of Meeting:	Council of Governors Public Meeting – 18 January 2024														
Title of Report:	Proposed Changes to the Appointment, Terms and Conditions Committee (ATC) Terms of Reference														
Author/s:	Sue Cooper ATC Chair	Stella Jackson Head of Corporate Affairs													
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td>x</td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td></td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>			To approve	x	To discuss		To note		To ratify		For assurance			
To approve	x	To discuss													
To note		To ratify													
For assurance															
Purpose of Paper:	<p>At its meeting on 21 November 2023, the Appointment, Terms and Conditions Committee discussed the membership of the Committee and future Chairing arrangements. The Committee agreed to recommend to the Council of Governors proposed changes to the terms and conditions of the Committee to enable:</p> <ul style="list-style-type: none"> • Up to 6 Public and/or Service User/Carer Governors to become members of the Committee. • A Public or Service User/Carer Governor to Chair the Committee. <p>The draft terms of reference attached at Annex A contain proposed changes to the terms of reference and the Council of Governors is asked to approve these.</p>														
Key Issues within the report: None															
Positive Assurances to Provide: <ul style="list-style-type: none"> • The increase in membership will enable more Governors to join the Committee should they wish. • The increased number of members will reduce the risk of Committee meetings not being quorate. 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> • N/A 													
Key Risks/Areas of Focus: <ul style="list-style-type: none"> • The proposed changes will enable both Public and Service User/Carer Governors to become members of the Committee. 		Decisions Made: <ul style="list-style-type: none"> • The Appointment, Terms and Conditions Committee is supportive of the proposed changes in membership. 													
Governance:	<table border="1"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Appointments, Terms & Conditions Committee</td> <td>21/11/23</td> <td>Engaging with Members Group</td> <td></td> </tr> <tr> <td>Finance, Audit, Strategy and Quality Governor Group</td> <td></td> <td>Other (please detail) Quarterly report to Council</td> <td>✓</td> </tr> </tbody> </table>				Date		Date	Appointments, Terms & Conditions Committee	21/11/23	Engaging with Members Group		Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	✓
	Date		Date												
Appointments, Terms & Conditions Committee	21/11/23	Engaging with Members Group													
Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	✓												

	Trust Board			
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Monitoring and assurance framework summary:

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

√ Tick those that apply

✓	Innovating Quality and Patient Safety
✓	Enhancing prevention, wellbeing and recovery
✓	Fostering integration, partnership and alliances
✓	Developing an effective and empowered workforce
✓	Maximising an efficient and sustainable organisation
✓	Promoting people, communities and social values

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

Terms of Reference
Appointments, Terms and Conditions Committee

<p>Authority</p>	<p>The Council of Governors Appointments, Terms and Conditions Committee is constituted as a standing Committee of the Council of Governors.</p> <p>The Committee is authorised by the Council of Governors to carry out its duties and to make recommendations to the full Council of Governors for approval.</p> <p>The Committee is authorised by the Council of Governors, subject to funding approval by the Board of Directors, to request professional advice and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its function.</p> <p>The Committee is also authorised to request such internal information as is necessary and expedient to the fulfilment of its functions.</p>
<p>Role / Purpose</p>	<p>The purpose of the committee is to advise the Council of Governors and make recommendations on the appointment and terms of service of the Chair, Non-Executive Directors, Associate Non-Executive Directors and appointment of the Chief Executive.</p>
<p>Duties</p>	<p>The Committee is responsible for advising and/or making recommendations to the Council of Governors relating to:</p> <p><u>Nominations and Appointments:</u></p> <ul style="list-style-type: none"> • For each appointment of a Non-Executive Director, Associate Non-Executive Director and the Chair, prepare a description of the role and capabilities and expected time commitment required • Identify and nominate suitable candidates to fill vacant posts within the Committee's remit for appointment by the Council of Governors • Periodically review the balance of skills, knowledge, qualifications, experience and diversity of the Non-Executive Directors, Associate Non-Executive Directors and the Chair, having regard to the views of the Board of Directors and relevant guidance on Board composition • Ensure compliance with the requirements of Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 5: Fit and Proper Persons Requirement. The Committee will receive an annual report on Chair, Non Executive Director and Associate Non-Executive Director Compliance

- Evaluate annually the performance of the Chair, Non-Executive Directors and Associate Non-Executive Directors
- Give consideration to succession planning for Non-Executive Directors, Associate Non-Executive Directors and the Chair, taking into account the challenges and opportunities facing the Trust and the skills and expertise needed on the Board of Directors in the future
- Advise the Council of Governors in regard to any matters relating to the removal of office of a Non-Executive Director, Associate Non-Executive Director or the Chair
- The committee will receive reports from the Chair and Director of Workforce & OD to support deliberations and to enable it to fulfil its duties

Terms and Conditions including Remuneration:

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

Deleted:

Membership

The Committee will be chaired by a public Governor supported by the Trust Chair.

	<ul style="list-style-type: none"> • The membership of the Committee shall consist of <ul style="list-style-type: none"> ○ <u>No less than 4 and no more than 6 Public and/or Service User/Carer</u> Governors, ○ the Chair, ○ the Senior Independent Director, and ○ the Director of Workforce and Organisational Development • If the number of Governors who express an interest on serving on the Committee is higher than the number of places available, membership will be discussed with a recommendation made to the Council of Governors • Any member of the Committee who has not attended 3 meetings and has not sent their apologies and provided a reasonable explanation, may be asked to step down from the Committee • Only members of the Committee have the right to attend Committee meetings • Other persons may be invited by the Committee to attend a meeting so as to assist in deliberations.
Quorum	The quorum necessary for the transaction of business shall be 2 <u>Public and/or Service User/Carer</u> Governors and the Trust Chair or Senior Independent Director
Chair	<p>The Committee will be chaired by a <u>Public or Service User/Carer</u> Governor supported by the Trust Chair.</p> <p>The Chair of the Committee will be appointed annually.</p>
Frequency	The Committee shall meet as and when required to discharge its business and fulfil its cycle of business, but at least on two occasions in each financial year.
Agenda and Papers	An agenda for each meeting, together with relevant papers, will be forwarded to members to arrive 5 days before the meeting.
Minutes and Reporting	<p>Formal minutes shall be taken of all Committee meetings and an update provided to the Council of Governors at a general Council of Governors meeting.</p> <p>The Committee shall receive and agree a description of work of the Committee, its policies and all Non-Executive Director, Associate Non-Executive Director and the Chair emoluments in order that these are accurately reported in the required format in the Trust's annual report.</p>
Monitoring	The Committee shall review annually its collective performance and attendance

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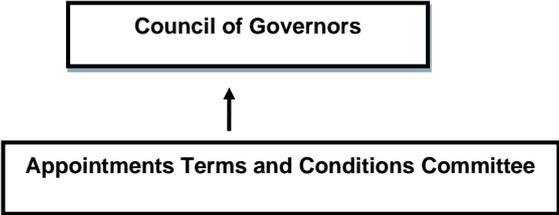
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	The Terms of Reference of the Committee shall be reviewed by the Council of Governors at least annually
Agreed by Appts, T & C Committee	<u>21 November</u> 2023
Approved by CoG	-
Review Date	May 2024

Deleted: 25 April

Deleted: 20 July 2023

Appointments Terms and Conditions Committee Reporting Structure



Title & Date of Meeting:	Council of Governors Public Meeting – 18 January 2024														
Title of Report:	Results of the Membership Cleanse														
Author/s:	Stella Jackson Head of Corporate Affairs														
Recommendation:	<table border="1" data-bbox="539 539 1516 656"> <tr> <td data-bbox="539 539 938 577">To approve</td> <td data-bbox="938 539 1031 577"></td> <td data-bbox="1031 539 1409 577">To discuss</td> <td data-bbox="1409 539 1516 577">x</td> </tr> <tr> <td data-bbox="539 577 938 616">To note</td> <td data-bbox="938 577 1031 616"></td> <td data-bbox="1031 577 1409 616">To ratify</td> <td data-bbox="1409 577 1516 616"></td> </tr> <tr> <td data-bbox="539 616 938 656">For assurance</td> <td data-bbox="938 616 1031 656"></td> <td data-bbox="1031 616 1409 656"></td> <td data-bbox="1409 616 1516 656"></td> </tr> </table>			To approve		To discuss	x	To note		To ratify		For assurance			
To approve		To discuss	x												
To note		To ratify													
For assurance															
Purpose of Paper:	<p>The Council of Governors is asked to note the:</p> <ul data-bbox="579 786 1524 987" style="list-style-type: none"> • Results of the membership cleanse • Outcome of the subsequent discussion at the Engaging with Members Group regarding the representativeness of the membership • Membership Plan (Appendix 1) is a standing item at Engaging with Members Group meetings. 														
Key Issues within the report: The data provided is for the Public and Patient/Carer constituencies as staff data is reported separately.															
<p>Positive Assurances to Provide:</p> <ul data-bbox="140 1200 778 1742" style="list-style-type: none"> • The Membership Plan contained an action for a membership cleanse to be undertaken and this was subsequently completed in June 2023. • In November 2023, the Engaging with Members Group reviewed the data of the current membership and did not believe any steps needed to be taken to increase representation in any particular areas. • The Membership data is held on a secure database, developed and supplied by Civica (which provides the membership database to a significant number of trusts) • The membership data collected complies with data collection requirements originally required by Monitor. 	<p>Key Actions Commissioned/Work Underway:</p> <ul data-bbox="810 1200 1524 1368" style="list-style-type: none"> • The Membership Plan (Appendix 1) outlines the steps to be taken by governors to promote membership and engage their constituents and the wider public. The Plan is a standing item on each Engaging with Members Group meeting. 														
<p>Key Risks/Areas of Focus:</p> <p>The following key points from the membership analysis were considered by the Engaging with Members Group:</p> <ul data-bbox="92 1917 758 1977" style="list-style-type: none"> • There is a good spread of members across the different age groups, with the exception of the 	<p>Decisions Made:</p> <ul data-bbox="810 1783 911 1816" style="list-style-type: none"> • N/A 														

<p>under 22 age bracket where the number of members are significantly lower.</p> <ul style="list-style-type: none"> • Almost 90% of the membership described themselves as being from white backgrounds, compared to around 10% from Black and Minority Ethnic (BAME) backgrounds. • Around 60% of the membership are female compared to approximately 35% which are male • The majority of members live in the Hull and East Riding constituencies and the minority are from the Whitby, Ryedale and Scarborough and Patient/Carer constituencies. 	
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Governance:		Date		Date
	Appointments, Terms & Conditions Committee		Engaging with Members Group	
	Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	✓
	Trust Board			

Monitoring and assurance framework summary:

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

Results of the Membership Cleanse 2023

1. Introduction

The Membership Plan, agreed by the Engaging with Members Group in January 2023, contained an action to ensure existing Public and Service User/Carer members were asked if they wished to remain a member of the Trust (through a database cleanse). The Membership Plan, which also outlines how the Governors within the different constituencies will promote and engage the membership, is attached at Appendix 1.

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

2. Results of the Cleanse

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

The results of the membership cleanse were reported by the Lead Governor at the Annual Members' Meeting.

3. Membership Representativeness

At its meeting in November 2023, the Engaging with Members' Group received a report regarding the representativeness of the membership. This outlined how many of the members lived in which constituency, their age, their gender and their ethnicity. The data (graphs) presented to the Group are attached for information at Appendix 2.

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

Membership Plan – Public Governors

What we will do:	How we will do it
Encourage anyone that has an interest in healthcare to become a member of the Trust	<ul style="list-style-type: none">• Promote membership at meetings and events which have a healthcare focus.• Direct people to the website to find out more about membership.• Advise anyone with an interest in becoming a Governor of the need to become a member.• Ensure that existing members are asked if they wish to remain a member (through a database cleanse).
Represent the views of members and the public regarding the Trust's services and plans	<ul style="list-style-type: none">• Invite views from people the Trust may not reach through its normal engagement channels. This includes people we talk to through attendance at public meetings, events and networks.• Invite views from people that attend the Annual Members Meeting and any healthcare events hosted by the Trust.• Invite views regarding new plans from those members with an email address and interested members of the public that we meet through our personal networks.• Represent these in a fair and balanced way at Council of Governor meetings.• Report the outcome of any discussion to those people that provided their views.• Refer people with an individual issue or compliment to the Trust's Complaints and Feedback team.
What we need to achieve the above:	<ul style="list-style-type: none">• Ensure the website pages are easy to understand• Encourage people to sign up to the online newsletter to obtain timely information regarding the Trust's services, plans and events• Identify and attend meetings, events and networks with a healthcare focus/interest (whilst not duplicating the work of the Trust)• Ensure people know how to contact governors and the benefits of membership (business card)

Membership Plan – Service User and Carer Governors

What we will do:	How we will do it
Encourage anyone that has an interest in healthcare to become a member of the Trust	<ul style="list-style-type: none">• Promote membership at Service User and Carer meetings and events.• Direct people to the website to find out more about membership.• Advise anyone with an interest in becoming a Governor of the need to become a member.• Ensure that existing Service User and Carer members are asked if they wish to remain a member.
Represent the views of members and the public regarding the Trust's services and plans	<ul style="list-style-type: none">• Invite views from service users and carers through attendance at meetings, events and networks attended by Service Users and Carers.• Invite views from Service Users and Carers that attend the Annual Members Meeting.• Represent these in a fair and balanced way at Council of Governor meetings.• Report the outcome of any discussion to those people that provided their views.• Refer people with an individual issue or compliment to the Trust's Complaints and Feedback team.
What we need to achieve the above:	<ul style="list-style-type: none">• Ensure the website pages are easy to understand• Encourage people to sign up to the online newsletter to obtain timely information regarding the Trust's services, plans and events• Identify and attend Service User and Carer meetings, events and networks (ask a Public Governor to attend if we can't)• Ensure people know how to contact governors and the benefits of membership (business card)

Membership Plan – Staff and Appointed Governors



Humber Teaching
NHS Foundation Trust

Staff Governors – what we will do	How we will do it
Invite feedback from colleagues regarding the Trust's services and plans	<ul style="list-style-type: none">• Arrange to attend team meetings to outline the role of a Staff Governor and obtain feedback• Obtain views from those members of staff that attend the Annual Members' Meeting• Report the outcome of any discussions to those people that provided their views.• Refer people with an individual issue to other feedback routes: line manager, Freedom to Speak Up Guardian, trade unions.• Encourage members of staff to complete the Annual Staff Survey
What we need:	<ul style="list-style-type: none">• Support and time to attend the meetings

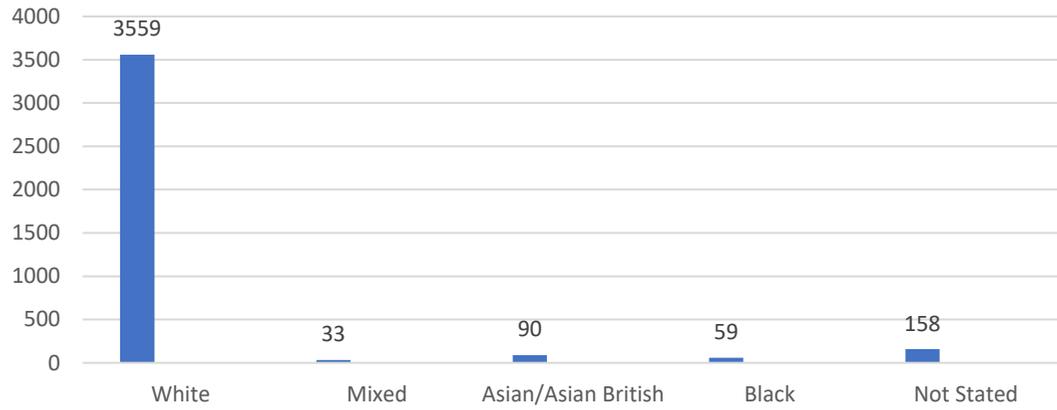
Appointed Governors – what we will do	How we will do it
Invite feedback from the organisation I represent regarding the Trust's services and plans.	<ul style="list-style-type: none">• Arrange to attend relevant meetings in my organisation where decisions might be made that impact on the work of the Trust.• Obtain views from those meetings regarding the Trust's services and plans and highlight these to the Trust.• Arrange for an officer from the Trust to attend the meetings if appropriate to answer questions or provide a briefing.• Report the outcome of any discussions to those people that provided their views.

Appendix 2

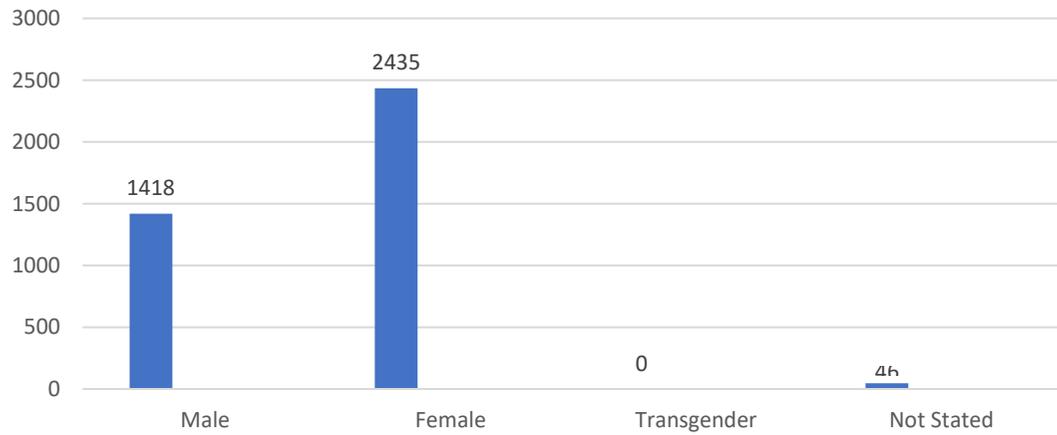
Membership Representativeness – November 2023



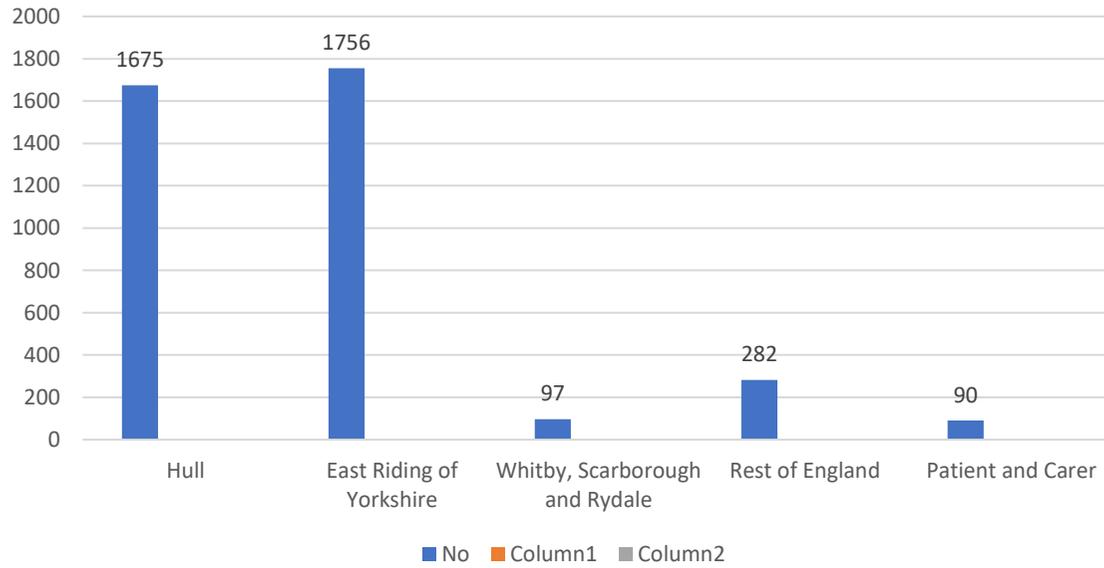
Membership Ethnicity



Membership - Gender



Constituency Area



Title & Date of Meeting:	Council of Governors Public Meeting – 18 th January 2024														
Title of Report:	Trust Performance Report – October 2023														
Author/s:	Name: Peter Beckwith/Richard Voakes Title: Director of Finance/Business Intelligence Lead														
Recommendation:	<table border="1" data-bbox="539 548 1524 672"> <tr> <td data-bbox="539 548 938 589">To approve</td> <td data-bbox="938 548 1031 589"></td> <td data-bbox="1031 548 1410 589">To discuss</td> <td data-bbox="1410 548 1524 589"></td> </tr> <tr> <td data-bbox="539 589 938 629">To note</td> <td data-bbox="938 589 1031 629"><input checked="" type="checkbox"/></td> <td data-bbox="1031 589 1410 629">To ratify</td> <td data-bbox="1410 589 1524 629"></td> </tr> <tr> <td data-bbox="539 629 938 669">For assurance</td> <td data-bbox="938 629 1031 669"></td> <td data-bbox="1031 629 1410 669"></td> <td data-bbox="1410 629 1524 669"></td> </tr> </table>			To approve		To discuss		To note	<input checked="" type="checkbox"/>	To ratify		For assurance			
To approve		To discuss													
To note	<input checked="" type="checkbox"/>	To ratify													
For assurance															
Purpose of Paper:	<p>This purpose of this report is to inform the Council of Governors of the current levels of performance as at the end of October 2023.</p> <p>The report is presented using statistical process charts (SPC) for a select number of indicators with upper and lower control limits presented in graphical format.</p>														
Key Issues within the report:															
<p>Positive Assurances to Provide:</p> <ul style="list-style-type: none"> • Vacancies – Trust wide performance has improved to 8.1% as at the end of October 2023. • Talking Therapies – has seen a continued trend of improvement against the six week target, performance has been above target for two consecutive months • - 	<p>Key Actions Commissioned/Work Underway:</p> <ul style="list-style-type: none"> • Waiting Times Recovery (Q1 and Q2) performance is attached at appendix B. 														
<p>Key Risks/Areas of Focus:</p> <ul style="list-style-type: none"> • Safer Staffing Dashboard - sickness and occupied bed days are flagging, detailed narrative is included on the dashboard. • CPA - Clinical focus remains on achieving the 72-hour standard for follow up, 92.4% of patients within scope for this target received a follow up with 72hours in October against an 80% target. Rigorous overview is undertaken to ensure that follow up is achieved within 7 days, any breaches of this are followed until contact is achieved and individual cases are reviewed to understand and address why planned follow up did not take place, in most cases contact is attempted but the patient has not responded. • Incidents - October saw an 18.9% increase in Trust incident reporting rates when compared 	<p>Decisions Made:</p> <ul style="list-style-type: none"> • None (report is to note) 														

with September. Overall incident reporting for the month was above the level at the same time last year and was also above the average monthly reporting rate for 2022/23.

Two of the Trust's divisions saw a significant increase in incident reporting rate for October when compared to the previous month, but both remain within their respective control parameters.

The Mental Health Unplanned division increased by 17.7% September 2023 to October 2023, the highest reporting area was Westlands that reported 26.2% of the total divisional incidents reported in-month. The two biggest categories being reported were self-harm and violence and aggression. PICU and Mill View Lodge accounted for the biggest increase in violence and aggression (*PICU reporting involved multiple service users, Mill View Lodge was attributed to a specific service user*).

The overall reporting rate for the Children and Learning Disability division increased by 52.4% August 2023 to September 2023, the highest reporting area was Willow Unit that reported 50.7% of the total divisional incidents reported in-month. A large number of the incidents of self-harm and violence and aggression can be attributed to a specific patient, oversight and support to the team is being provided and closely monitored.

Governance:

	Date		Date
Appointments, Terms & Conditions Committee		Engaging with Members Group	
Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Executive Management Team	Nov 23
Trust Board	Nov 23		

Monitoring and assurance framework summary:

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

√ Tick those that apply

✓	Innovating Quality and Patient Safety
✓	Enhancing prevention, wellbeing and recovery
✓	Fostering integration, partnership and alliances
✓	Developing an effective and empowered workforce
✓	Maximising an efficient and sustainable organisation
✓	Promoting people, communities and social values

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

Financial Year
2023-24

TRUST PERFORMANCE REPORT

This document provides a high level summary of the performance measures stemming from the Integrated Quality and Performance Tracker.

The purpose of this report is to present to the Board a thematic review of the performance for a select number of indicators for the last 24 months including Statistical Process Control charts (SPC) with upper and lower control limits.

Reporting Month:

Oct-23

Chief Executive: Michele Moran

Prepared by: Business Intelligence Team

Caring, Learning and Growing



Humber Teaching NHS Foundation Trust Trust Performance Report

For the period ending: **October 2023**

<p>Purpose</p>	<p>This paper provides a summary on the progress being made against a basket of NHS performance indicators together with executive summary and underpin the Trust's Strategy 2017-2022. A sample of the strategic goals are represented in this report. Particular attention is drawn to the use of Statistical Process Control Charts (SPC).</p>																																																																																													
<p>What are SPCs?</p>	<p>SPCs contain upper and lower control limits which are in the most part based on 2 standard deviation points above and below the average. SPC averages are best plotted over a minimum of 12 data points. The majority of charts, if not all, within the TPR are based over 24 data points and include targets where these have been set.</p> <p>The charts can help us understand the scale of any problem, gather information and identify possible causes when used in conjunction with other investigative tools such as process mapping. SPC tells us about the variation that exists in the systems that we are looking to improve. SPCs should be used to help to set baselines and evaluate how we are currently operating within these thresholds. They can also help us to assess whether service changes have made a sustainable difference.</p> <p>They give an indication as to whether there is relatively stable variation over time or whether there are special causes creating exceptional variance. This is done by analysing the chart looking at how the values fall around the average and between or outside the Upper Control Limit (UCL) and the Lower Control Limit (LCL). These lines fall either side of the mean/average. They do not indicate whether the indicator is achieving the target that has been set, but they allow us to better understand how stable the performance is and whether or not it is changing. Attention would be specifically drawn to peaks and troughs outside of the control limits and initiate further investigation as to what the causes of these may be. SPCs are not always useful with low numbers, short periods of time or where data would normally be expected to be more erratic or seasonal unless this is plotted over a substantial amount of time. An example of an SPC chart with an exception is below:</p>																																																																																													
<p>Example SPC Chart</p>	<p>S – statistical, because we use some statistical concepts to help us understand processes.</p> <p>P – process, because we deliver our work through processes ie how we do things.</p> <p>C – control, by this we mean predictable.</p>	<table border="1"> <caption>Approximate data from the SPC chart</caption> <thead> <tr> <th>Month</th> <th>In Month (%)</th> <th>Target (%)</th> <th>CL (Mean) (%)</th> <th>UCL (%)</th> <th>LCL (%)</th> </tr> </thead> <tbody> <tr><td>Apr-22</td><td>90</td><td>80</td><td>90</td><td>95</td><td>65</td></tr> <tr><td>May-22</td><td>92</td><td>80</td><td>90</td><td>95</td><td>65</td></tr> <tr><td>Jun-22</td><td>90</td><td>80</td><td>90</td><td>95</td><td>65</td></tr> <tr><td>Jul-22</td><td>90</td><td>80</td><td>90</td><td>95</td><td>65</td></tr> <tr><td>Aug-22</td><td>90</td><td>80</td><td>90</td><td>95</td><td>65</td></tr> <tr><td>Sep-22</td><td>95</td><td>80</td><td>90</td><td>95</td><td>65</td></tr> <tr><td>Oct-22</td><td>88</td><td>80</td><td>90</td><td>95</td><td>65</td></tr> <tr><td>Nov-22</td><td>92</td><td>80</td><td>90</td><td>95</td><td>65</td></tr> <tr><td>Dec-22</td><td>92</td><td>80</td><td>90</td><td>95</td><td>65</td></tr> <tr><td>Jan-23</td><td>50</td><td>80</td><td>90</td><td>95</td><td>65</td></tr> <tr><td>Feb-23</td><td>95</td><td>80</td><td>90</td><td>95</td><td>65</td></tr> <tr><td>Mar-23</td><td>90</td><td>80</td><td>90</td><td>95</td><td>65</td></tr> <tr><td>Apr-23</td><td>90</td><td>80</td><td>90</td><td>95</td><td>65</td></tr> <tr><td>May-23</td><td>88</td><td>80</td><td>90</td><td>95</td><td>65</td></tr> </tbody> </table>			Month	In Month (%)	Target (%)	CL (Mean) (%)	UCL (%)	LCL (%)	Apr-22	90	80	90	95	65	May-22	92	80	90	95	65	Jun-22	90	80	90	95	65	Jul-22	90	80	90	95	65	Aug-22	90	80	90	95	65	Sep-22	95	80	90	95	65	Oct-22	88	80	90	95	65	Nov-22	92	80	90	95	65	Dec-22	92	80	90	95	65	Jan-23	50	80	90	95	65	Feb-23	95	80	90	95	65	Mar-23	90	80	90	95	65	Apr-23	90	80	90	95	65	May-23	88	80	90	95	65
Month	In Month (%)	Target (%)	CL (Mean) (%)	UCL (%)	LCL (%)																																																																																									
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<p>Strategic Goal 1</p>	<p>Innovating Quality and Patient Safety</p>		<p>Strategic Goal 4</p>	<p>Developing an effective and empowered workforce</p>																																																																																										
<p>Strategic Goal 2</p>	<p>Enhancing prevention, wellbeing and recovery</p>		<p>Strategic Goal 5</p>	<p>Maximising an efficient and sustainable organisation</p>																																																																																										
<p>Strategic Goal 3</p>	<p>Fostering integration, partnership and alliances</p>		<p>Strategic Goal 6</p>	<p>Promoting people, communities and social values</p>																																																																																										
<p>Key Indicators</p>	<p>The following is a list of indicators highlighted within this report and the Goal to which they are set against. Other than the Safer Staffing dashboard, each indicator uses SPC charts</p>																																																																																													

Humber Teaching NHS Foundation Trust

Trust Performance Report

For the period ending: **October 2023**

Dashboard	Safer Staffing	A dashboard to provide overview on a number of clinical indicators for the Trust's inpatient units across all services
Dashboard	Mortality	Learning from Mortality Reviews
Goal 1	Mandatory Training	A percentage compliance for all mandatory and statutory courses
Goal 1	Vacancies	Proportion of posts vacant when compared to the budgeted establishment. This information is taken from the Trust financial ledger.
Goal 1	Number of Incidents per 10,000 Contacts	Number of Incidents per 10,000 Contacts (based on contacts and occupied bed days)
Goal 1	Clinical Supervision	Percentage of staff with appropriate clinical supervision taken place within the last 4-6 weeks
Goal 1	FFT - Patient Recommendation	Results where patients would recommend the Trust 's services to their family and friends
Goal 2	FFT - Patient Involvement	Results where patients felt they were involved in their care
Goal 2	72 hour follow ups	Percentage of patients who had a follow up within 72 hours (3 days) of discharge from hospital
Goal 2	CPA - Reviews	Percentage of patients who are on CPA and have had a review in the last 12 months
Goal 2	Memory Diagnosis	Number of patients waiting 18 weeks or more since referral to the service
Goal 2	RTT - Completed Pathways	Based on patients who have commenced treatment during the reporting period and seen within 18 weeks of their referral
Goal 2	RTT - Incomplete Pathways	Based on patients who are waiting for assessment and/or treatment and are waiting less than 18 weeks since referral.
Goal 2	RTT - 52 Week Waits	Number of patients who have yet to be seen for treatment and have been waiting more than 52 weeks. (Excludes ASD & ADHD Services for both Adult and Paediatrics)
Goal 2	RTT - 52 Week Waits - Adult Neuro (ASD/ADHD)	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service and ADHD for Adult and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - CYP Neuro (ASD/ADHD)	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service and ADHD for Children and have been waiting more than 52 weeks
Goal 2	RTT - 52 Week Waits - CAMHS	Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks
Goal 2	RTT - Early Interventions	Percentage of patients who were seen within two weeks of referral
Goal 2	NHSER Talking Therapies - 6 and 18 week waits	Percentage of patients who were seen within 6 weeks and 18 weeks of referral
Goal 2	NHSER Talking Therapies - Moving to Recovery	Recovery Rates for patients who were at caseness at start of therapeutic intervention

Humber Teaching NHS Foundation Trust

Trust Performance Report

For the period ending: **October 2023**

Goal 2	CMHT Access (New)	Number of people who receive two or more contacts from NHS or NHS commissioned community mental health services for adults and older adults with severe mental illness. Rolling 12 months.
Goal 2	CYP MH Access (New)	Number of CYP aged under 18 accessing support by NHS funded community services and school or college based Mental Health Support Teams (receiving at least one contact). Rolling 12 months.
Goal 2	Perinatal Access (New)	Number of women with at least one attended contact (F2F or video) with a specialist community perinatal mental health service in the last 12 months.
Goal 3	Out of Area Placements	Number of days that Trust patients were placed in out of area wards including split across Adult, Older Adult and PICU
Goal 4	Delayed Transfers of Care	Results for the percentage of Mental Health delayed transfers of care
Goal 4	Staff Sickness	Percentage of staff sickness across the Trust (not including bank staff). Including and Excluding Covid Sickness
Goal 4	Staff Turnover	Percentage of leavers against staff in post (excluding employee transfers wef April 2021)

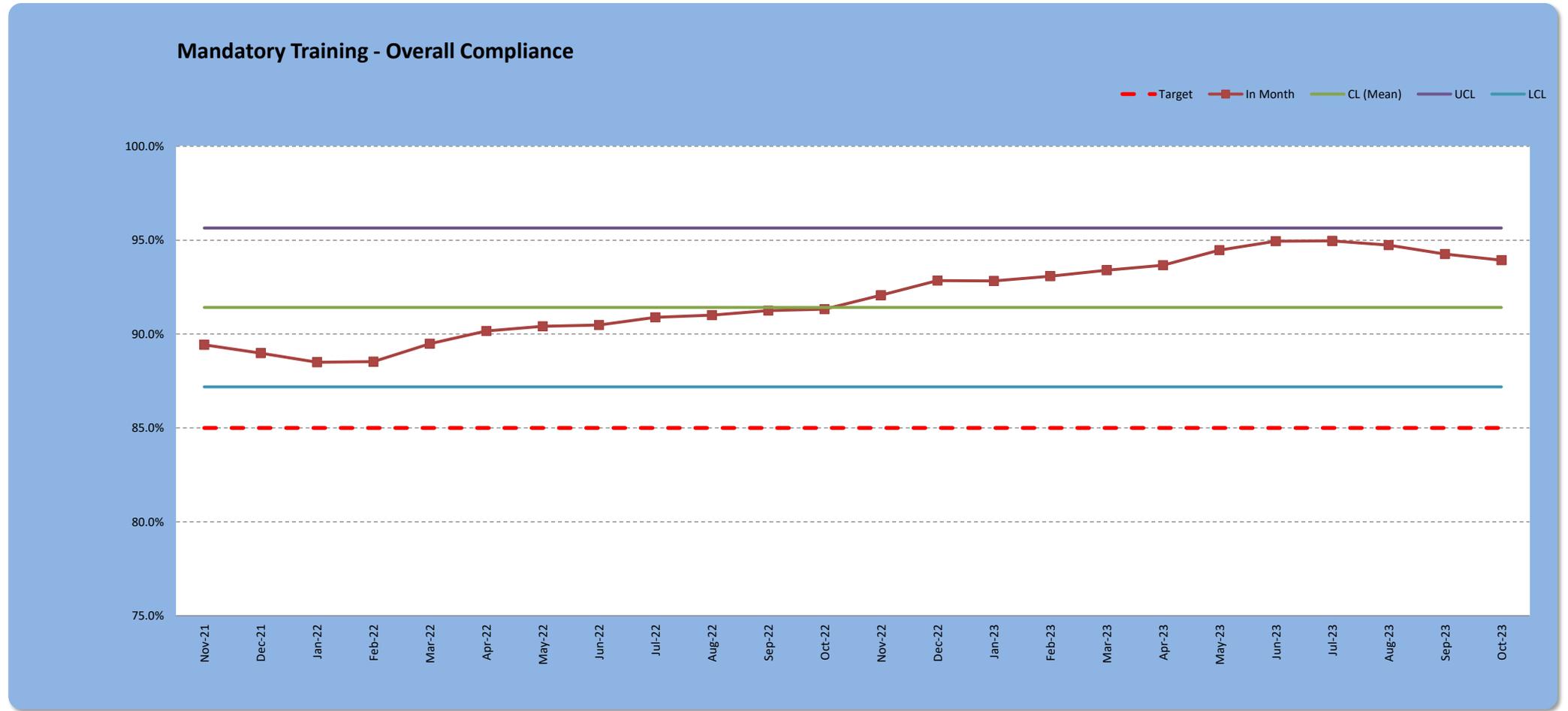
PI RETURN FORM 2023-24

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **October 2023**

Target:	Amber:	Current month stands at:
85%	80%	93.9%

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Mandatory Training	A percentage compliance based on an overall target of 85% for all mandatory and statutory courses	Steve McGowan	WL 5



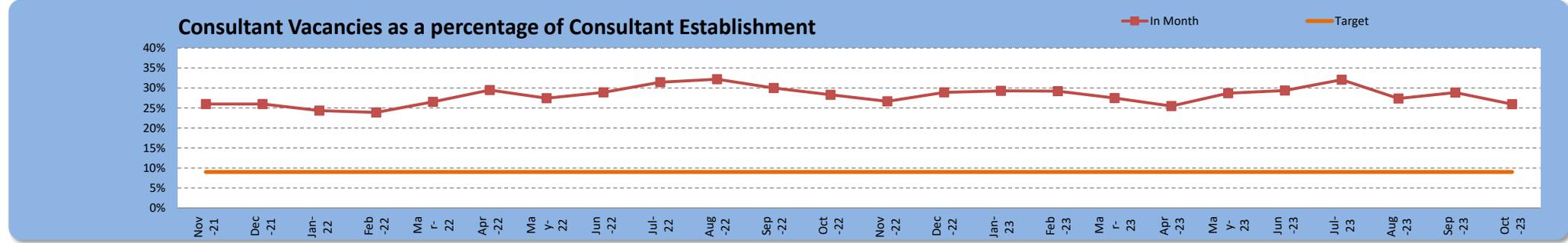
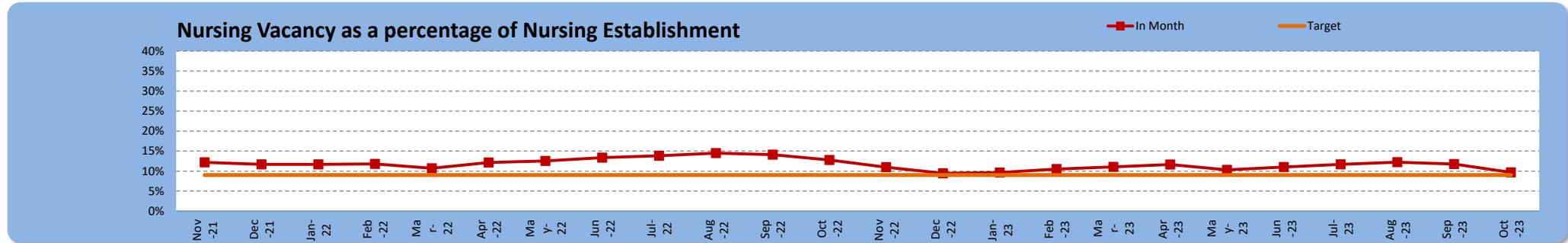
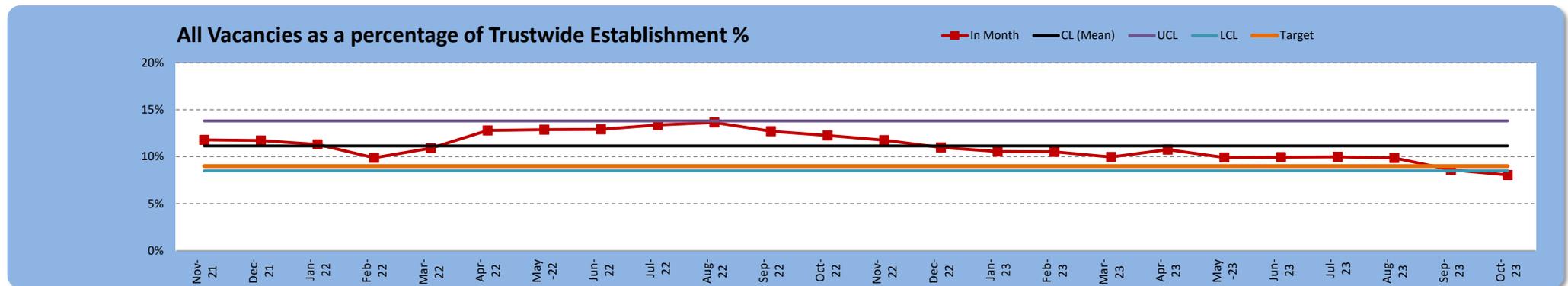
PI RETURN FORM 2023-24

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **October 2023**

Target:	Amber:	Current month stands at:
N/A	N/A	8.1%

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Vacancies (WTE)	Proportion of posts vacant when compared to the budgeted establishment. This information is taken from the Trust financial ledger.	Steve McGowan	WL 2 VAC



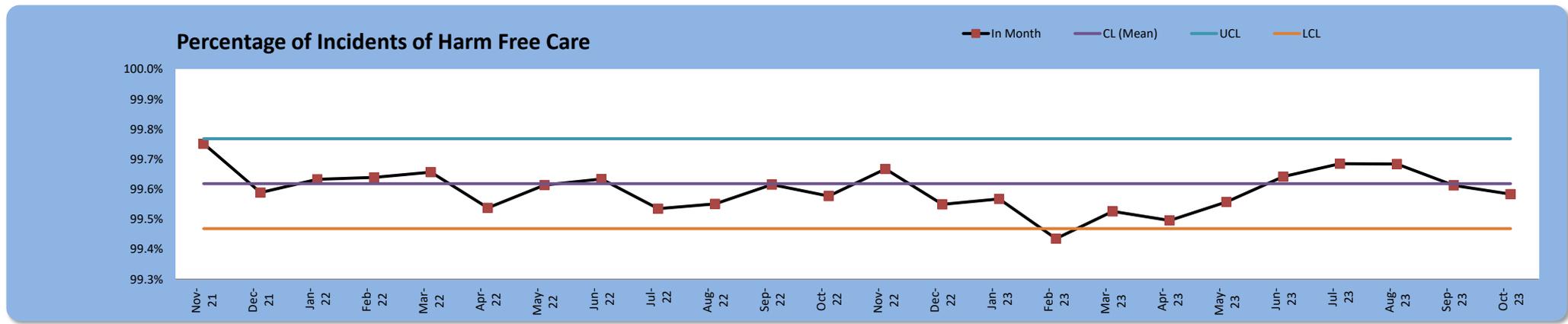
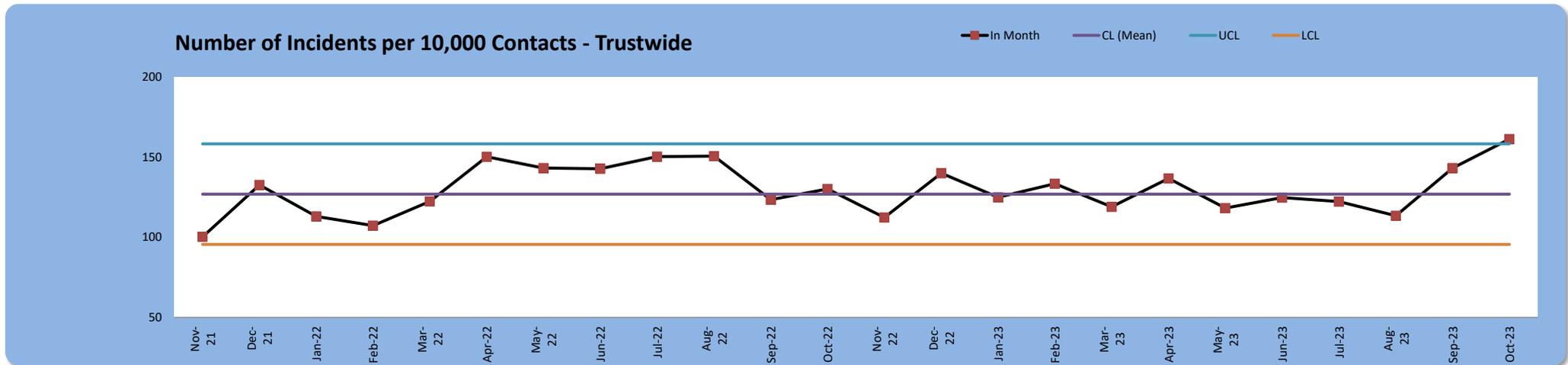
PI RETURN FORM 2023-24

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **October 2023**

Target:	Amber:	Trustwide current month stands at:
0	0	161

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Incidents	Number of Incidents per 10,000 Contacts (based on contacts and occupied bed days)	Hilary Gledhill	IA_TW



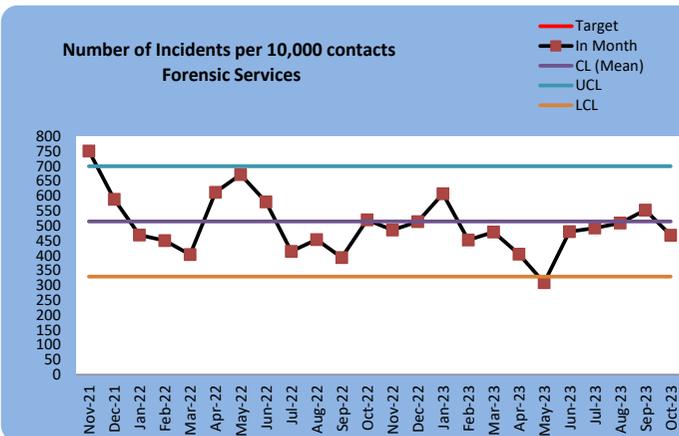
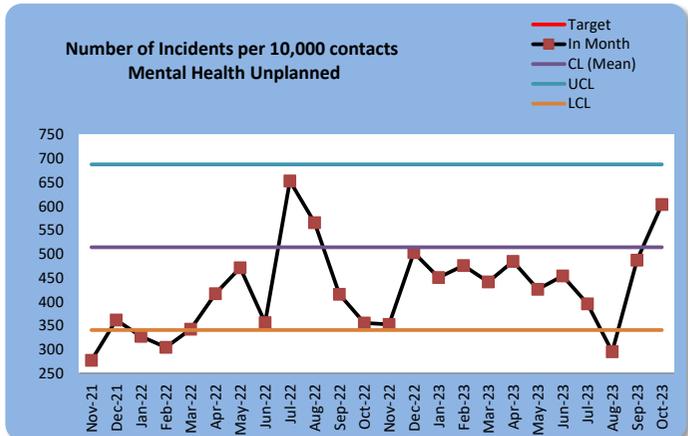
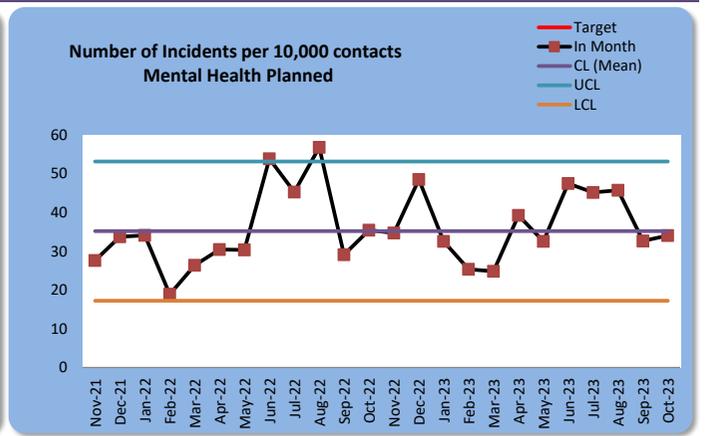
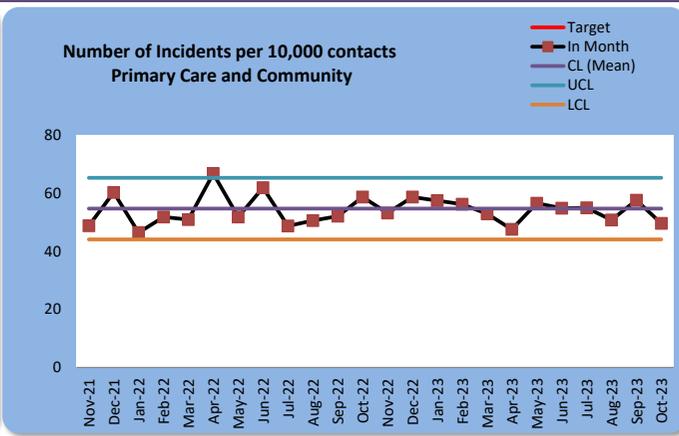
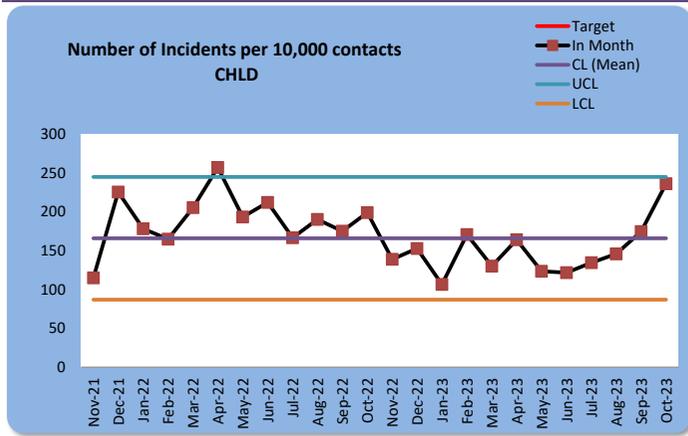
PI RETURN FORM 2023-24

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **October 2023**

Target:	Amber:	Trustwide current month stands at:
0	0	161

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Incidents	Number of Incidents per 10,000 Contacts (based on contacts and occupied bed days)	Hilary Gledhill	IA_TW



Children and Learning Disability	236
Primary Care and Community	50
Mental Health Planned	34
Mental Health Unplanned	604
Forensic Services	467

	Sep-23	Oct-23
Never Events	0	0
% of Harm Free Care	99.6%	99.6%
% of Incidents reported in Severe Harm or Death	0.9%	0.4%

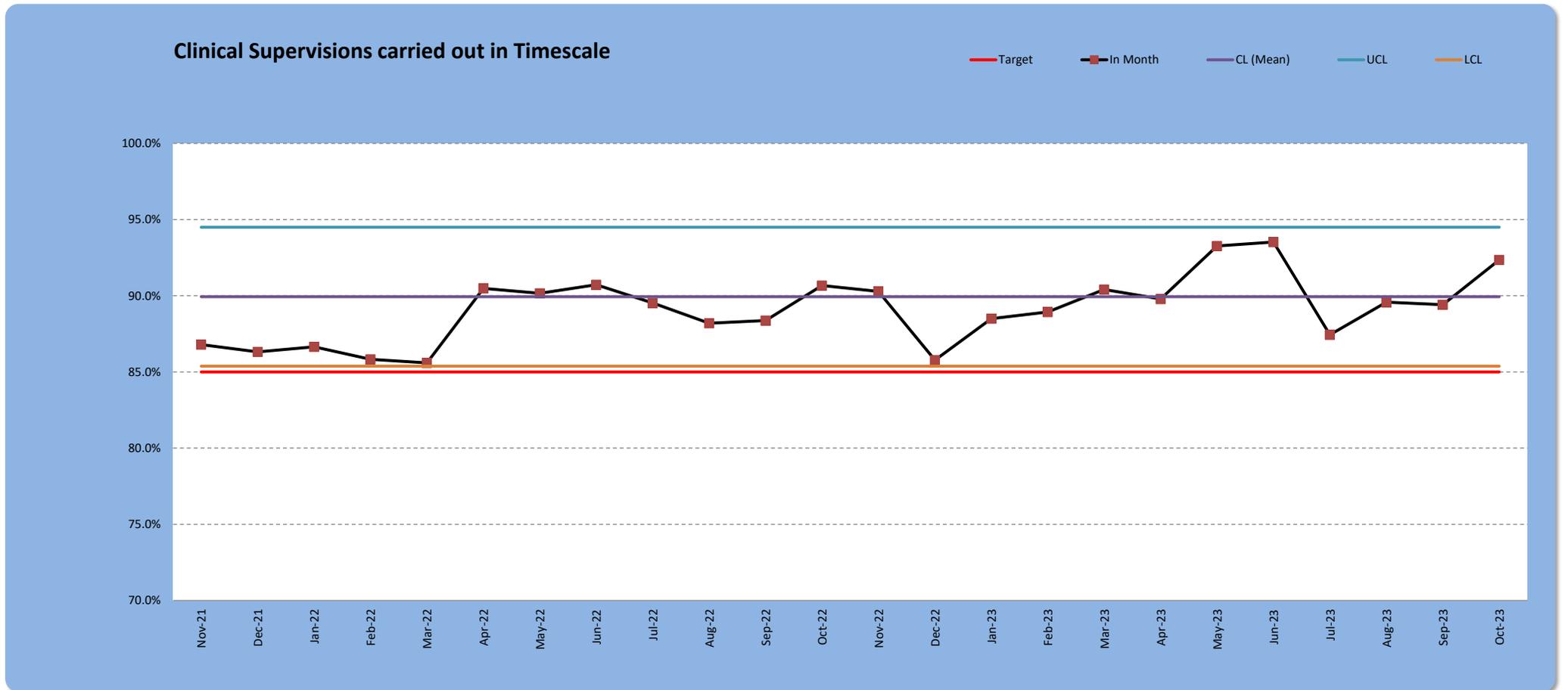
PI RETURN FORM 2023-24

Goal 1 : Innovating Quality and Patient Safety

For the period ending: **October 2023**

Target:	Amber:	Current month stands at:
85%	80%	92.3%

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Clinical Supervision	Percentage of staff with appropriate clinical supervision taken place within the last 4-6 weeks	Hilary Gledhill	WL 9a



HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD

Contract Period:	2023-24
Reporting Month:	Sep-23



Shown one month in arrears

Speciality	Units					Bank/Agency Hours				Average Safer Staffing Fill Rates				High Level Indicators										Indicator Totals	
	Ward	Speciality	WTE	OBDs (including leave)	CHPPD Hours (Nurse)	Bank % Filled	Improvement	Agency % Filled	Improvement	Day		Night		QUALITY INDICATORS (Year to Date)										Aug-23	Sep-23
										Registered	Un Registered	Registered	Un Registered	Staffing Incidents (Poor Staffing Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/ partly upheld)	Failed S17 Leave	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	Sickness Levels (clinical)	WTE Vacancies (RNs only)		
Adult MH	Avondale	Adult MH Assessment	28.8	78%	10.9	19.7%	↑	7.9%	↑	99%	109%	92%	103%	0	19	2	0	96.7%	91.5%	90.9%	92.3%	3.4%	3.0	0	0
	New Bridges	Adult MH Treatment (M)	40.6	87%	8.2	13.1%	↓	4.6%	↑	85%	78%	94%	109%	2	40	2	0	88.2%	98.7%	100.0%	100.0%	5.4%	-1.4	2	1
	Westlands	Adult MH Treatment (F)	35.1	96%	9.3	24.8%	↓	7.3%	↑	76%	85%	96%	112%	1	42	2	2	93.3%	90.9%	87.5%	84.2%	4.6%	2.0	3	1
	Mill View Court	Adult MH Treatment	26.4	96%	8.1	19.0%	↓	14.3%	↓	102%	92%	98%	122%	3	25	1	1	87.5%	94.4%	86.7%	92.9%	9.3%	2.0	2	2
	STARS	Adult MH Rehabilitation	34.4	96%	29.7	42.9%	↓	2.9%	↓	62%	199%	100%	100%	1	1	0	0	74.2%	92.9%	100.0%	76.2%	12.1%	2.5	3	4
	PICU	Adult MH Acute Intensive	30.2	80%	19.1	30.1%	↑	14.3%	↑	94%	106%	96%	146%	1	101	1	0	96.8%	90.6%	78.6%	88.2%	10.2%	4.7	1	1
OP MH	Maister Lodge	Older People Dementia Treatment	35.9	49%	23.4	14.3%	↑	0.2%	↑	115%	86%	100%	107%	0	21	1	0	94.9%	94.0%	91.7%	77.8%	4.6%	0.2	1	0
	Mill View Lodge	Older People Treatment	23.3	87%	14.6	24.2%	↑	8.2%	↓	68%	63%	100%	150%	1	20	0	0	89.7%	94.4%	100.0%	86.7%	3.5%	7.0	3	2
Child & LD	Maister Court	Older People Treatment	16.5	102%	16.2	26.1%	↑	4.0%	↑	91%	93%	103%	113%	0	9	0	0	93.8%	94.9%	85.7%	90.9%	3.0%	0.8	1	1
	Pine View	Forensic Low Secure	30.7	98%	7.2	22.5%	↑	0.0%	→	95%	74%	58%	104%	0	2	0	9	100.0%	98.3%	100.0%	88.9%	5.8%	1.4	3	4
	Derwent	Forensic Medium Secure	22.7	67%	16.0	30.4%	↓	0.0%	↑	90%	67%	81%	105%	2	3	1	0	77.3%	94.8%	100.0%	80.0%	10.3%	2.0	1	2
	Ouse	Forensic Medium Secure	24.6	82%	10.1	33.5%	↓	0.0%	→	71%	118%	90%	198%	1	5	0	2	72.0%	95.3%	100.0%	83.3%	11.6%	1.8	1	3
	Swale	Personality Disorder Medium Secure	24.3	80%	10.9	24.4%	↑	0.0%	↑	61%	96%	97%	88%	5	4	2	7	83.3%	96.7%	87.5%	94.1%	5.7%	3.5	2	2
	Ullswater	Learning Disability Medium Secure	26.6	67%	15.2	29.8%	↓	0.0%	→	71%	134%	104%	129%	12	9	0	8	92.6%	94.4%	75.0%	90.0%	9.4%	2.2	2	2
CH	Townend Court	Learning Disability	38.0	80%	35.2	31.3%	↑	0.0%	→	81%	102%	101%	100%	2	212	1	0	82.1%	91.9%	83.3%	69.6%	7.9%	3.4	3	1
	Inspire	CAMHS	7.0	68%	30.1	20.6%	↓	0.0%	↑	94%	110%	99%	134%	1	18	2	0	90.3%	98.2%	100.0%	100.0%	12.7%	-1.0	1	1
	Granville Court	Learning Disability Nursing Care	47.8	91%	17.3	31.8%	↓	11.7%	↑	110%	100%	130%	106%	2	3	0	0	92.2%	93.1%	90.9%	77.1%	5.9%	1.2	1	1
CH	Whitby Hospital	Physical Health Community Hospital	47.0	88%	8.4	1.3%	↓	0.0%	→	91%	77%	100%	100%	0	1	0	0	92.5%	92.4%	100.0%	50.0%	7.5%	-2.8	3	2
	Malton Hospital	Physical Health Community Hospital	31.7	85%	7.5	10.9%	↑	1.7%	↓	87%	89%	128%	71%	0	0	0	0	100.0%	93.1%	82.4%	70.6%	1.3%	-1.6	1	1

HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD

Exception Reporting and Operational Commentary

Safer Staffing Dashboard Narrative : Sep

Sickness remains high with 13 teams above the upper threshold, this is up from 11 the previous month. Of the areas flagging red, 5 units have shown an improvement. TEC has shown a significant improvement from 15.5% in August to 7.9% following the return to work of 2 staff on long term sickness. Sickness across the Humber Centre continues to be a challenge with a small portion on LTS. Inspire have 4 members of staff on LTS. Whilst there are some long-term absences the majority of sickness is reported to be short term absence. Sickness rates are being reviewed as part of safer staffing reviews in November.

CHPPD remains strong with all teams achieving their target.

There continues to be some discrepancies with fill rates however these are being addressed as part of the safer staffing reviews and the demand templates will be amended by the e-roster team. Some teams have shifted from an early and late shift patterns to long days which is impacting the planned versus actual hours on the demand template.

Clinical supervision remains in a strong position with the majority of units above 85% however STARS and Ouse are slightly under the lower threshold both impacted by sickness rates above 10%. Previously MVL, TEC, Swale were flagging red but all have an improved position when compared to August.

Mandatory training (all) is above 90% for all units. ILS remains in a strong position, as does BLS for the majority in inpatient units. Whitby, Malton and TEC are below the target threshold and regular training is being provided on-site. Low compliance rates have been escalated to the unit matrons.

The CHPPD RAG ratings are following discussions with and agreed by EMT in November 2022. Breakdowns are as follows:

Red RAG falls below the lowest rating, Green RAG is greater than the highest rating. Amber RAG falls between

Red RAG	Green RAG	Units applied (Note: Some thresholds were changed for June data (Townend, Ullswater and Malton))
<=4.3	>=5.3	STaRS
<=5.3	>=6.3	Pine view, Ouse
<=5.9	>=6.9	Malton
<=7	>=8	New Bridges, Westlands, Mill View Court, Swale, Whitby
<=8	>=9	Avondale
<=9.3	>=10.3	Maister Lodge, Maister Court, Derwent, Inspire, Granville
<=10.5	>=11.5	Mill View Lodge
<=11.0	>=12.0	Ullswater
<=15.6	>=16.6	PICU
<=27.0	>=28.0	Towend Court

Staffing and Quality Indicators

Contract Period: 2023-24
Reporting Month: Sep-23



Humber Teaching
NHS Foundation Trust

Registered Nurse Vacancy Rates (Rolling 12 months)

Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
14.30%	14.50%	11.10%	10.08%	11.10%	11.50%	13.40%	13.60%	14.10%	14.21%	13.85%	13.67%

Slips/Trips and Falls (Rolling 3 months)

	Jul-23	Aug-23	Sep-23
Maister Lodge	10	1	9
Millview Lodge	1	1	1
Malton IPU	2	1	4
Whitby IPU	2	4	2

Malton Sickness % is provided from ESR as they are not on Health Roster

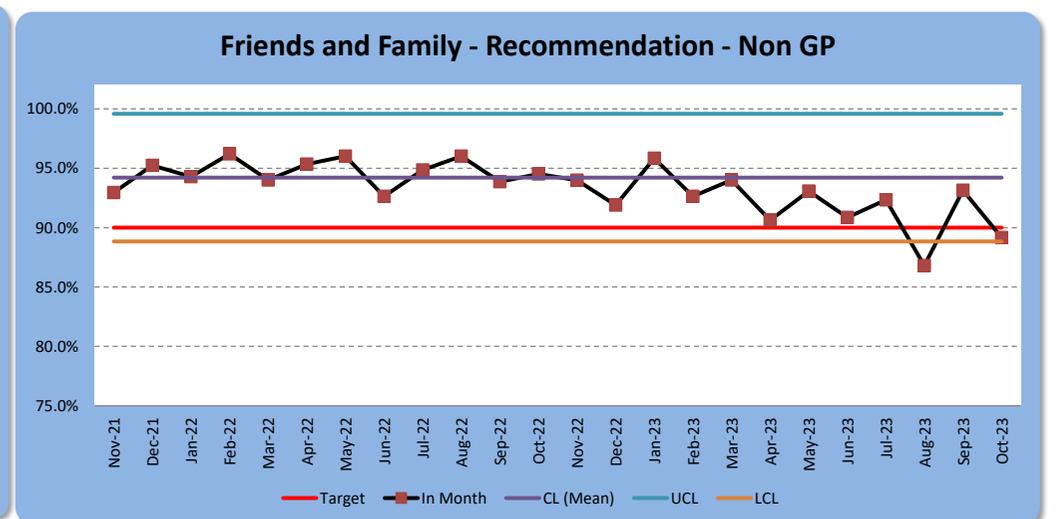
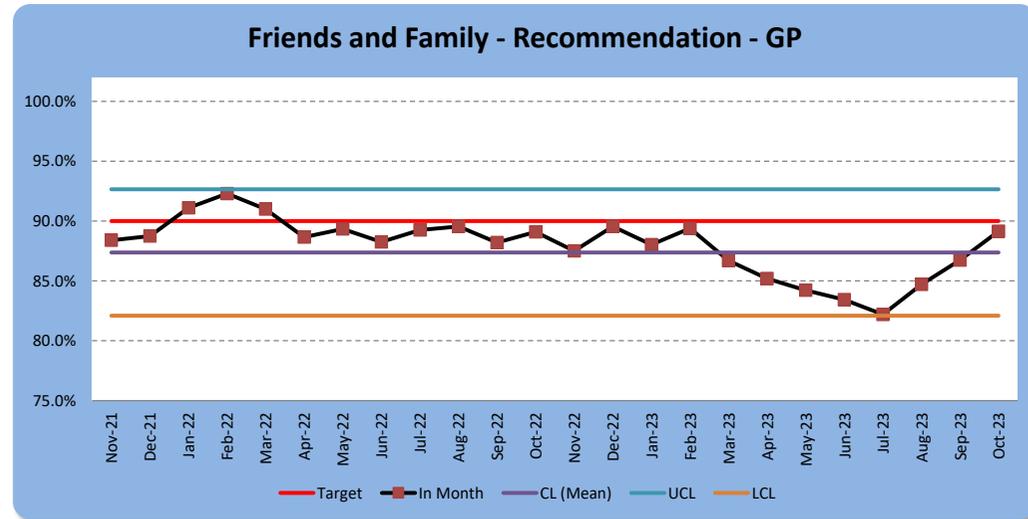
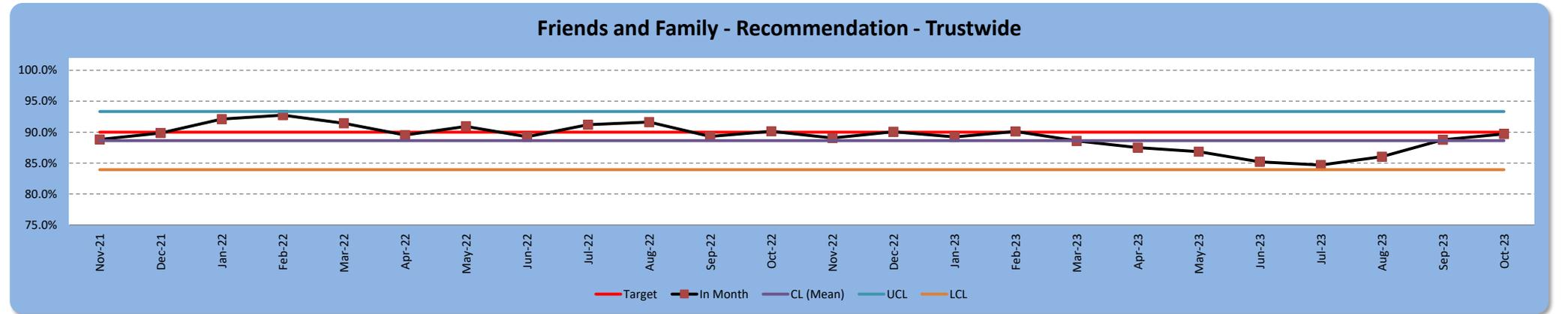
PI RETURN FORM 2023-24

Goal 1 : Innovating Quality and Patient Safety

Target:	Amber:	Current month stands at:
90%	80%	89.7%

For the period ending: **October 2023**

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Friends and Family Test	Results of the overall surveys completed where patients would recommend the Trust 's services to their family and friends	Kwame Fofie	FFT %



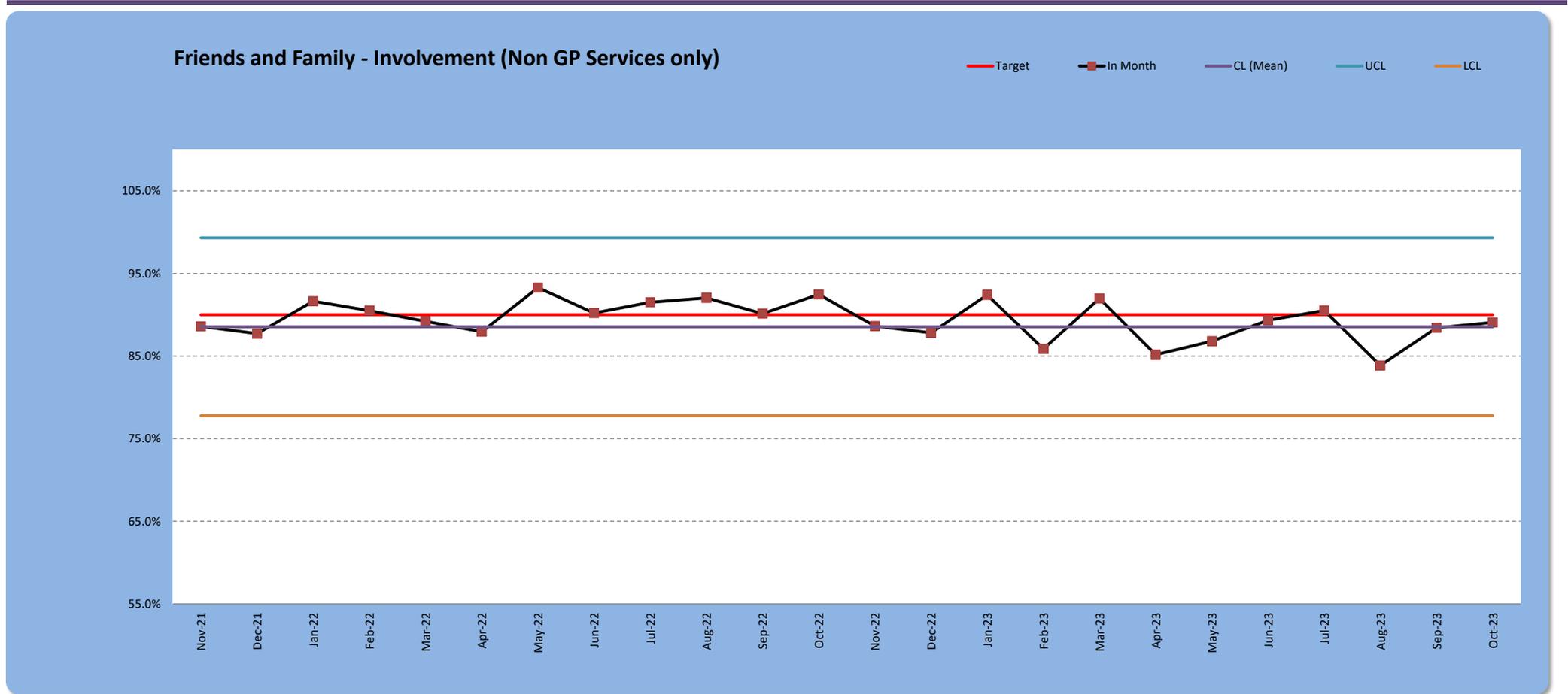
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **October 2023**

Target:	Amber:	Current month stands at:
90%	80%	89.1%

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Friends and Family Test	Results of the overall surveys completed where patients felt they were involved in their care	Kwame Fofie	CA 3c %



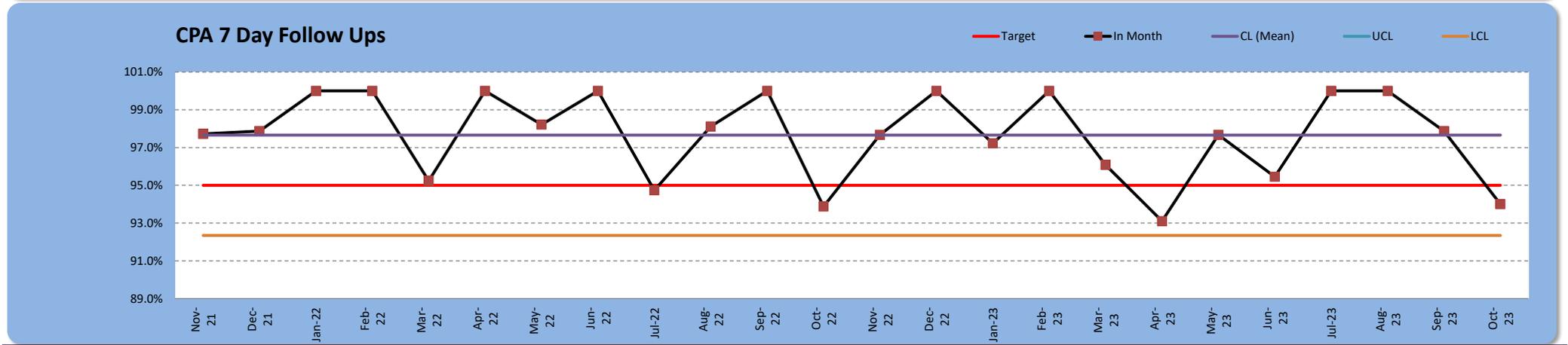
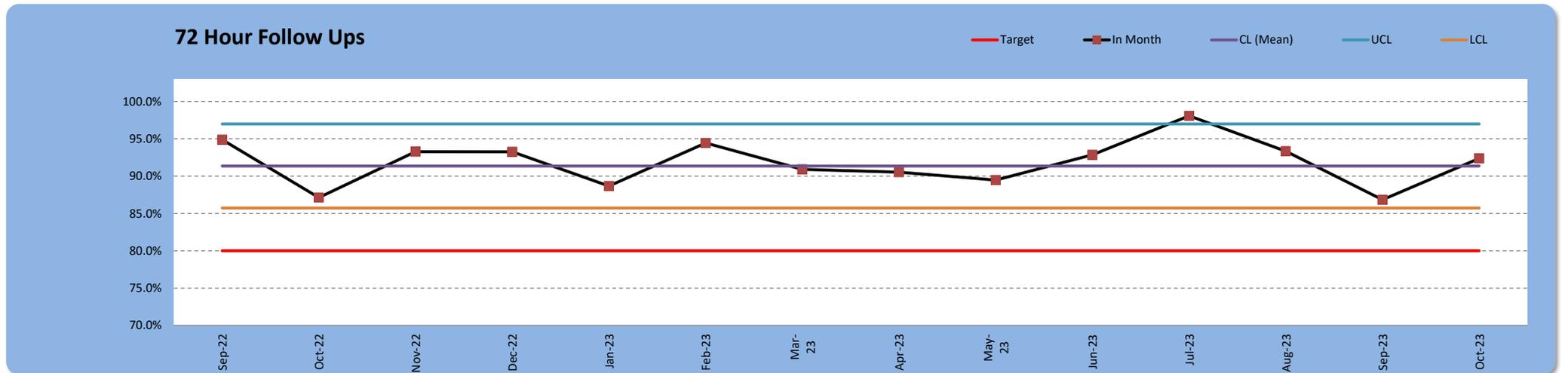
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **October 2023**

Target:	Amber:	Current month for 72 hour stands at:
80%	60%	92.4%

Indicator Title	Description/Rationale	Executive Lead	KPI Type
72 Hour Follow Ups	This indicator measures the percentage of patients who were in the CQUIN scope and had a follow up within 72 hours of discharge	Lynn Parkinson	OP 12



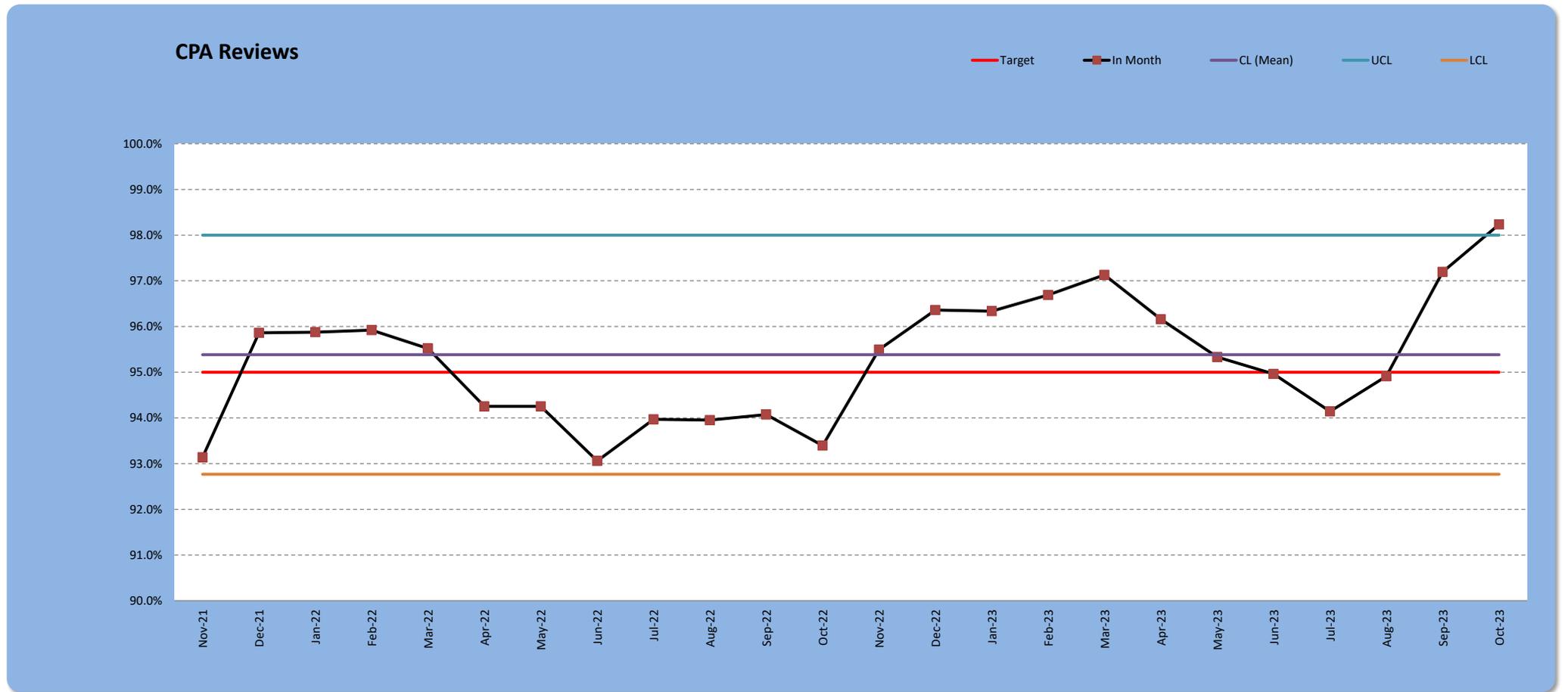
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **October 2023**

Target:	Amber:	Current month stands at:
95%	85%	98.2%

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Care Programme Reviews	This indicator measures the percentage of patients who are on CPA and have had a review in the last 12 months	Lynn Parkinson	OP 7



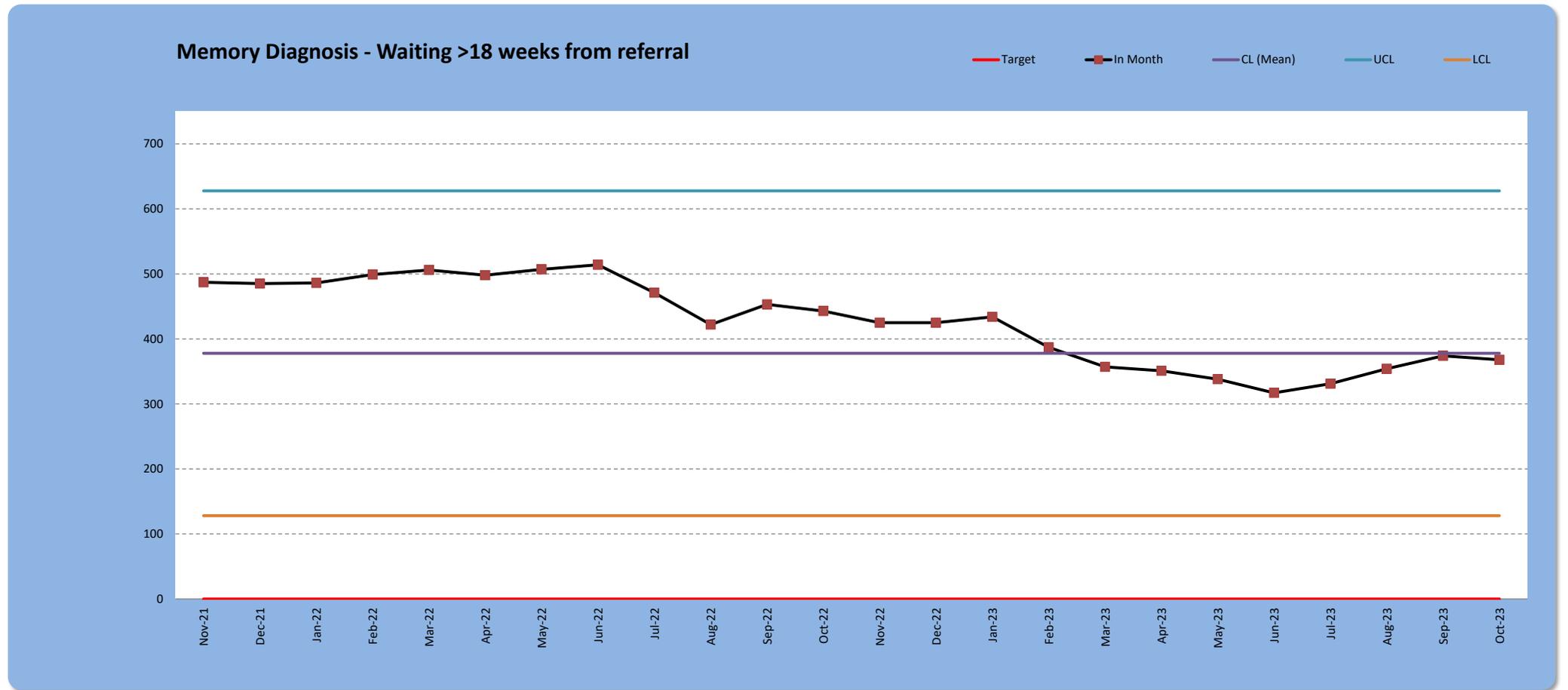
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **October 2023**

Target:	Amber:	Current month stands at:
n/a	n/a	368

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Memory Service - Assessment/Diagnosis Waiting List	Referral to Assessment/Diagnosis Waiting Times (Incomplete Pathways) : The number of patients referred to the Memory Service are awaiting greater than 18 weeks for assessment and/or feedback of diagnosis.	Lynn Parkinson	MemAssWL



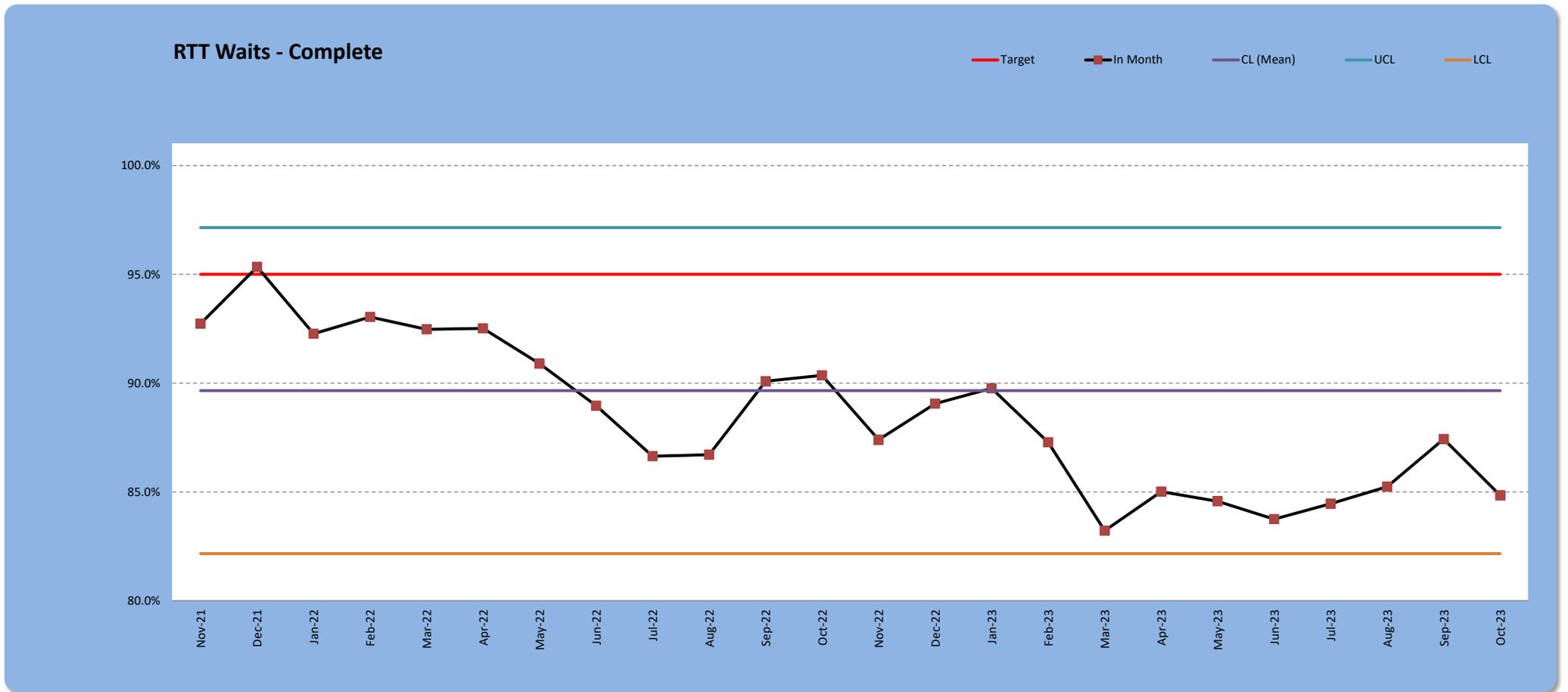
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **October 2023**

Target:	Amber:	Current month stands at:
95%	85%	84.8%

Indicator Title	Description/Rationale	Executive Lead	KPI Type
RTT Experienced Waiting Times (Completed Pathways)	Referral to Treatment Experienced Waiting Times (Completed Pathways) : Based on patients who have commenced treatment during the reporting period and seen within 18 weeks	Lynn Parkinson	OP 20



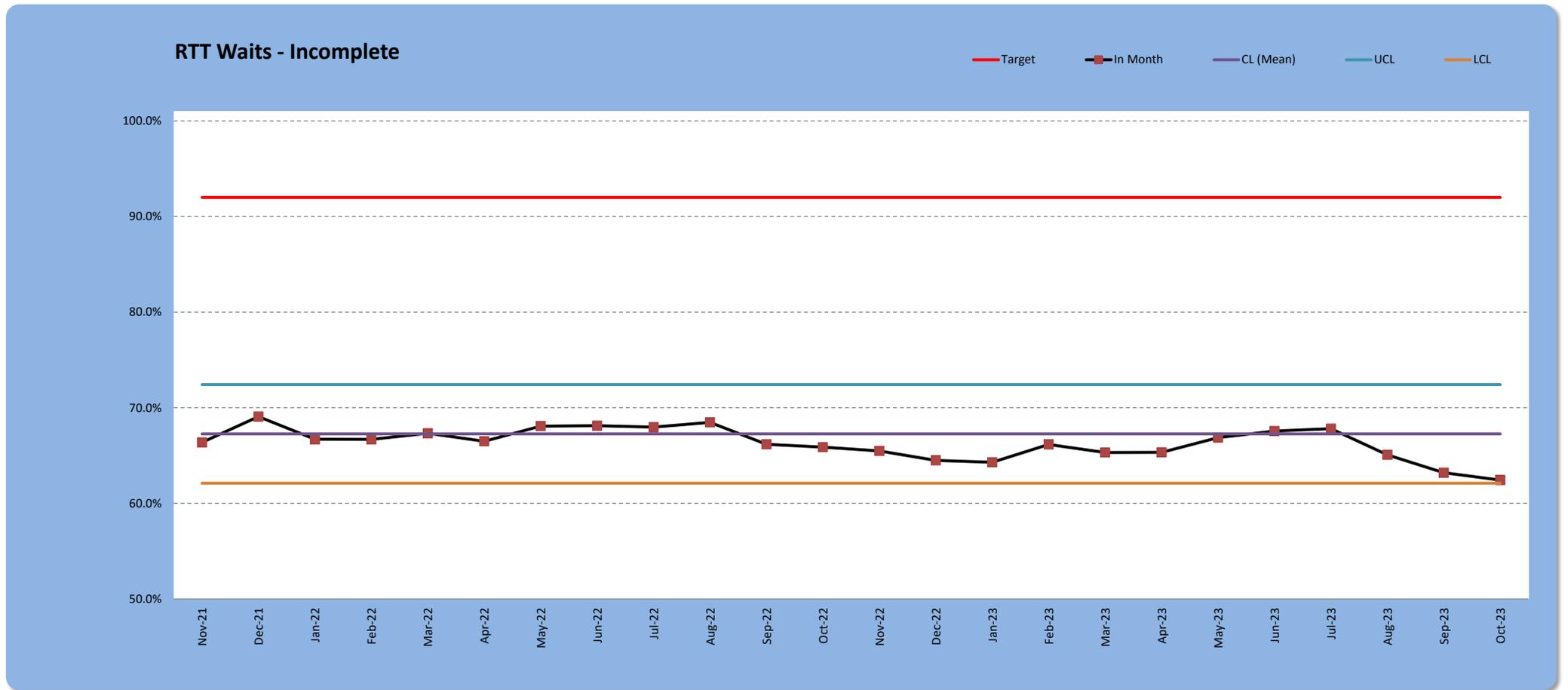
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **October 2023**

Target:	Amber:	Current month stands at:
92%	85%	62.4%

Indicator Title	Description/Rationale	Executive Lead	KPI Type
RTT Waiting Times (Incomplete Pathways)	Referral to Treatment Waiting Times (Incomplete Pathways) : Proportion of patients who have had to wait less than 18 weeks for either assessment and or treatment.	Lynn Parkinson	OP 21



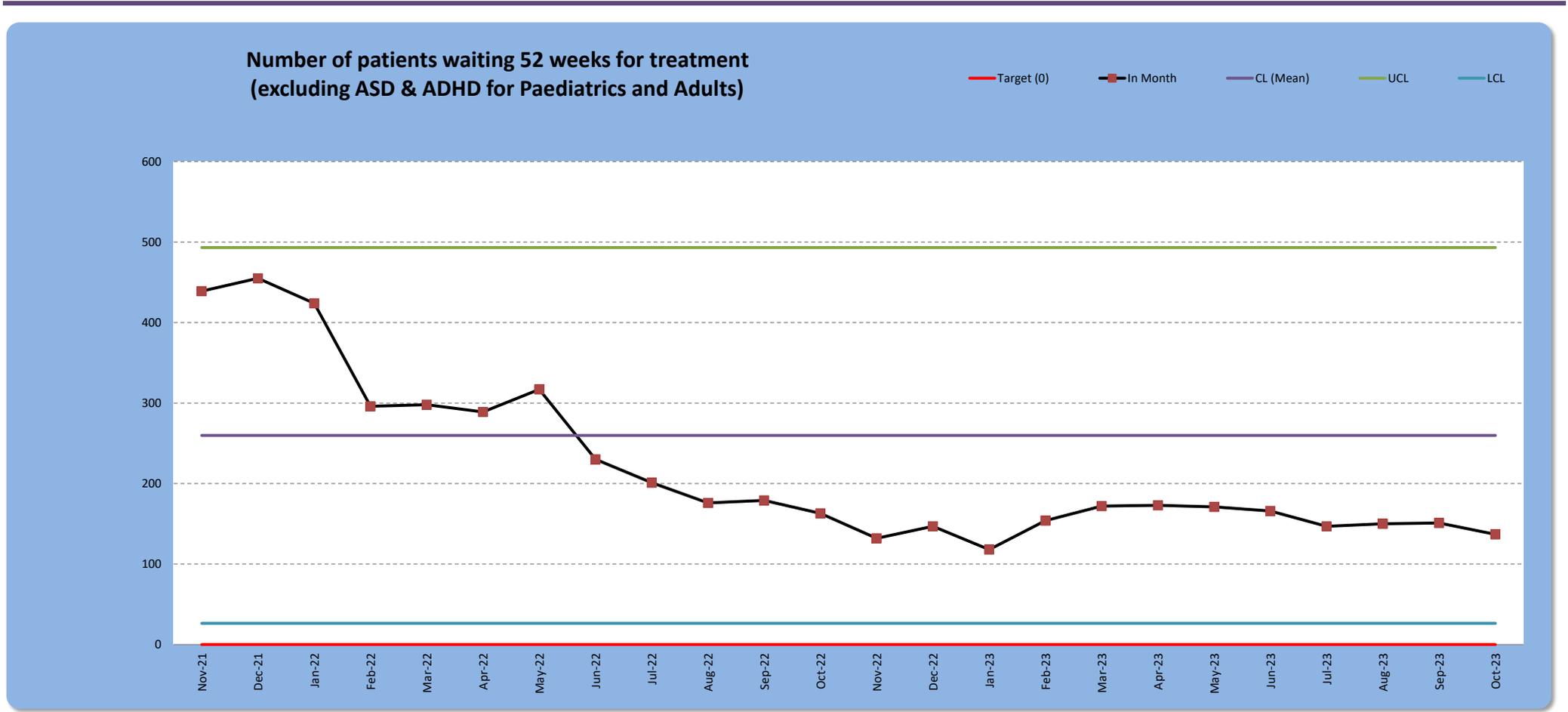
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **October 2023**

Target:	Amber:	Current month stands at:
0	0	137

Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits	Number of patients who have yet to be seen for treatment and have been waiting more than 52 weeks. <i>(Excludes ASD & ADHD Services for both Adult and Paediatrics)</i>	Lynn Parkinson	OP 22x



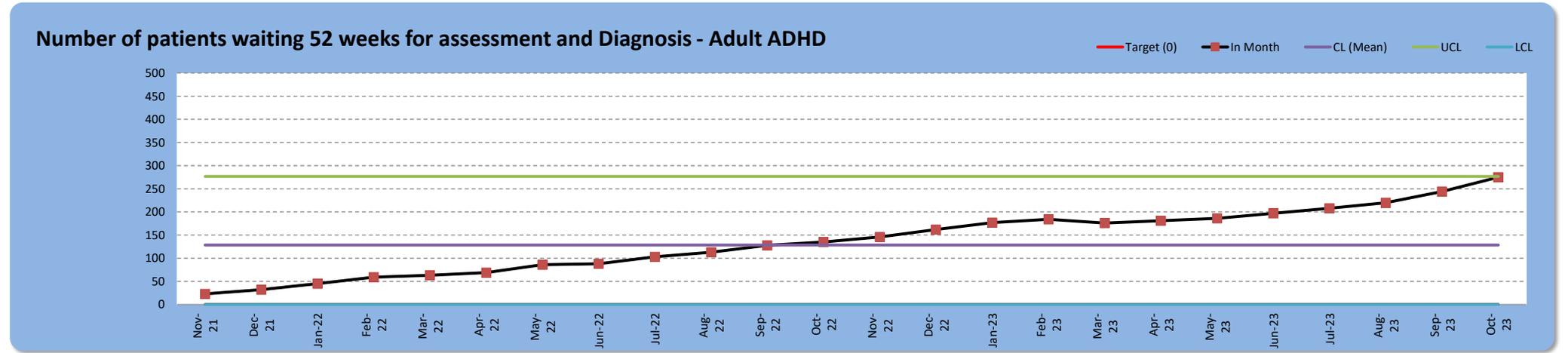
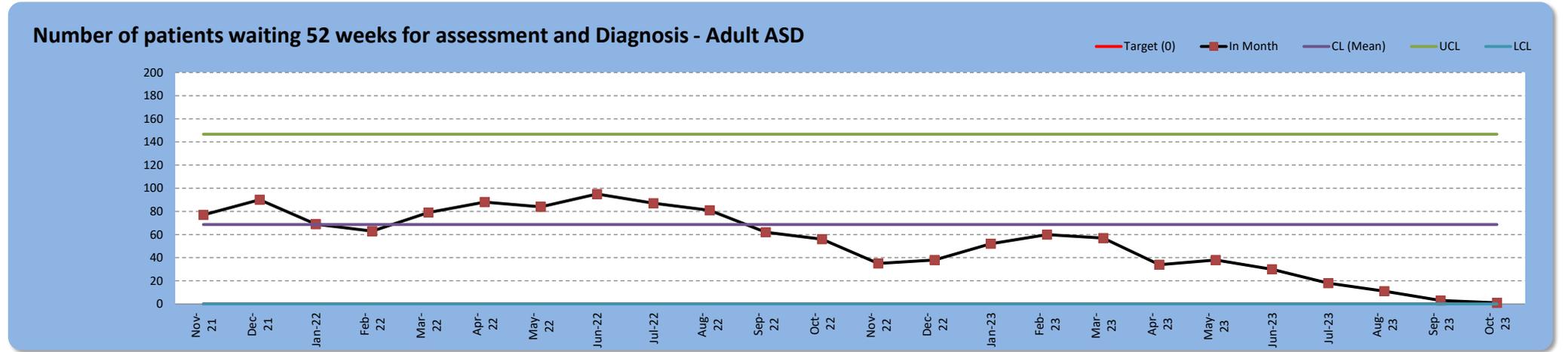
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **October 2023**

Target:	Amber:	Current month stands at:
0	0	276

Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits - Adult (18+) ASD/ADHD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service and ADHD for Adults (18+) and have been waiting more than 52 weeks	Lynn Parkinson	OP 22u



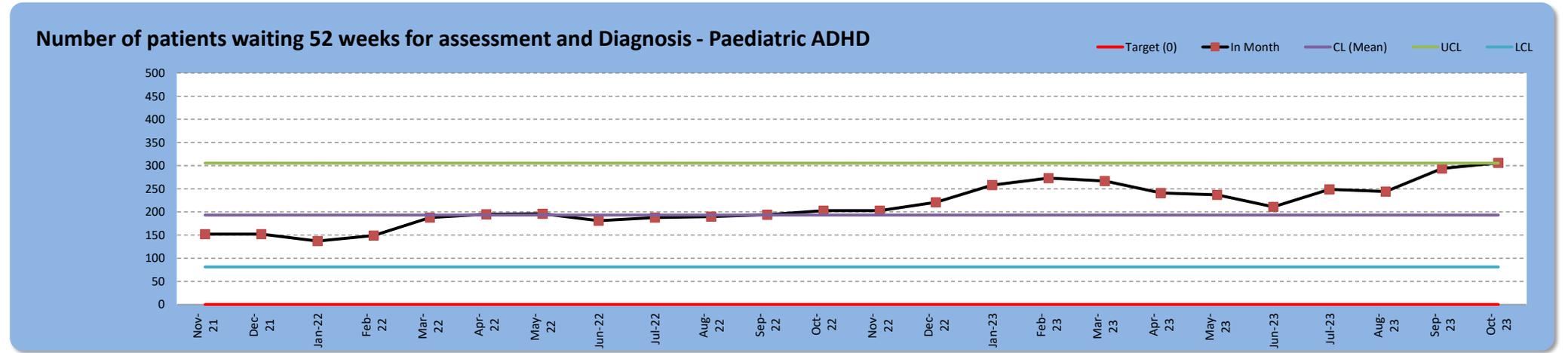
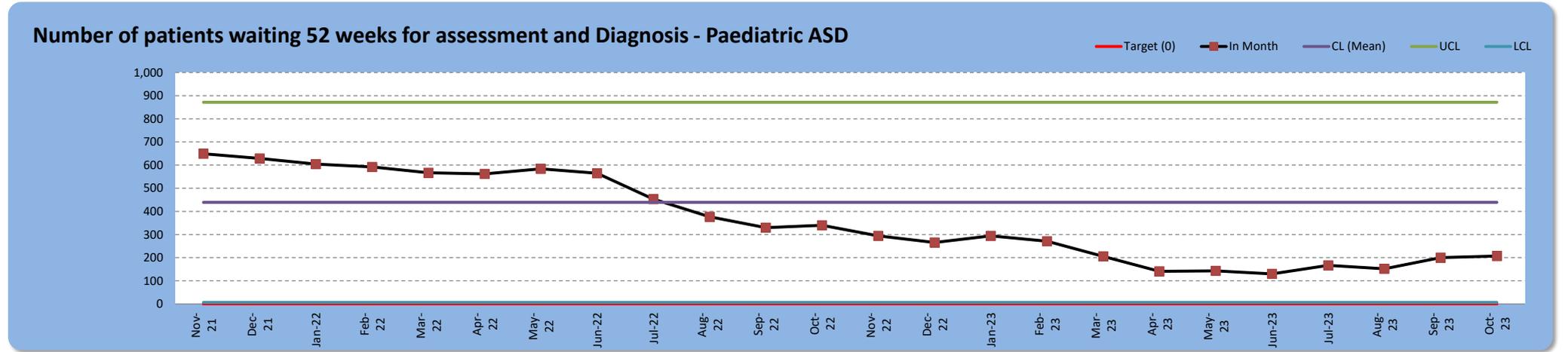
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **October 2023**

Target:	Amber:	Current month stands at:
0	0	513

Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits - Paediatric ASD/ADHD	Number of patients who have yet to be seen for assessment and diagnosis in Autism Spectrum Disorder (ASD) Service and ADHD for Children and have been waiting more than 52 weeks	Lynn Parkinson	OP 22s



PI RETURN FORM 2023-24

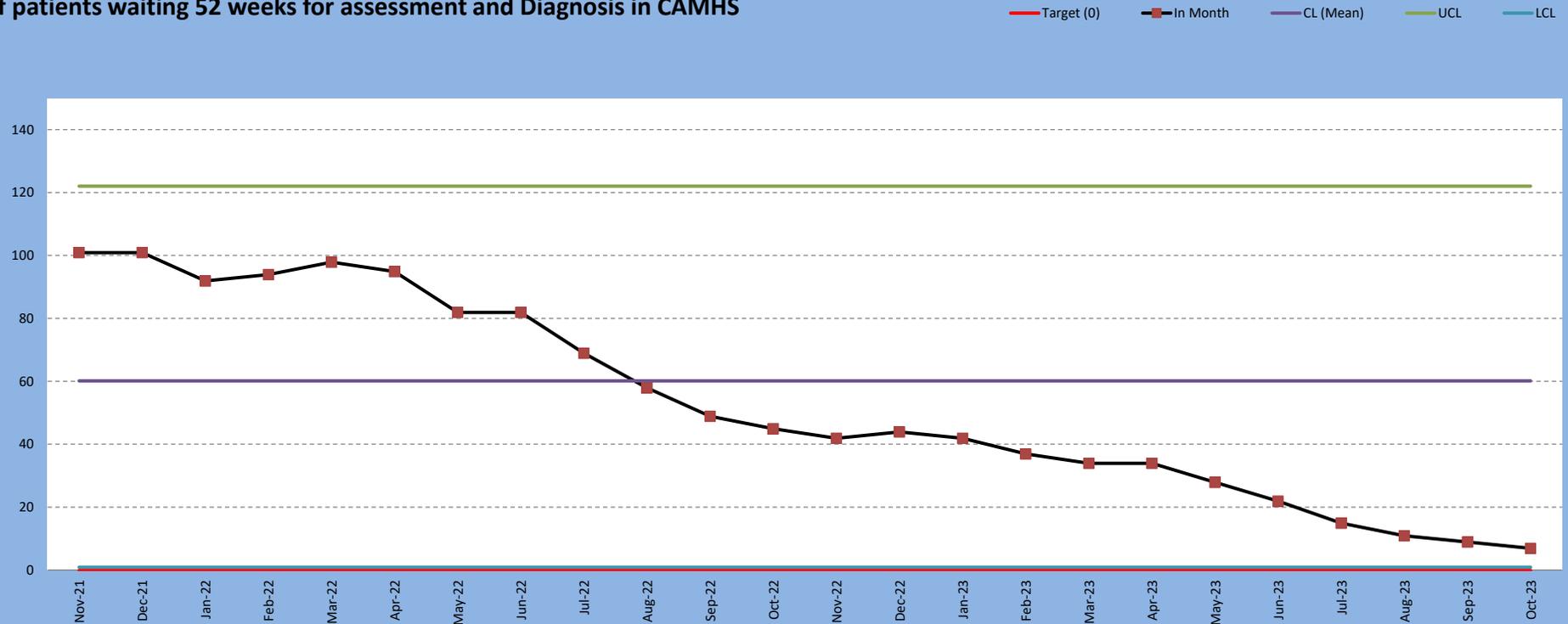
Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **October 2023**

Target:	Amber:	Current month stands at:
0	0	7

Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits - CAMHS	Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks (excluding paediatric ASD/ADHD)	Lynn Parkinson	OP 22j

Number of patients waiting 52 weeks for assessment and Diagnosis in CAMHS



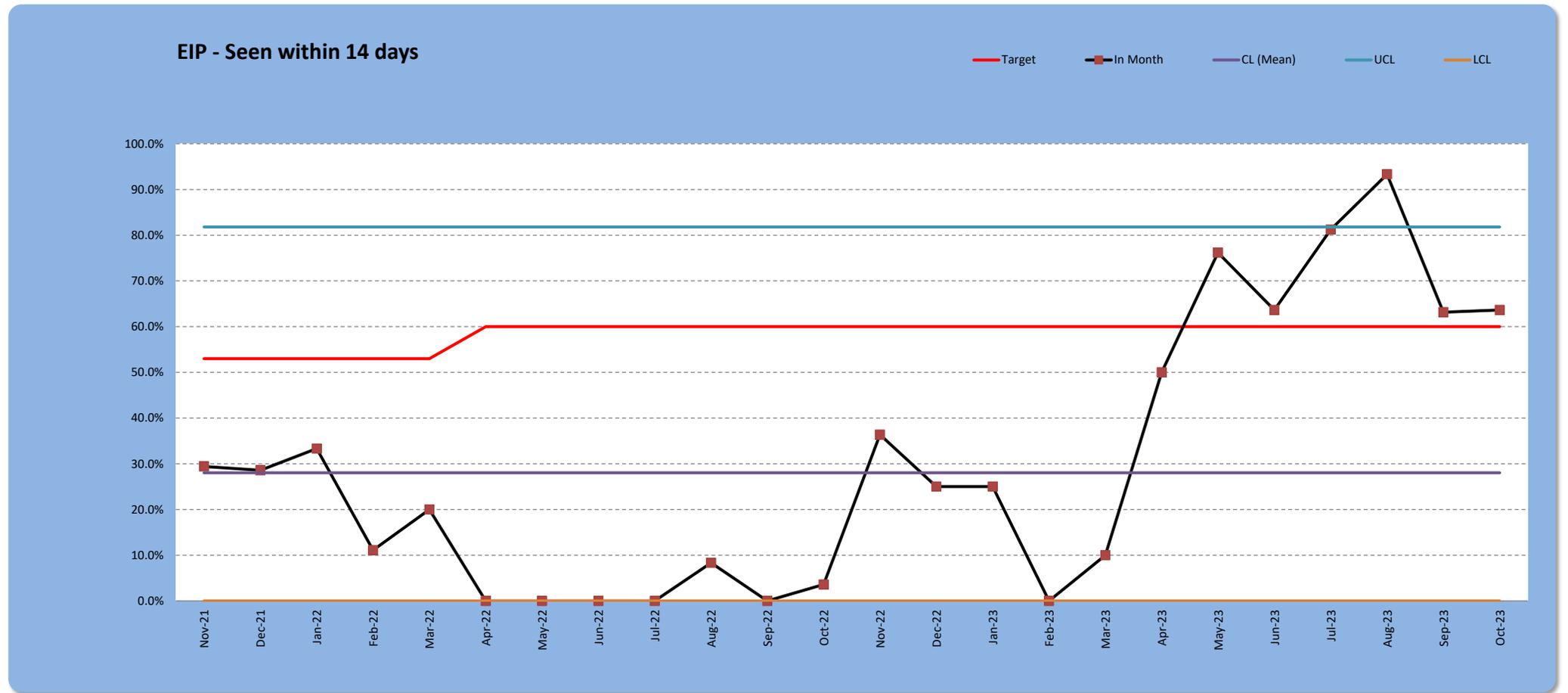
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **October 2023**

Target:	Amber:	Current month stands at:
60%	55%	63.6%

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Early Intervention in Psychosis	Percentage of patients who were seen within two weeks of referral	Lynn Parkinson	OP 9



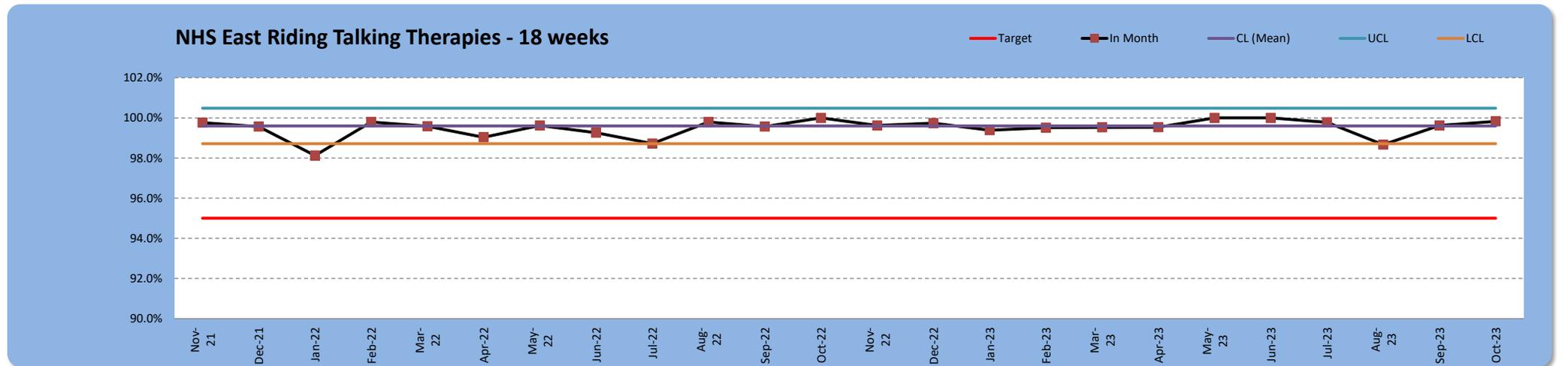
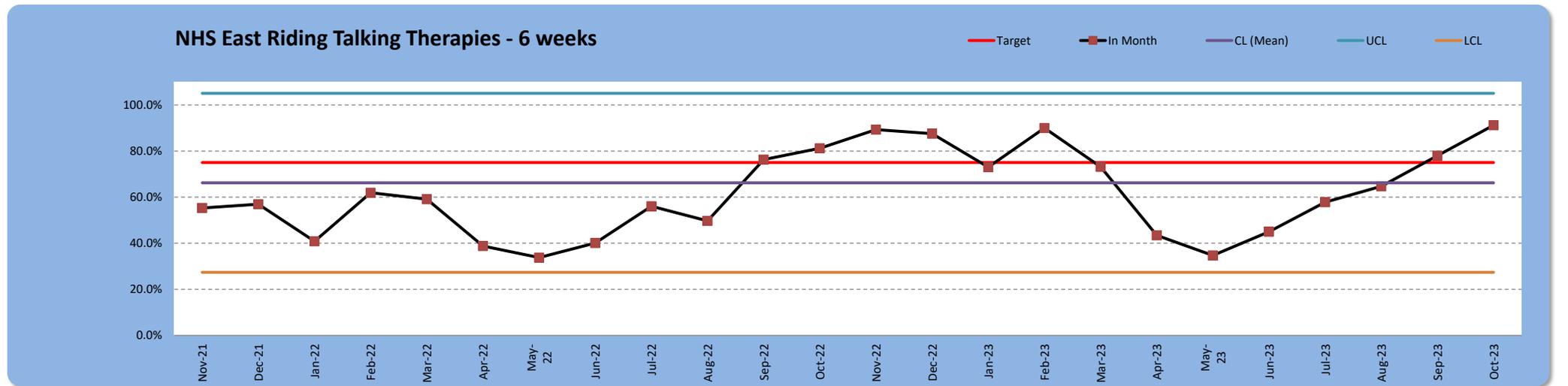
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **October 2023**

		Current month			Current month
		6 weeks stands			18 weeks
Target:	Amber:	at:	Target:	Amber:	stands at:
75%	70%	91.2%	95%	85%	99.8%

Indicator Title	Description/Rationale	Executive Lead	KPI Type
NHS East Riding Talking Therapies	Two graphs to show percentage of patients who were seen within 6 weeks and 18 weeks of referral (East Riding)	Lynn Parkinson	OP 10a



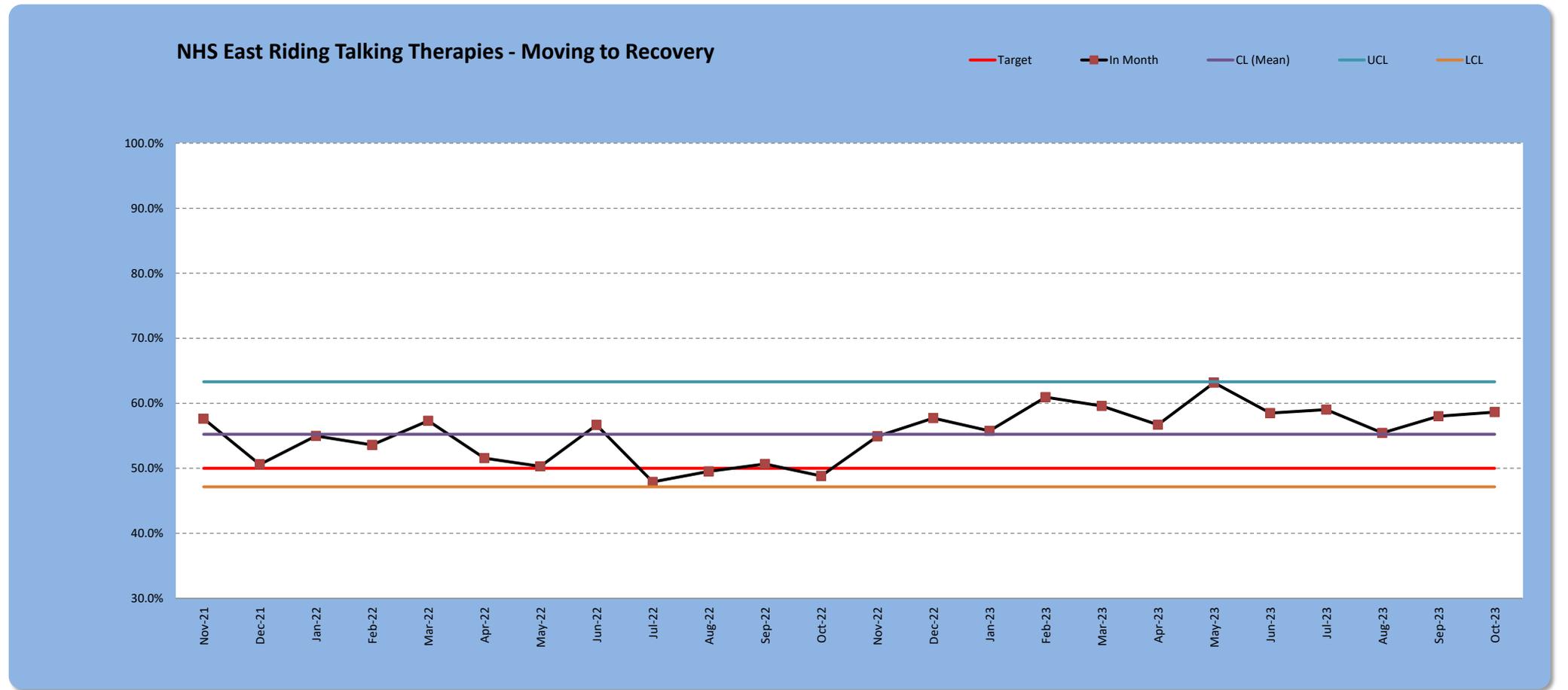
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **October 2023**

Target:	Amber:	Current month stands at:
50%	45%	58.6%

Indicator Title	Description/Rationale	Executive Lead	KPI Type
NHS East Riding Talking Therapies	This indicator measures the Recovery Rates for patients who were at caseness at start of therapeutic intervention (East Riding)	Lynn Parkinson	OP 11



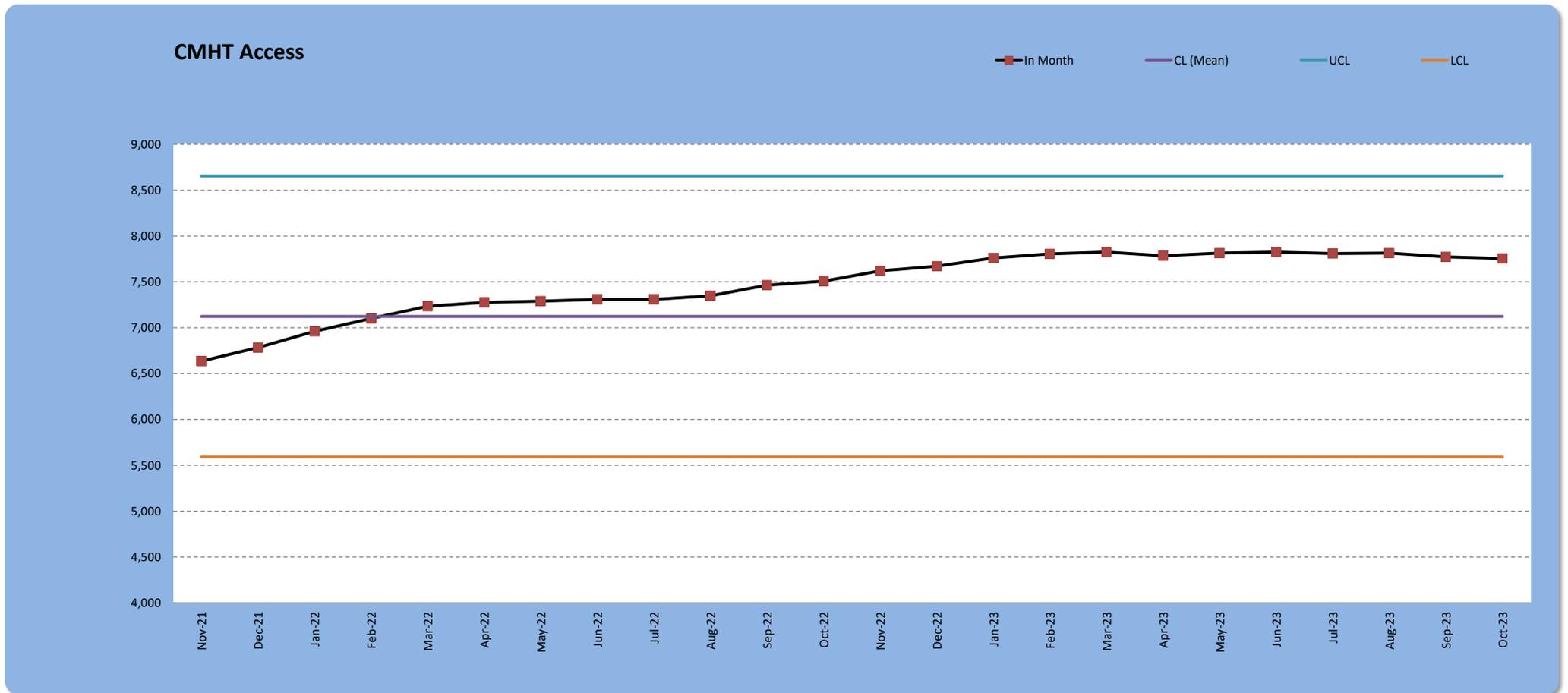
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **October 2023**

Target:	Amber:	Current month stands at:
TBC	TBC	7756

Indicator Title	Description/Rationale	Executive Lead	KPI Type
CMHT Access	Number of people who receive two or more contacts from NHS or NHS commissioned community mental health services for adults and older adults with severe mental illness. Rolling 12 months.	Lynn Parkinson	MHS108



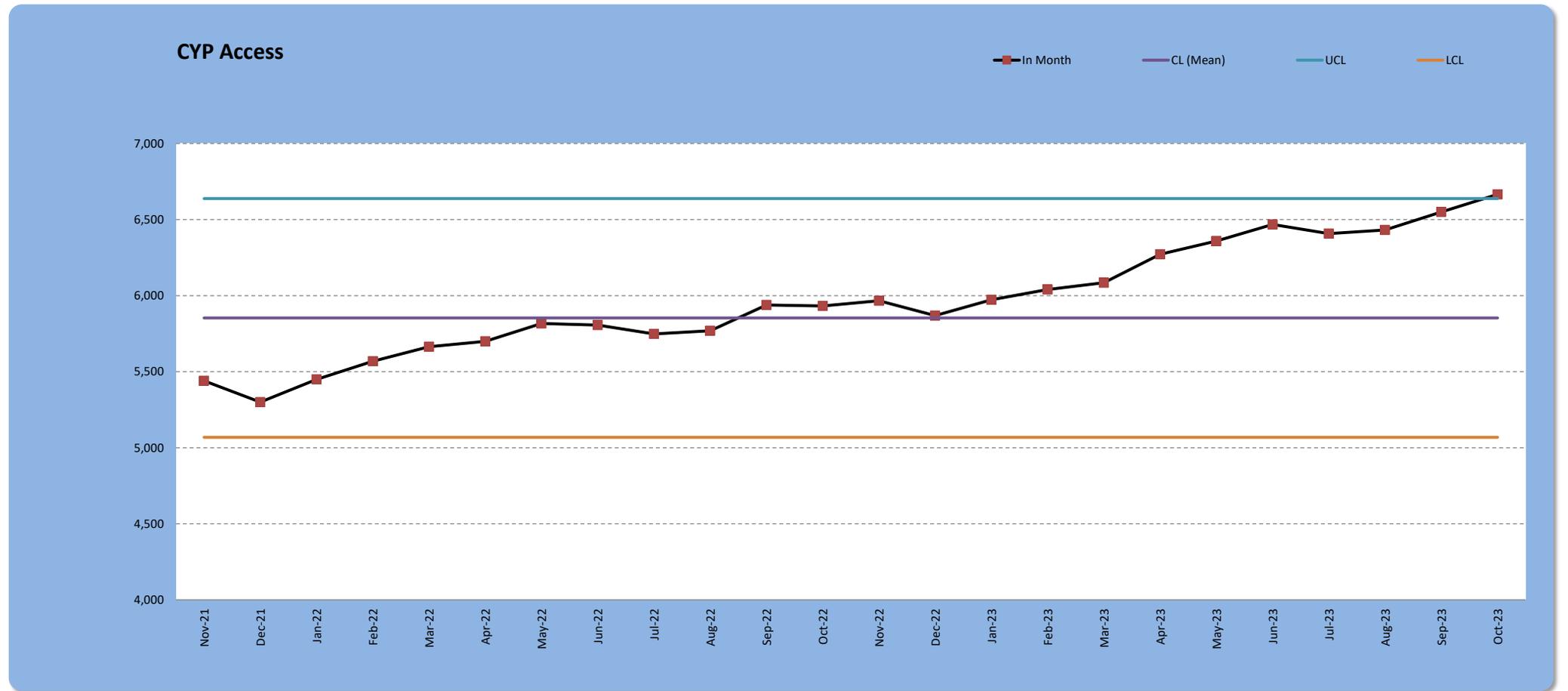
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **October 2023**

Target:	Amber:	Current month stands at:
TBC	TBC	6666

Indicator Title	Description/Rationale	Executive Lead	KPI Type
CYP MH Access	Number of CYP aged under 18 accessing support by NHS funded community services and school or college based Mental Health Support Teams (receiving at least one contact). Rolling 12 months.	Lynn Parkinson	MHS95



PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

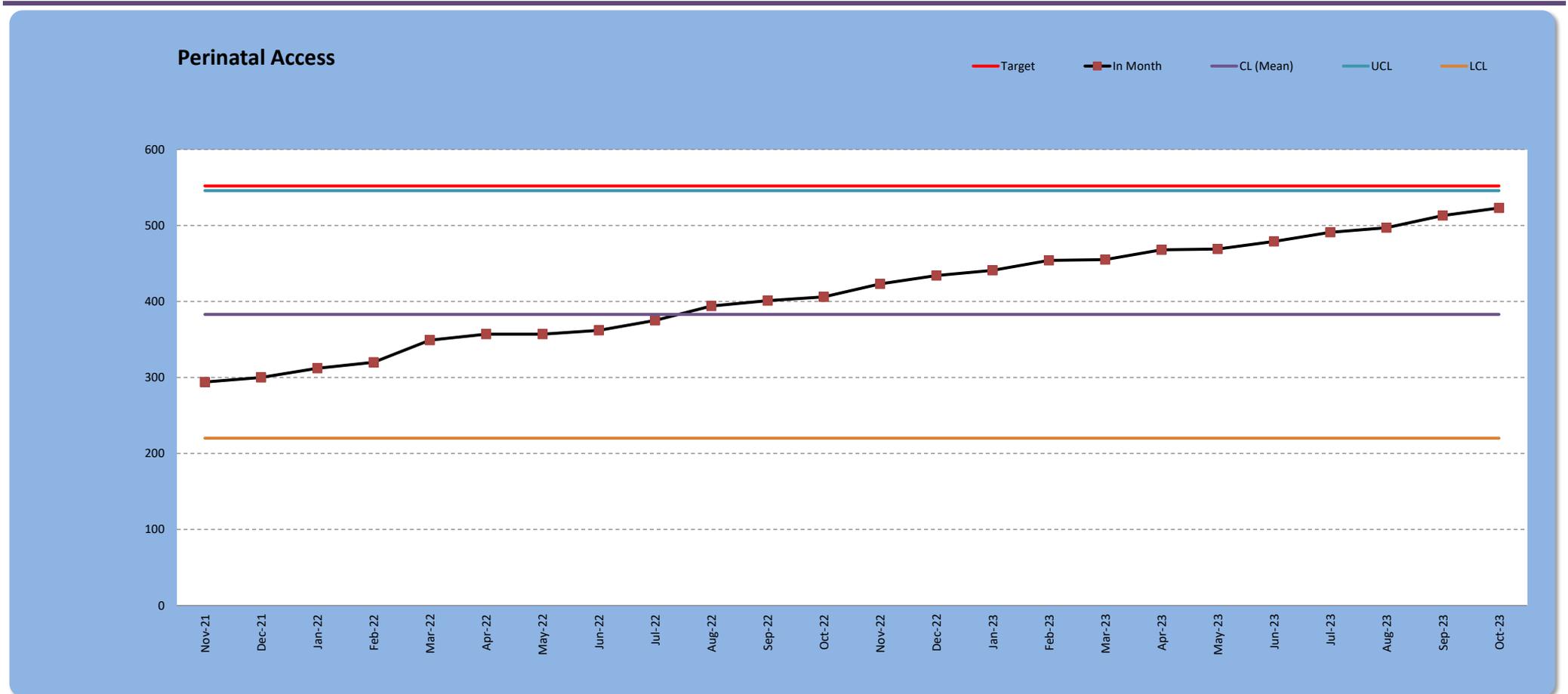
For the period ending: **October 2023**

Target:	Amber:	Current month stands at:
TBC	TBC	523

Indicator Title	Description/Rationale
Perinatal Access - rolling 12 months	Number of women with at least one attended contact (F2F or video) with a specialist community perinatal mental health service in the last 12 months <i>(Hull and East Riding only)</i>

Executive Lead
Lynn Parkinson

KPI Type
MHS91



PI RETURN FORM 2023-24

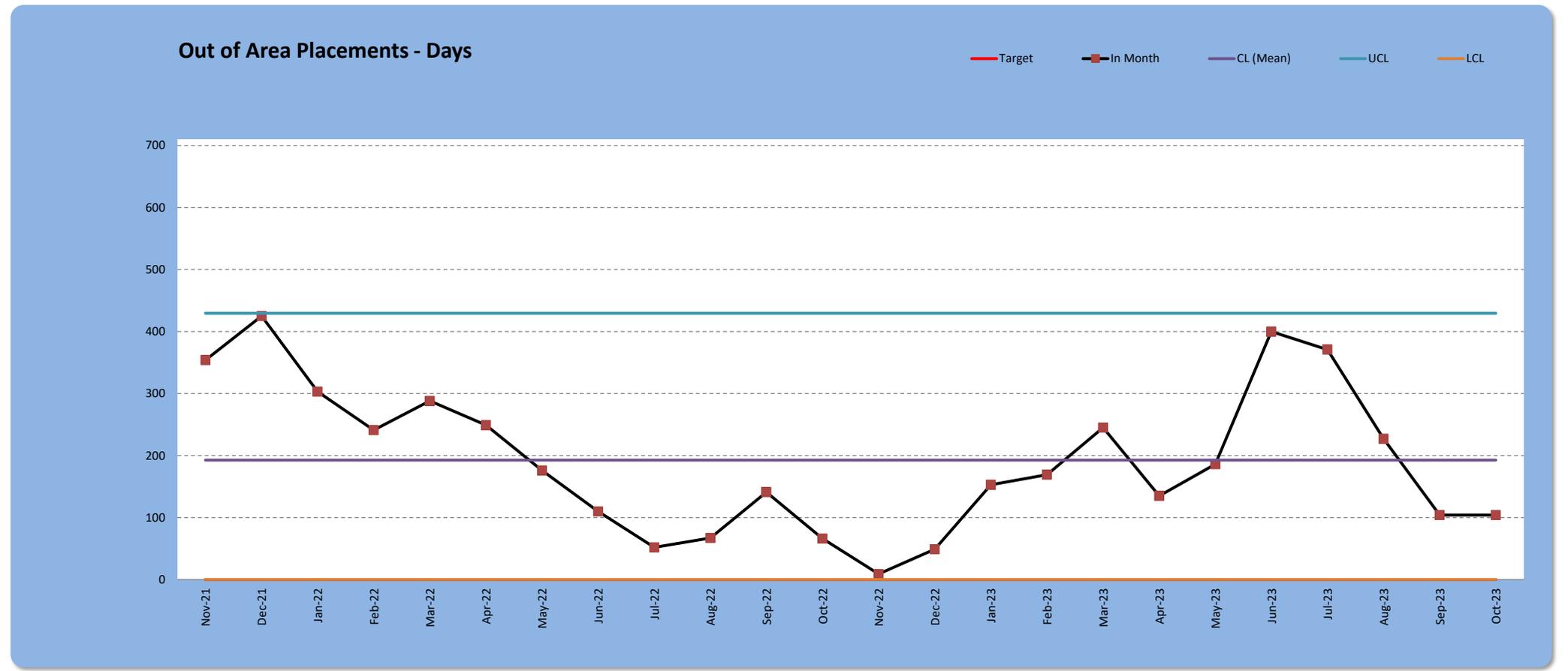
Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **October 2023**

Target:	Amber:	Patients OoA within month:
0	0	7

Split:	# days	# patients
Adult	4	1
OP	83	4
PICU	17	2

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Out of Area Placements	Number of days that Trust patients were placed in out of area wards	Lynn Parkinson	ST 4b



PI RETURN FORM 2023-24

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **October 2023**

Split for Current month:

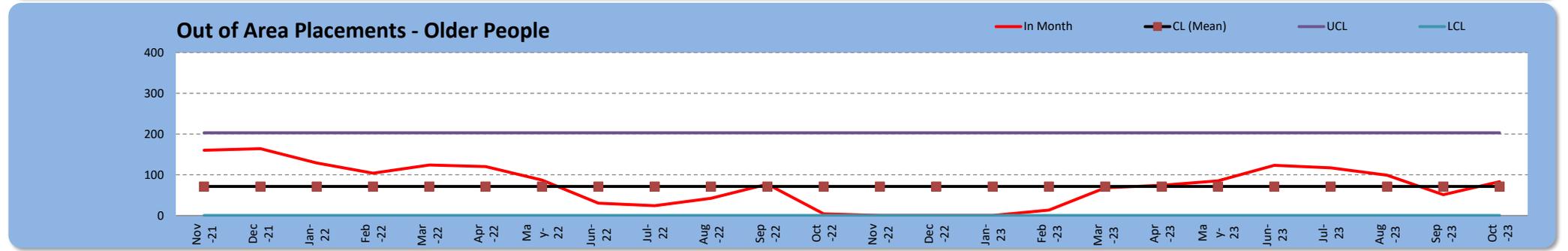
Oct-23	
4	Adult
83	OP
17	PICU
104	Total

Indicator Title	Description/Rationale
Out of Area Placements	Number of days that Trust patients were placed in out of area wards - split by service

Executive Lead
Lynn Parkinson

KPI Type

ST 4 split



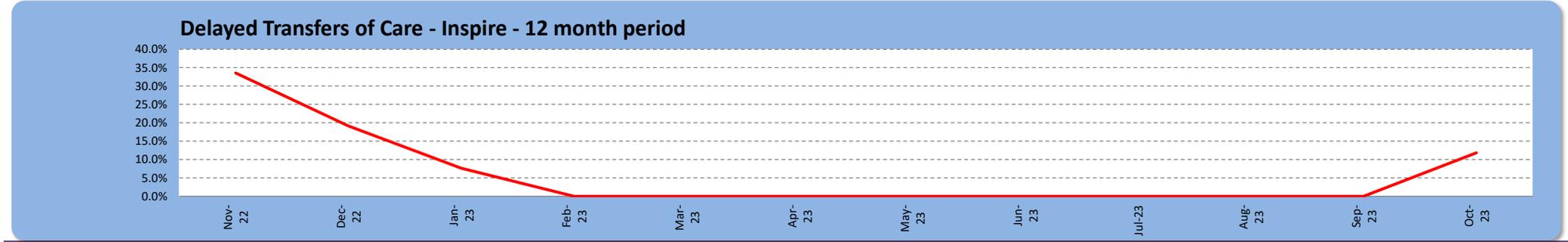
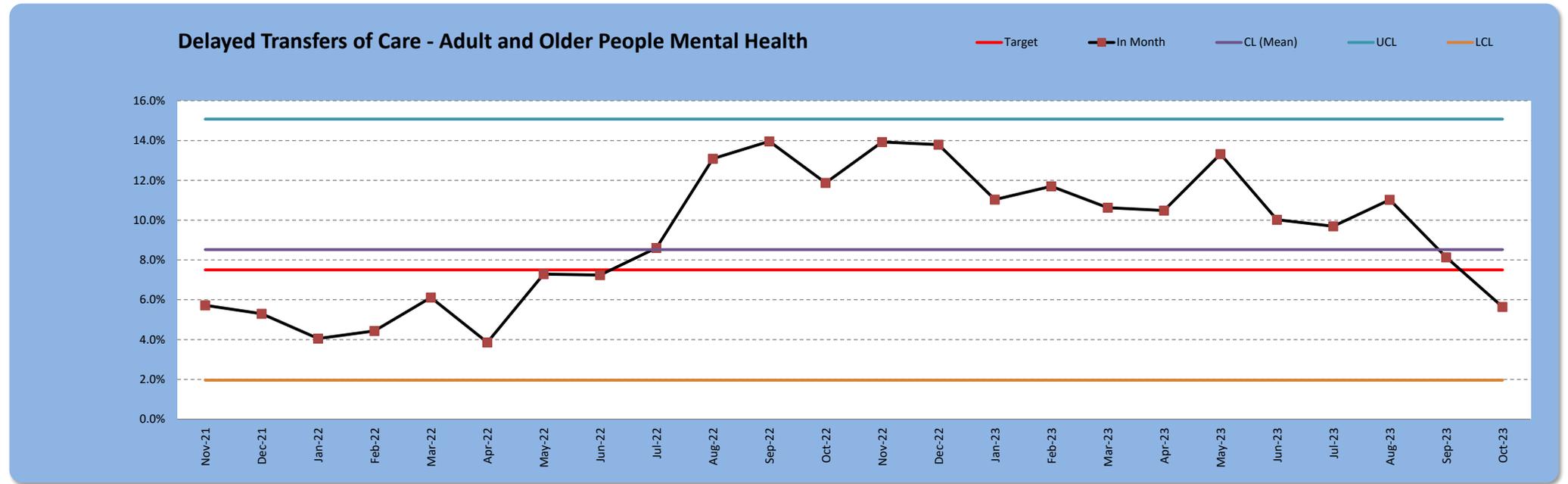
PI RETURN FORM 2023-24

Goal 3 : Fostering Integration, Partnership and Alliances

For the period ending: **October 2023**

Target:	Amber:	Current month stands at:
7.5%	7.0%	5.6%

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Delayed Transfers of Care	Results for the percentage of Mental Health delayed transfers of care	Lynn Parkinson	OP 14



PI RETURN FORM 2023-24

Goal 4 : Developing an Effective and Empowered Workforce

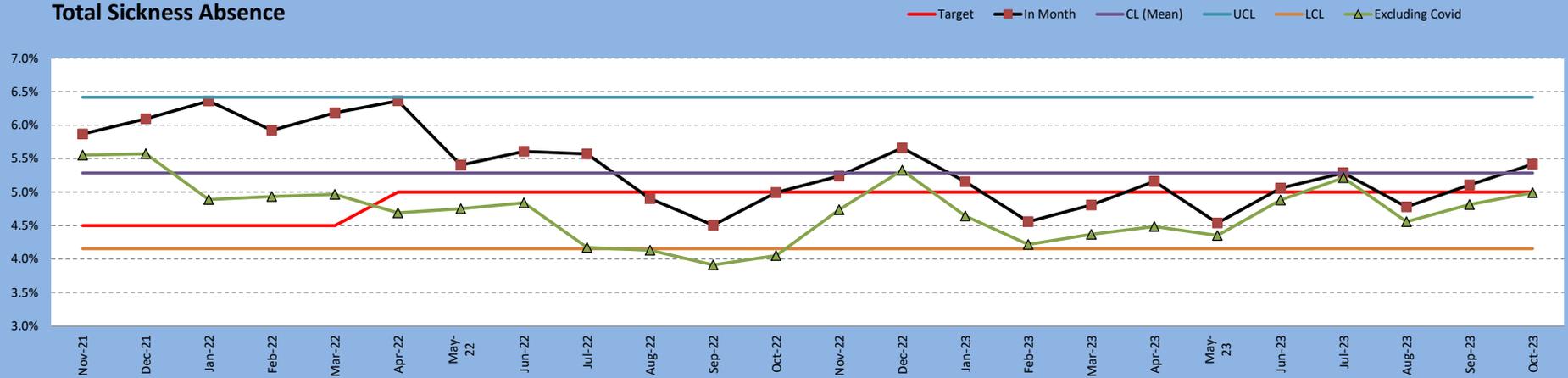
For the period ending:

October 2023

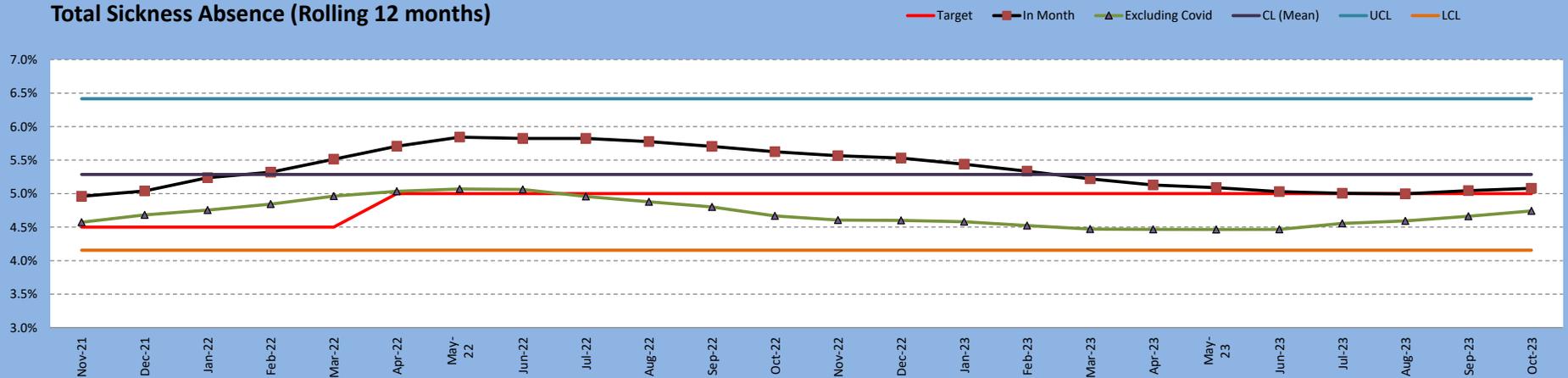
Target:	Amber:	Current month stands at:
5.0%	5.2%	5.1%

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Sickness Absence	Percentage of staff sickness across the Trust (not including bank staff). Includes current month's unvalidated data	Steve McGowan	

Total Sickness Absence



Total Sickness Absence (Rolling 12 months)



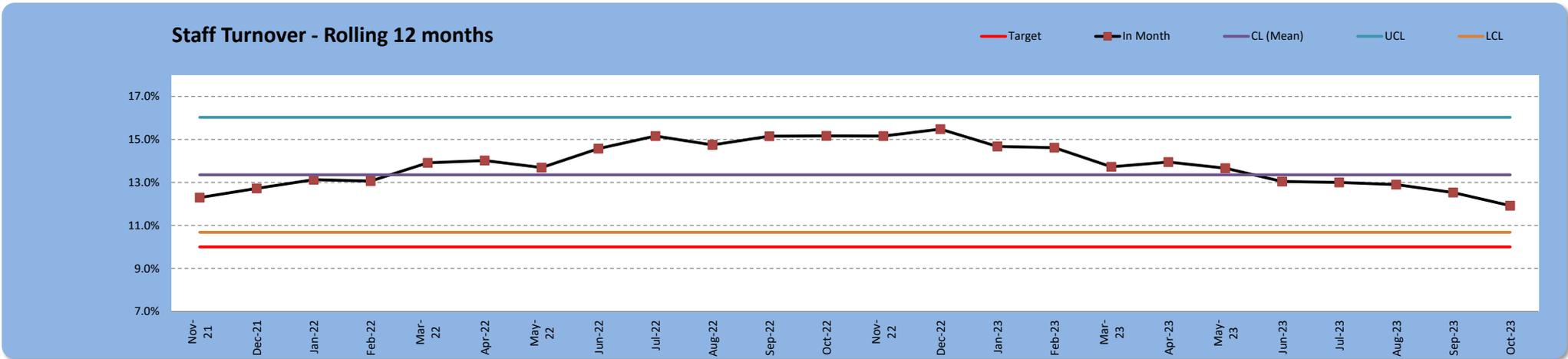
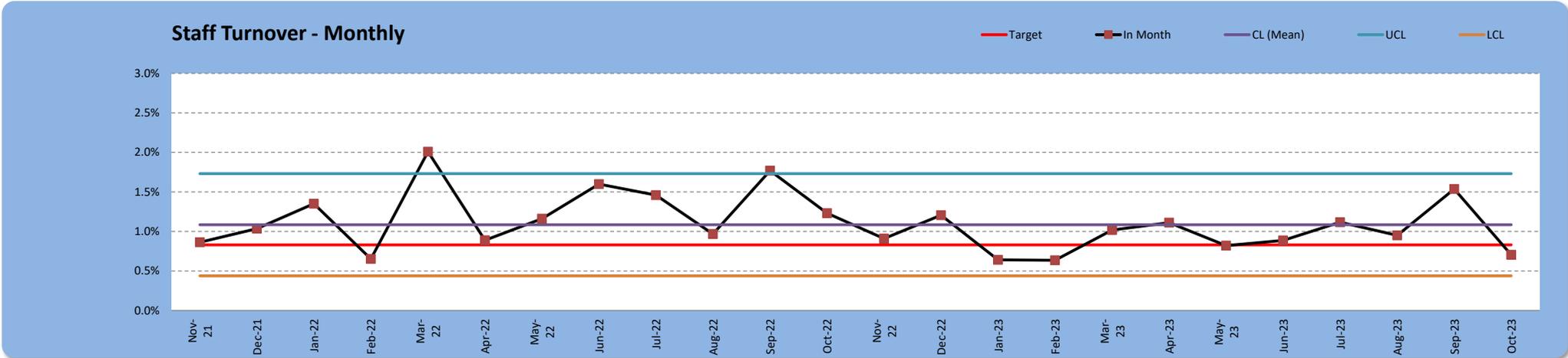
PI RETURN FORM 2023-24

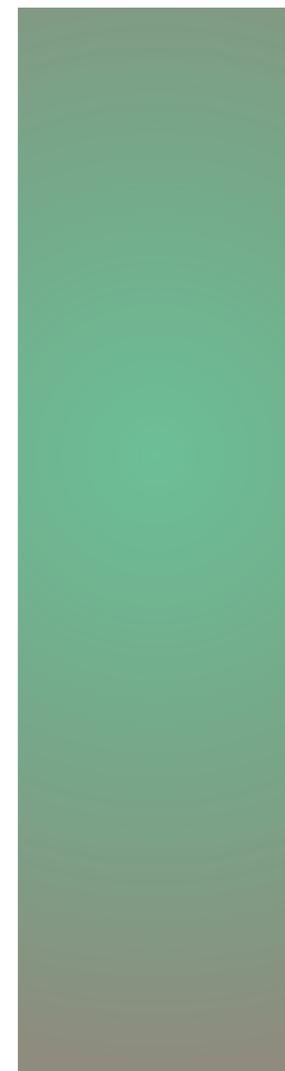
Goal 4 : Developing an Effective and Empowered Workforce

For the period ending: **October 2023**

Target: Amber:		Current month stands at:	Target: Amber:		Rolling figure stands at:
0.8%	0.7%	0.7%	10%	9%	12%

Indicator Title	Description/Rationale	Executive Lead	KPI Type
Staff Turnover	The number of full time equivalent staff leaving the Trust expressed as a percentage of the overall full time equivalent workforce employed. Leavers include resignations, dismissals, transfers (up to Mar21), retirements and staff coming to the end of temporary contracts. It doesn't include junior doctors on rotation. Employee Transfers Out are excluded	Steve McGowan	WL 3 TOM Exc TUPE





Executive Team:

Chief Executive: Michele Moran

Chair: Caroline Flint

Chief Operating Officer: Lynn Parkinson

Director of Finance: Peter Beckwith

Director of Workforce and Organisational Development: Steve McGowan

Medical Director: Kwame Fofie

Director of Nursing: Hilary Gledhill

Issue Date: 16/11/2023

Appendix B

Waiting Time Recovery – Overview of Q1 and Q2 Performance (23/24)

1. Introduction

The purpose of this report is to provide an update of the Trust's performance against waiting times, identifying areas of pressure and to update on progress of the recovery plans in place.

The areas of focus are aligned with the Trust Performance Report:

- 52 week waits (excluding ASD and ADHD for paediatrics and adults)
- 18 week incomplete
- East Riding Talking Therapies (previously IAPT)
- EIP (Early Intervention Psychosis)
- Neurodiversity:
 - Children's Autism Spectrum Disorder (ASD)
 - Children's Attention Deficit Hyperactivity Disorder (ADHD)
 - Adult's ASD
 - Adult's ADHD
- Core CAMHS
- Memory Assessment Services (MAS)

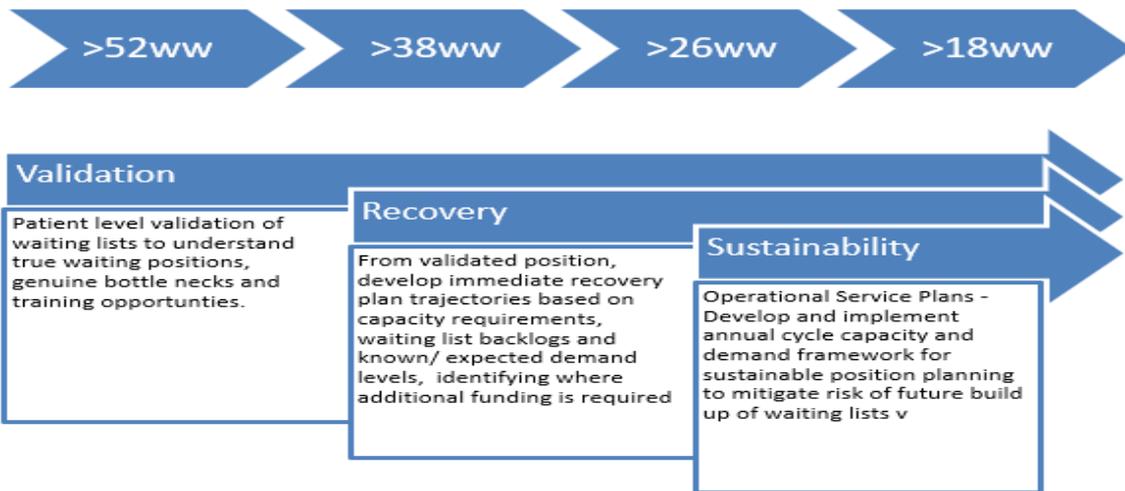
Performance and Recovery Plans are monitored and reviewed regularly via the Operational Delivery Group (ODG), Patient Care Performance and Accountability Reviews and the Executive Management Team (EMT).

2. Approach

The overall performance focus remains on bringing all services in line with nationally mandated and locally agreed standards as well as to continue to work with services and the ICB where this is unachievable due to demand outweighing funded capacity.

Due to the number of patients currently waiting longer than 18wks, the monitoring approach remains the same and will be an ongoing commitment.

Waiting Time Recovery – Overview of Q1 and Q2 Performance (23/24)



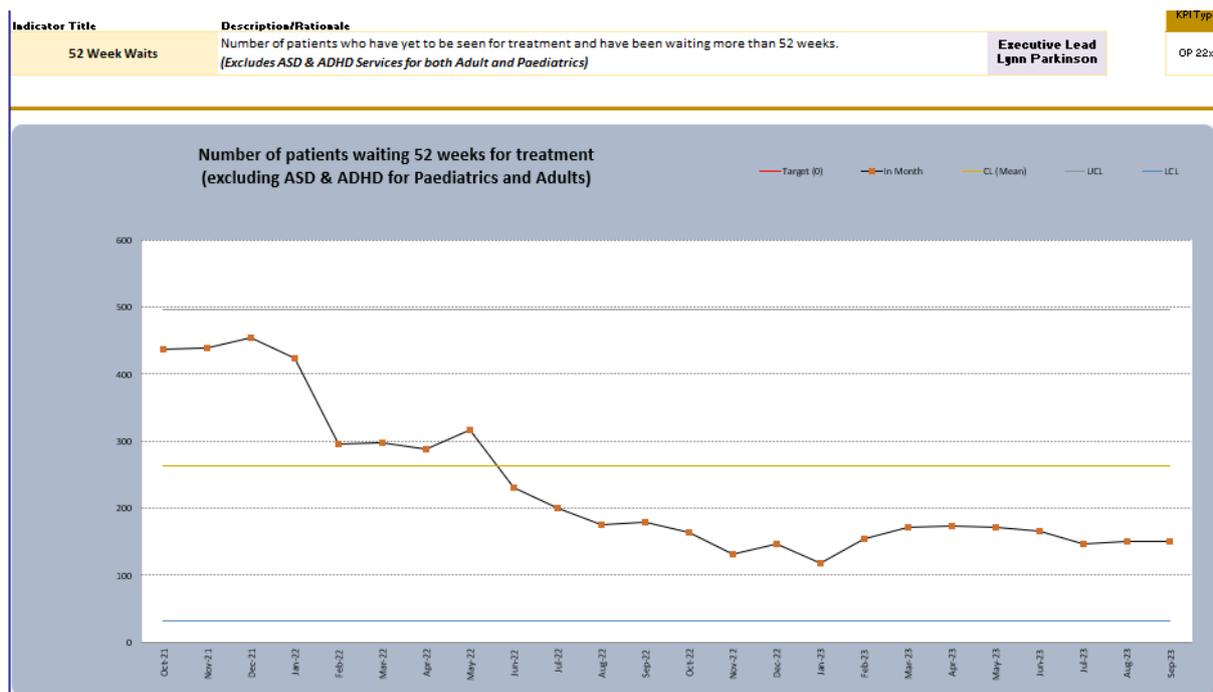
3. Service Areas/Performance Indicators

3.1 52 Week Waits (excluding ASD and ADHD for both paediatrics and adults)

Current Position

Since the last update, the decision has been taken to exclude ASD and ADHD for both Paediatrics and Adults from the below chart in order to monitor these separately.

From April, the position has remained stable with a slight improvement shown in June 2023. At the end of September, there were 151 patients waiting to commence treatment excluding ASD and ADHD.



The >52ww position is predominantly made up of the following (as at 12/10/23):

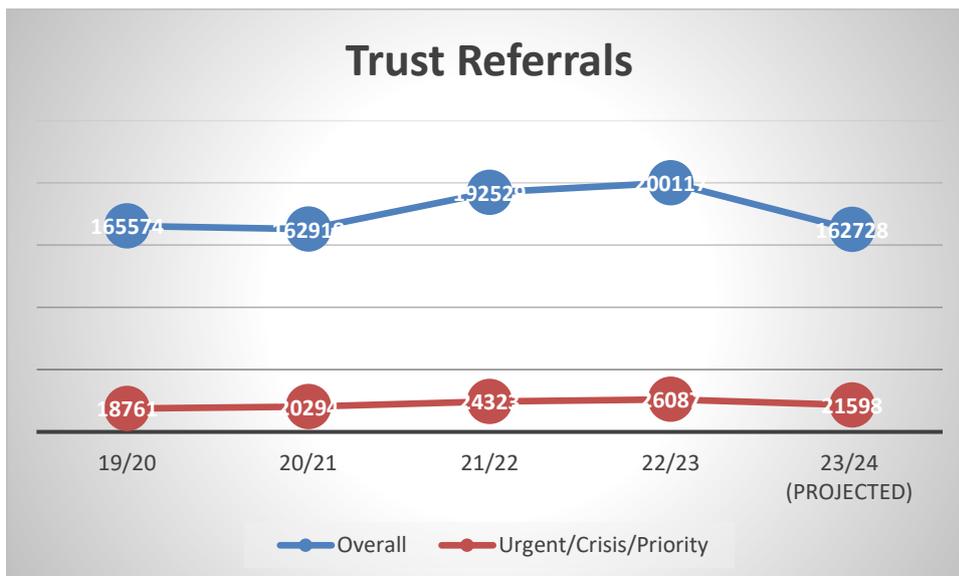
Appendix B

Waiting Time Recovery – Overview of Q1 and Q2 Performance (23/24)

Service Area	No. of patients waiting over 52weeks			Recovery Initiatives
	Q4	Q1	Q2	
CAMHS Neuro LD	24	18	23	Proposed change to delivery in development
Paediatric Community	35	48	56	Recruitment delays, expecting improvement November/December 23
Paediatric Therapy	10	20	9	Independent Provider contract mobilised
Memory Assessment Service	17	9	6	Skill mix changes
Dept of Psychological Medicine	1	6	9	C&D work to commence with Chronic Fatigue Service
Community Services	20	13	6	Recovery planning/trajectory
CAMHS	34	22	9	Proposed change to delivery in pilot
CYP Neurodiversity (Long Term Health Conditions)	27	26	19	Waiting list validation commenced, C&D work to commence

Challenges

Whilst services have been reporting post-pandemic increase in demand, raised complexity and acuity of need has continued to contribute to increased waiting times, the below suggests that the referral position may now be returning to be more in line with pre-pandemic levels overall, however, the proportional split between non-urgent and urgent referrals remains higher.



23/24 full year projection based on April 23 – September 23 levels.

Capacity and Demand analysis work is being undertaken across all services contributing to the over 52ww position in order to fully understand the impact of this in more detail. Increasing

Appendix B

Waiting Time Recovery – Overview of Q1 and Q2 Performance (23/24)

proportions of urgent referrals will continue to impact on 18ww performance where capacity does not meet demand.

Plan

Demand and Capacity analysis has been and continues to be undertaken in a number of priority areas which have been determined based on the over 52ww waiting list position and areas that are experiencing significant growth in their over 18ww waiting list positions, namely:

- Paediatric Speech and Language
- Dietetics & Structured Diabetes Education
- Community Physiotherapy
- Neurodiversity (adults and children)
- Memory Assessment Service

Productivity remains a key focus with a new KPI suite developed to support with identifying areas of focus at division, service and Individual level. BI support is essential to enable automated reporting which is drillable to all levels.

The Performance and Productivity Group which reports to the Operational Delivery Group (ODG) continues to focus and gain momentum in bringing all key elements of this work together:

- Capacity and Demand modelling via agreed methodology and timescales
- Use of service benchmarking data
- Productivity data
- Workforce and Financial Planning information
- Activity & Performance Monitoring
- Transformation and efficiency schemes

The overall objective of the Performance and Productivity Group is to oversee the development and monitoring of service level action plans to support increased productivity in order to improve waiting times and operational performance whilst maintaining quality of service provision.

3.2 RTT Complete and Incomplete (18ww standards)

The Complete standard relates to the number of patients who have commenced treatment within the reporting period within 18wks

The Incomplete standard relates to waiting times for patients waiting to start treatment at the end of each month, who are within 18wks

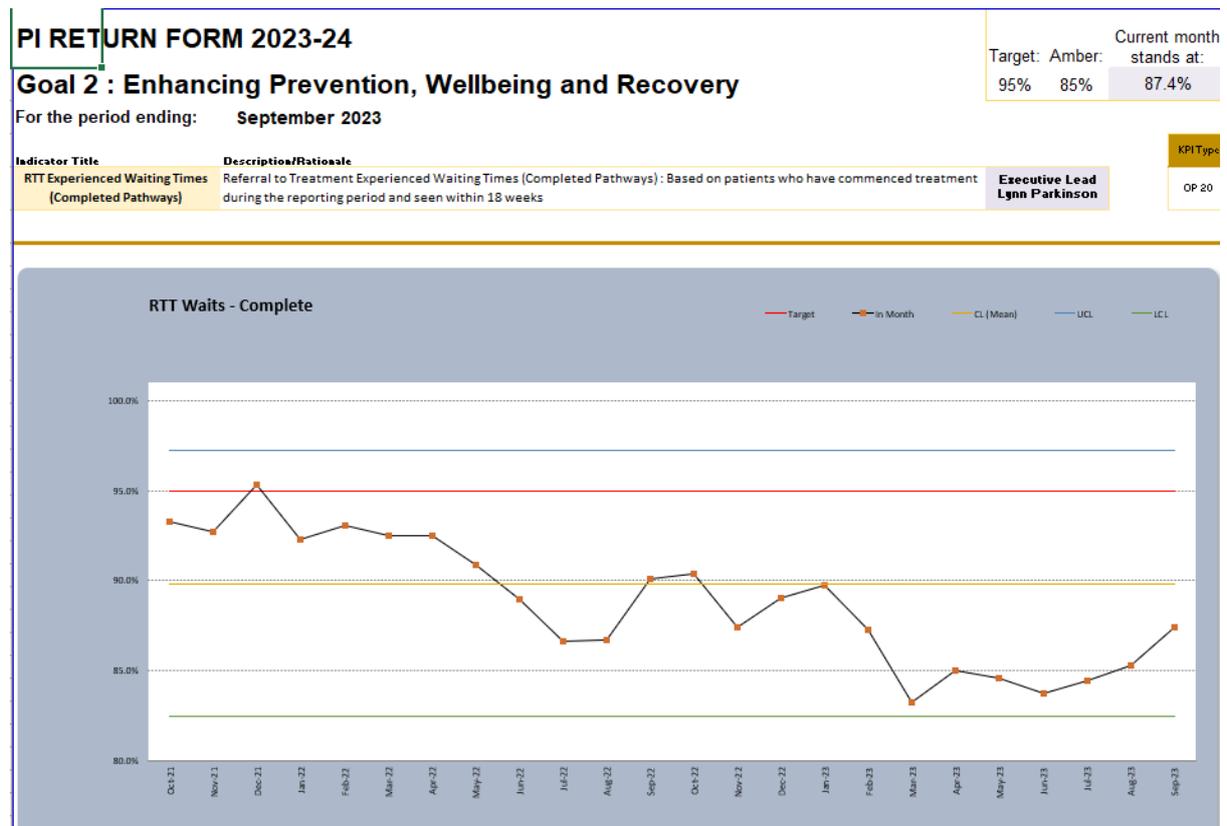
Current Position

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Waiting Time Recovery – Overview of Q1 and Q2 Performance (23/24)

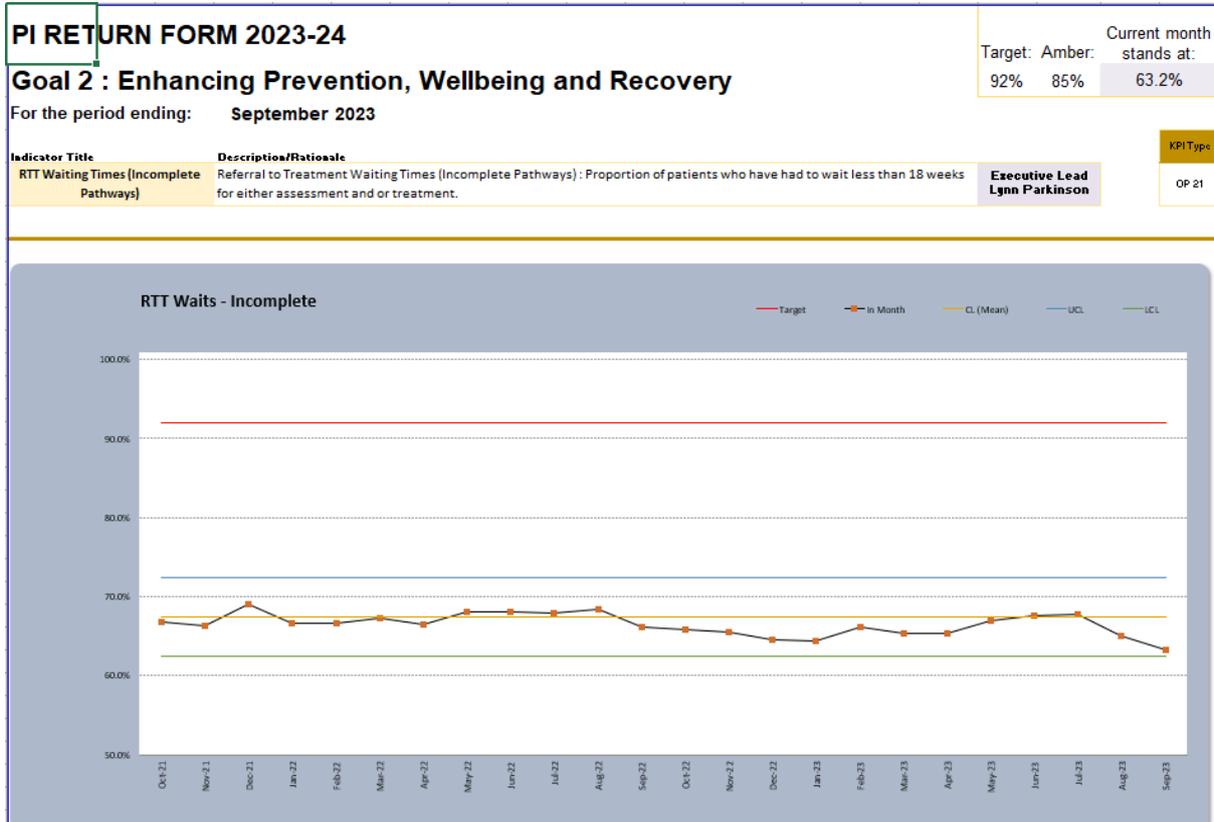
Services continue to balance their focus on ensuring clinically urgent cases are managed within appropriate and agreed timeframes along with recovery of the longest waiting routine patients.

The incomplete position continues to show a deteriorating trend. This is to be expected if demand continues to outstrip capacity causing more routine referrals to wait longer. An improved complete position suggests more treatments/interventions are occurring for patients that have waited less than 18weeks.



Appendix B

Waiting Time Recovery – Overview of Q1 and Q2 Performance (23/24)



Challenges

The 18ww position will continue to be challenged based on the following issues:

- Growing referral rates/higher rate of “tip overs” than clock stops over 18weeks
- Focus on recovery of longest waiting patients balanced with clinically urgent cases
- Increase in urgent referrals, complexity and acuity
- Available capacity v Demand
- Levels of productivity and efficiency

Plan

To improve the incomplete position, performance monitoring meetings will continue to focus the service areas on:

- Managing the longest waiting patients
- Implementing and monitoring of recovery plans
- Continue with validation work to maintain a true and accurate waiting list position
- Undertaking capacity and demand modelling to anticipate future service/investment requirements whilst simultaneously identifying opportunities to improve efficiency and productivity.

Appendix B

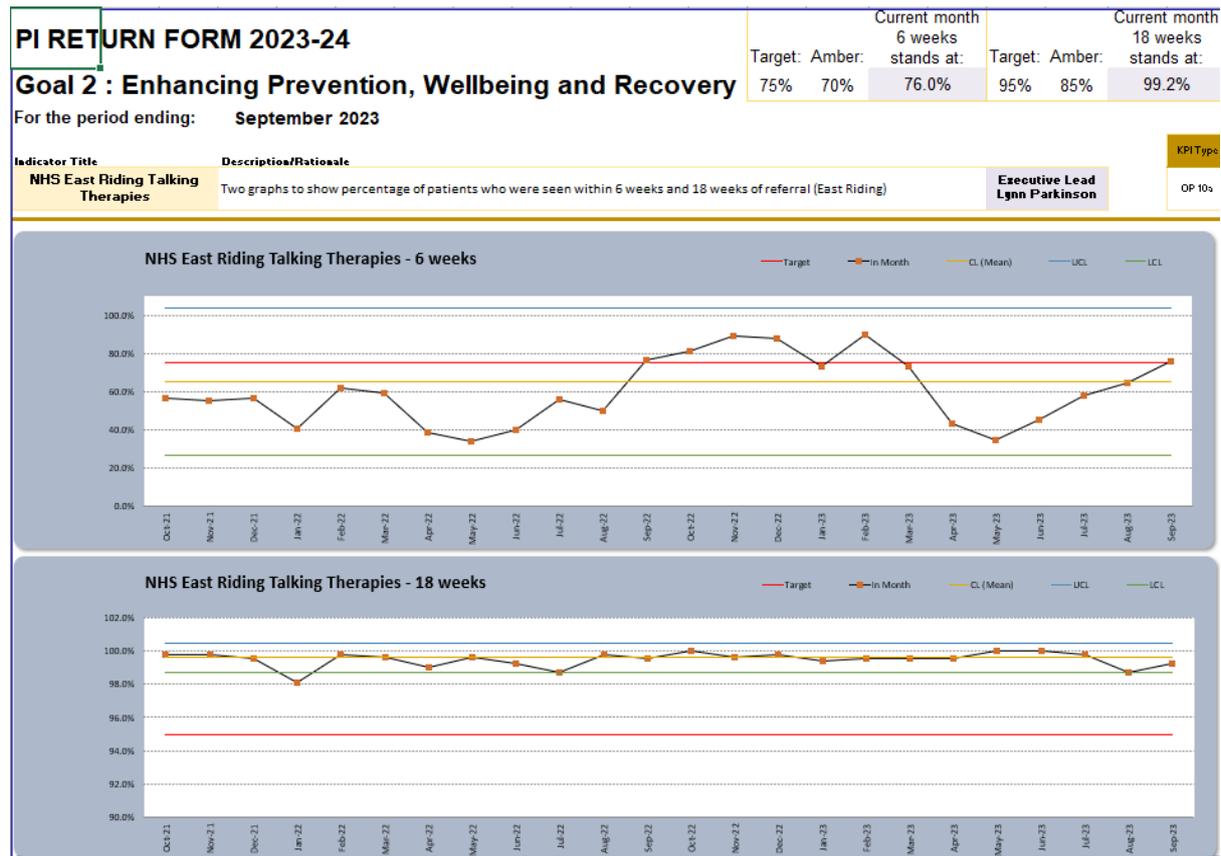
Waiting Time Recovery – Overview of Q1 and Q2 Performance (23/24)

3.3 East Riding Talking Therapies (previously IAPT)

Current Position

18week Standard – consistent achievement of KPI since February 2022.

6week Standard – 76% was achieved in September against a 75% target.



Challenges

The 6ww position has been adversely challenged as a direct result of reduced capacity for the following reasons:

- Caseload cover for long term sickness
- Previous increase in activity levels by contracted providers reduced to contracted levels in April 23
- Reduced capacity as a result of new recruits undertaking service specific mandatory training courses
- Reduction of caseloads due to maternity leave

The service mobilised a recovery plan in May which aimed to achieve recovery by Q2 (achieved 75% in September) which was based on recruitment and training projections, flexing capacity with contracted providers as required, increasing cases for newly qualified Cognitive Behavioural Therapists, management of long-term sickness and maternity cover plans.

Appendix B

Waiting Time Recovery – Overview of Q1 and Q2 Performance (23/24)

Plan

Whilst continuing to focus on recruitment and retention as well as robust monitoring and management of contracted providers, the service have developed a methodology for identifying areas of focus to improve efficiency and productivity. The service are currently trialling a number of initiatives to support this piece of work including:

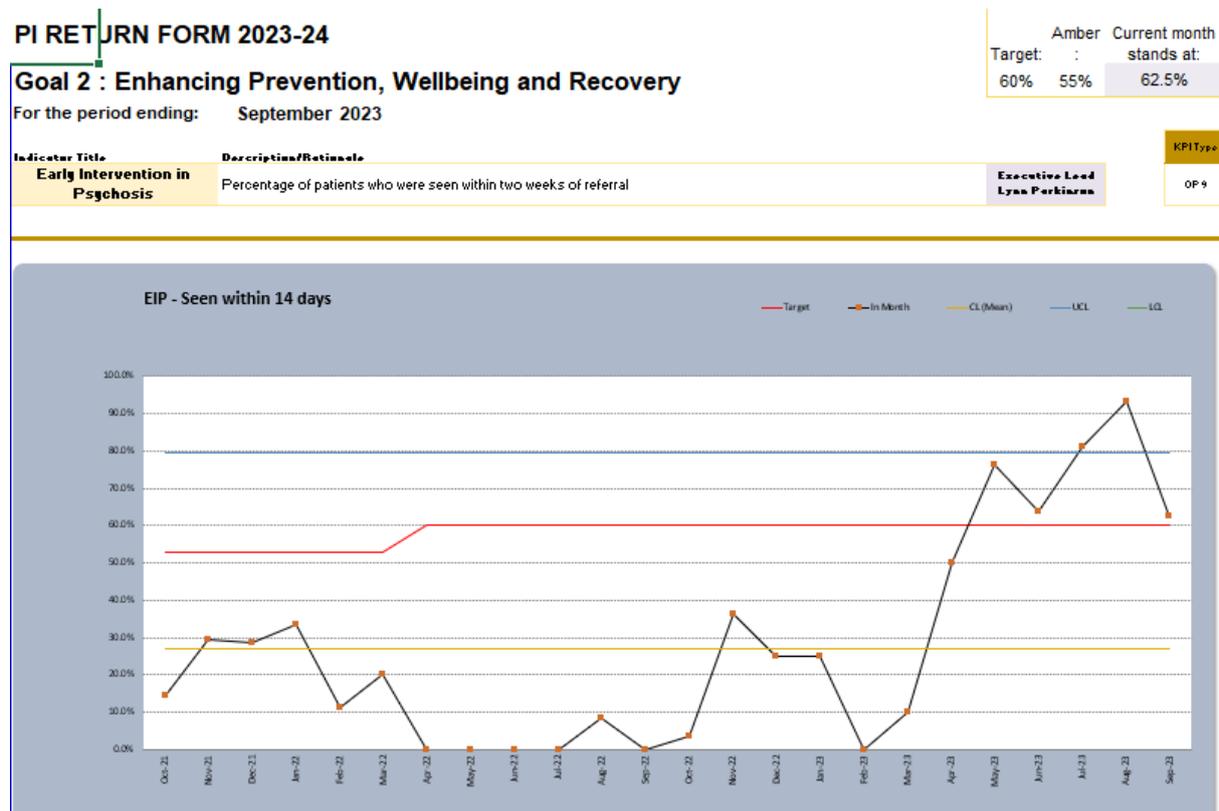
- Creation of a” last minute” cancellation waiting list (to fill short notice cancellations)
- Exploration of online digital package (scoping phase)
- Review and revision of patient letters
- Audit of DNA/Cancellation/Attrition – to support with improving the access standard

Capacity and Demand work has been undertaken and provided assurance that current funded capacity against current demand is sufficient.

3.4 Early Intervention Psychosis (EIP) – 14day standard

Current Position

The chart below demonstrates achievement of this standard since May 2023. The sudden drop in performance in September is mainly attributed to the higher than average referrals received in August and September (28pm received, average 17pm).



Appendix B

Waiting Time Recovery – Overview of Q1 and Q2 Performance (23/24)

Challenges

The challenges remain:

- Variation in referral levels in a low volume service
- Recruitment and retention
- National demand profile increasing
- ICB have advised no growth in investment despite the plan demonstrating this need to meet current standards and level of service.

Plan

The service continue to actively monitor their levels of performance and ensure good data quality to report an accurate performance position.

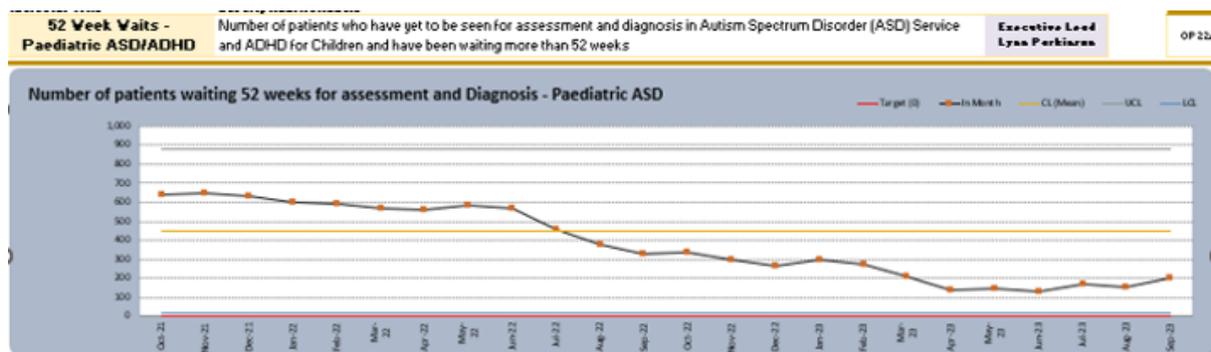
The service continues to monitor key service indicators to support with improvement in productivity and access times.

3.5 Neurodiversity

Children's Autism Spectrum Disorder (ASD)

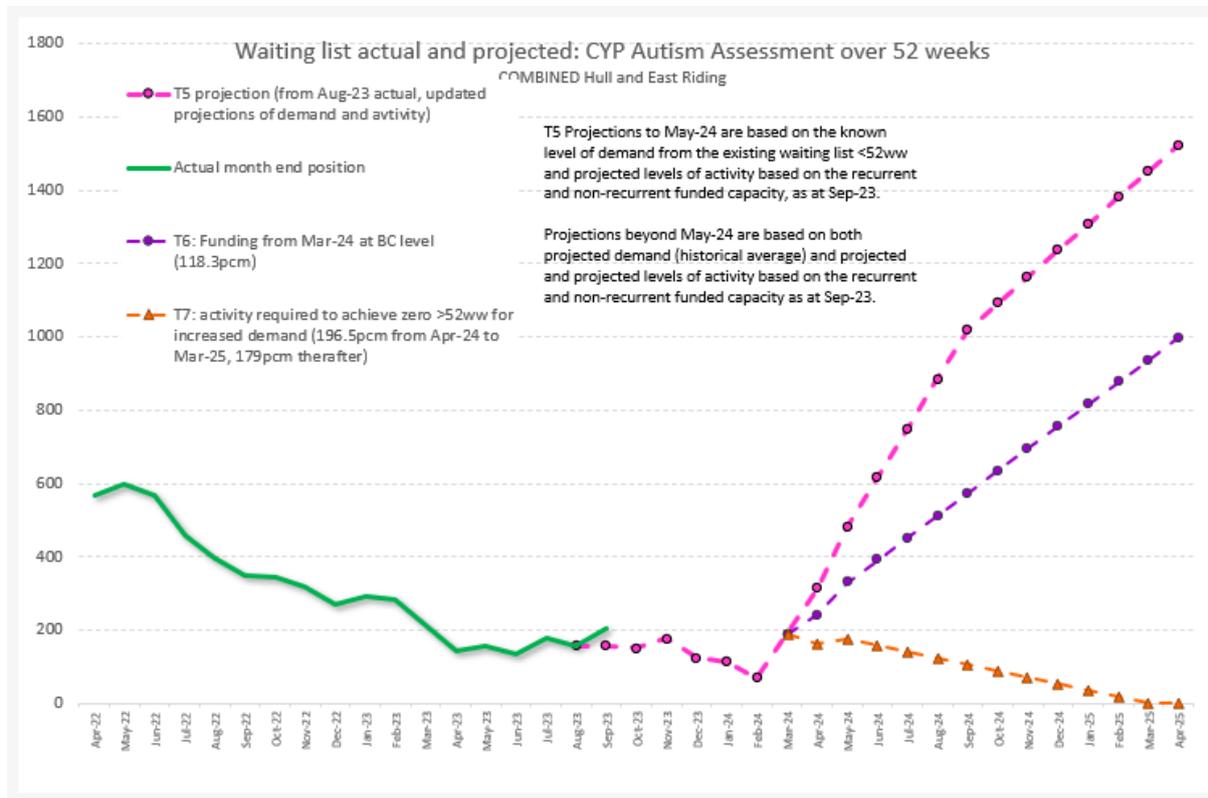
Current Position

Since the last update, the recovery trajectory for ASD has been refreshed to take into consideration significant increases in demand (**averaging 92pm in January, now 179pm**) and further funding identified to continue recovery in year. The over 52ww position in the chart below stands at 200 against an expected 157 at the end of September.



Waiting Time Recovery – Overview of Q1 and Q2 Performance (23/24)

Refreshed Trajectory



The trajectory illustrates the impact to the over 52ww position based on 3 scenarios:

1. No further investment from April 2024 (pink line)
2. Funding based on 22/23 levels (non-recurrent recovery funding continuing) (purple line)
3. Investment from April 2023 based on refreshed capacity and demand exercise (orange line)

The service and the primary Independent Provider have co-developed a new delivery model (hybrid model) which is aimed at addressing the imbalance between face to face and virtual capacity to allow chronological booking of the waiting list. The new contract was signed mid of September and the service is currently in the process of mobilising this change.

The trajectory was based on this new contract being operational as at the beginning of September and therefore as a result, it was anticipated that September would not align to the planned trajectory. The service are confident that the position will start to realign in the coming 2 months.

Challenges

- Mobilisation of hybrid model – working to address process issues
- Increase in demand, 52ww recovery will not be achieved in year

Appendix B

Waiting Time Recovery – Overview of Q1 and Q2 Performance (23/24)

- Administration Staff Capacity – Independent Provider work is heavily reliant on administrative processes
- Long/Medium Term Financial Plan Unconfirmed – inability to secure longer term contracts with Independent Providers

Plan

Whilst conversations continue with ICB colleagues regarding the future sustainability of the service, focus remains on:

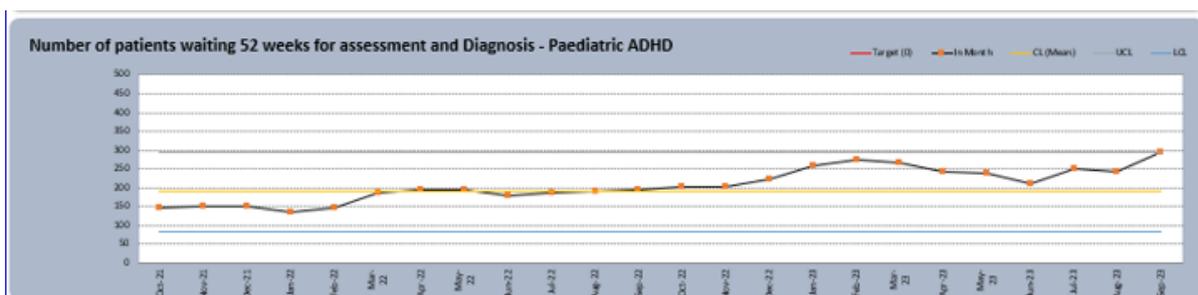
- In year delivery against plan, maximising both internal resource and contracted provider pathways
- Full review of the assessment pathway identifying opportunities for digital enhancements and maximised productivity through skill mixing and streamlining processes (via Capacity and Demand Trust agreed methodology)
- Participate in ICB led Neurodiversity Pathway reviews

The Neurodiversity Recovery Board remains in place to monitor progress against plans.

Children’s Attention Deficit Hyperactivity Disorder (ADHD) Assessments

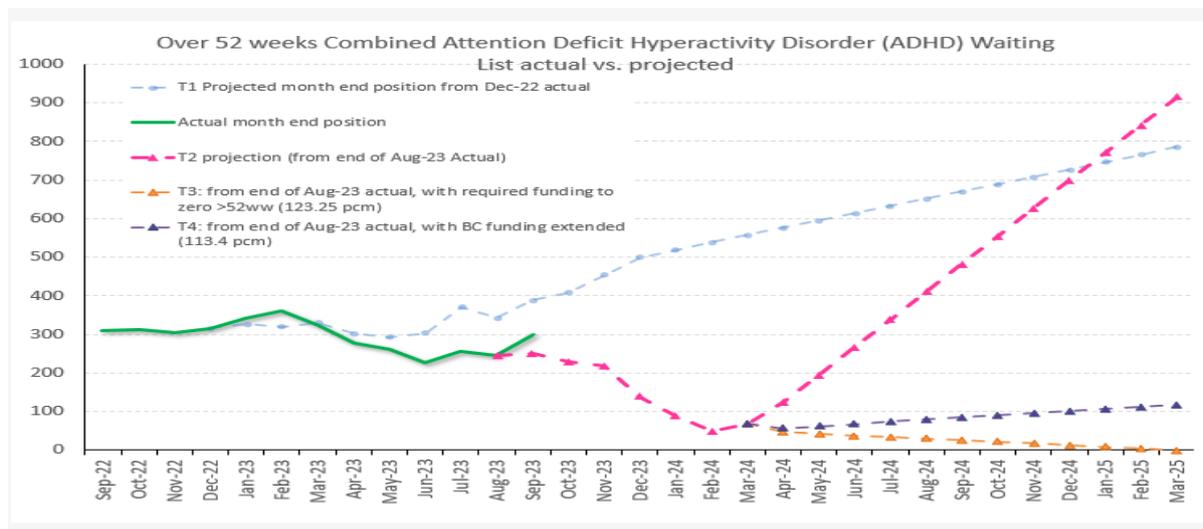
Current Position

Since the last update, the recovery trajectory for ADHD has been refreshed to take into consideration significant increases in demand (**averaging 80pm in January, now 119pm**) and further funding identified to continue recovery in year. The over 52ww position in the chart below stands at 295 against an expected 251 at the end of September.



Waiting Time Recovery – Overview of Q1 and Q2 Performance (23/24)

Refreshed Trajectory



The trajectory illustrates the impact to the over 52ww position based on 3 scenarios:

1. No further investment from April 2024 (pink line)
2. Funding based on 22/23 levels (non-recurrent recovery funding continuing) (purple line)
3. Investment from April 2023 based on refreshed capacity and demand exercise (orange line)

An extension of the Independent Provider contract was approved in September; the service and provider continue to work closely to ensure assessment levels reach those within plan.

The service are confident that the position will start to realign in the coming 2months, though 52ww recovery will not be achieved based on current levels of funding and demand.

Challenges

- Scaling up assessment levels with Independent Provider is currently off plan
- Increase in demand, 52ww recovery will not be achieved in year
- Administration Staff Capacity – Independent Provider work is heavily reliant on administrative process
- Long/Medium Term Financial Plan Unconfirmed – inability to secure longer term contract with Independent Providers
- Impact to intervention waiting list – insufficient capacity to manage medication pathway following scale up of assessments
- National ADHD medication availability diverting resources to review alternative medications in line with national alert guidance

Internal plans to increase core capacity via improving efficiency continue to run concurrently.

Plan

Appendix B

Waiting Time Recovery – Overview of Q1 and Q2 Performance (23/24)

Whilst conversations continue with ICB colleagues regarding the future sustainability of the service, focus remains on:

- In year delivery against plan, maximising both internal resource and contracted provider pathways
- Full review of the assessment and intervention pathway identifying opportunities for digital enhancements and maximised productivity through skill mixing and streamlining processes (via Capacity and Demand Trust agreed methodology)
- Improved reporting for intervention pathway
- Participate in ICB led Neurodiversity Pathway reviews

The Neurodiversity Recovery Board remains in place to monitor progress against plans.

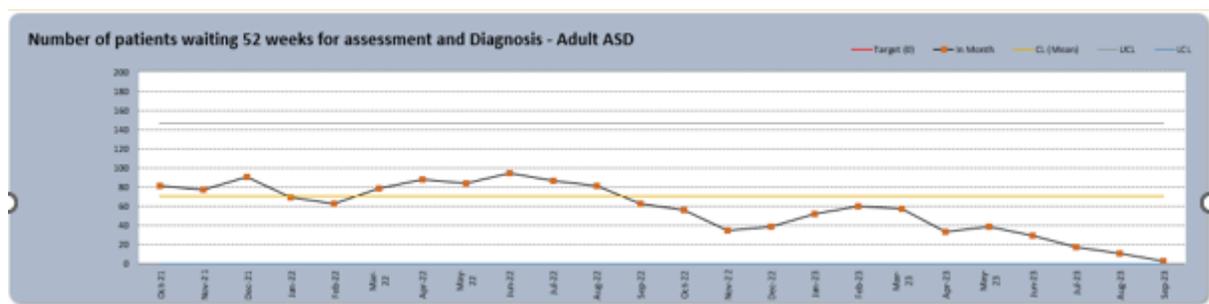
Appendix B

Waiting Time Recovery – Overview of Q1 and Q2 Performance (23/24)

Adult ASD

Current Position

At the end of September the service had achieved recovery of the over 52ww position. The service has been working to a recovery plan that was developed prior to moving from a cost per case arrangement into the block contract and was heavily reliant on use of Independent Provider capacity to achieve. As a result of this change, continuation of recovery has been paused due to insufficient funding. Capacity and Demand work has highlighted a demand variance of 20p/m based on block funding capacity and current levels of demand. A deterioration in the waiting list position is expected in the coming months.



Challenges

- Block funding arrangement covers 76 assessments per year against a current demand level of 516
- Increases in demand

Plan

A Neurodiversity options appraisal was shared with EMT in October. The preferred option for Adult ASD is to continue discussions with ICB colleagues to increase block funding to meet the variance in demand.

In the meantime, a full review of the assessment pathway is being undertaken, identifying opportunities for digital enhancements and maximising productivity through skill mixing and streamlining of processes (via Capacity and Demand analysis Trust agreed methodology). This will inform a future trajectory.

Service Specification reviews are underway and will include an Indicative Activity Plan which will be monitored and inform achievable waiting time performance.

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Waiting Time Recovery – Overview of Q1 and Q2 Performance (23/24)

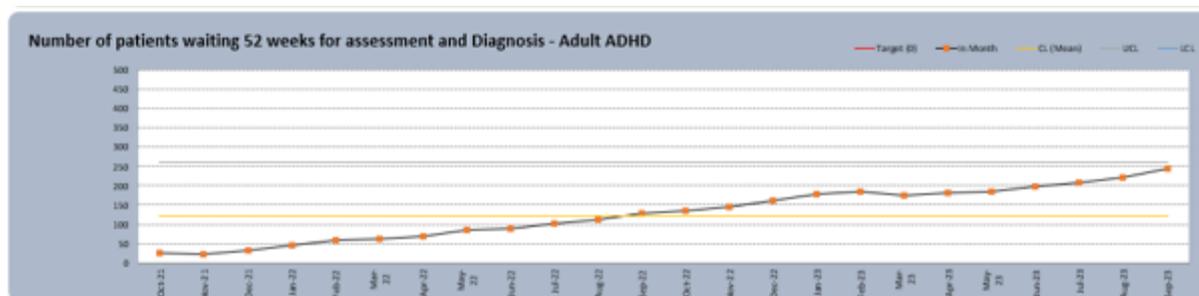
Adult Attention Deficit Hyperactivity Disorder (ADHD)

Current Position

The >52ww position at the end of September 2023 was 261 which is a continuing deteriorating trend. The overall waiting list also continues to significantly increase as a result of a marked increase in referrals and insufficient funding and capacity to deliver.

There is approximately 112k in the block contract which supports assessment and treatment of 20patients per year based on the current delivery model.

Regular meetings with ICB leads are taking place and an action plan has been developed. Simultaneously, the Neurodiversity Options Appraisal was discussed at EMT in October where it was agreed to temporarily cease to acceptance of Adult ADHD referrals whilst a clear plan is developed to address the current waiting list, funding and capacity shortfall.



The below table demonstrates the year on year referral position into the Adult ADHD service.

	19/20	20/21	21/22	22/23	23/24 projected
Annual Referrals	95	121	236	386	724
Monthly Average Referrals	8	10	20	32	60
YoY % Increase		27%	195%	64%	88%

23/24 projection based on April 23 – Sep 23 referrals

Challenges

- Insufficient funding within the block, un-commissioned service (previously cost per case arrangement based on 3 appointments per week)
- National increases in demand, Independent Providers pausing NHS Right to Choose referrals
- Based on current capacity, it would take 55years to clear the assessment backlog
- Reputational and safety risks associated with significant waiting times - pause of referrals will prevent further growth of the waiting list but waiting times will continue to deteriorate

Additionally, the previous cost per case arrangement was with Hull PLACE only as East Riding directed all referrals to Psychiatry UK. Psychiatry UK have now paused the Right to Choose contract which adds significant risk that under the “right to choose” the service could start to receive East Riding referrals also.

Appendix B

Waiting Time Recovery – Overview of Q1 and Q2 Performance (23/24)

Plan

- It has been agreed to temporarily cease acceptance of any new referrals
- ICB colleagues have advised of some in year non recurrent funding to support with recovery of the waiting list backlog. The service are developing an outline business case proposal to propose a new future model.
- ICB colleagues are keen for the Trust to develop a proposed new delivery model which maximises skill mix opportunity and digital enhancements. This work is currently underway and will determine the level of funding required to meet the demand
- Full waiting list validation exercise to take place once administration support can be funded

Appendix B

Waiting Time Recovery – Overview of Q1 and Q2 Performance (23/24)

3.6 Core CAMHS

Current Position

The service has made significant progress with reducing the >52wws which stood at 34 in April 2023 and currently stands at 9.

Recovery of the position has primarily been achieved using non recurrent funding awarded by the ICB in March 2023. The most challenged areas remain:

- Cognitive Behavioural Therapy (CBT)
- Creative Therapies

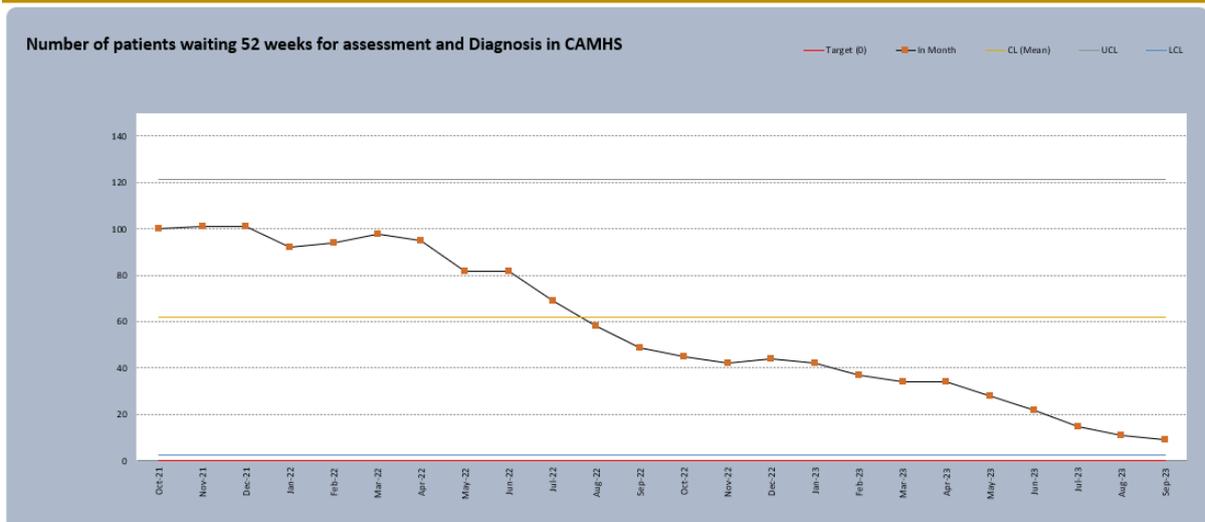
PI RETURN FORM 2023-24

Goal 2 : Enhancing Prevention, Wellbeing and Recovery

For the period ending: **September 2023**

Target:	Amber:	Current month stands at:
0	0	9

Indicator Title	Description/Rationale	Executive Lead	KPI Type
52 Week Waits - CAMHS	Number of patients who have yet to receive treatment in CAMHS and have been waiting more than 52 weeks (excluding paediatric ASD/ADHD)	Lynn Parkinson	OP 22



Challenges

Whilst there was an overall rise in referrals between 2020/21 and 2021/22 of 25%, this has stabilised in the last year. The service is still reporting an increase in acuity and complexity of need which will be considered in more depth when undertaking the capacity and demand analysis which was paused due to participation in the national CLEAR (service transformation) programme.

Safe management of urgent referrals remains a priority within this service whilst the longest waits are regularly contacted to ensure any changes in condition can be assessed and re-prioritised where appropriate.

Plan

Appendix B

Waiting Time Recovery – Overview of Q1 and Q2 Performance (23/24)

The service is currently piloting a new delivery approach “families first” which will focus on the longest waiting patients initially. This is a group support session that intends to reduce the number of patients needing individual support as well as to reduce length of wait for first intervention.

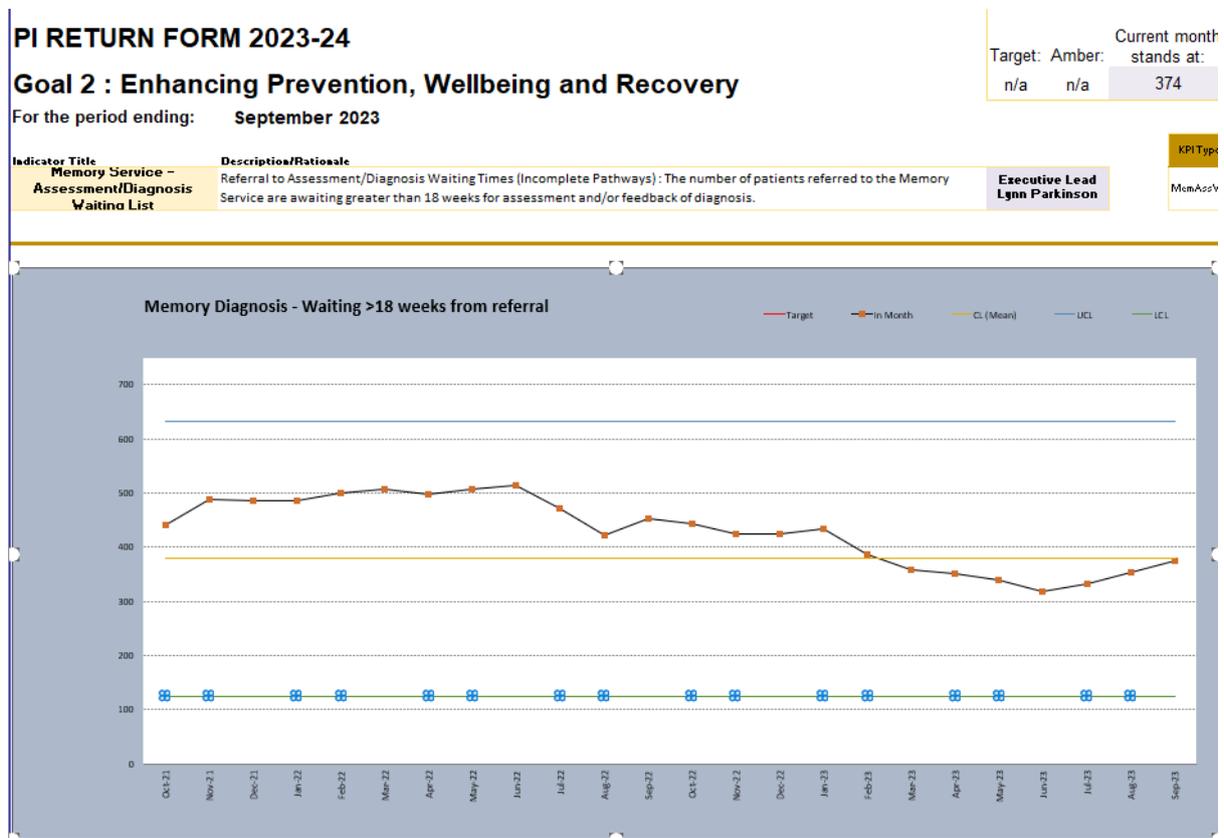
Waiting Time Recovery – Overview of Q1 and Q2 Performance (23/24)

3.7 Memory Assessment Services (MAS)

Current Position

The service has made good progress with recovering the >52ww position since April, however the over 18ww position has worsened. This is as a result of a continuing increases in referrals whilst the service face challenges with their skill mix recruitment due to medic availability.

The >52ww position as at the end of September was 6patients, a reduction from 17 at the end of March 2023.



The below table demonstrates the year on year referral position for MAS.

	19/20	20/21	21/22	22/23	23/24 projected
Annual Referrals	1791	1551	2118	2333	2502
Monthly Average Referrals	150	129	177	194	209
YoY % Increase		-14%	37%	10%	7%

Challenges

Appendix B

Waiting Time Recovery – Overview of Q1 and Q2 Performance (23/24)

The main challenges continue to be:

- Recruitment of overseas doctors resulting in continued use of expensive locum
- Achievement of the Dementia Diagnosis Rate (DDR) for East Riding (active case finding in care home environments)
- Increases in levels of referrals
- Staff turnover and vacancies resulting in the need to use staff flexibly to balance clinical pathway throughput to maintain assessments and feedback.

The Diadem Project (additional funding received to actively case find in carehome environments) is actively contributing to the increase in demand but will however contribute to improving the DDR.

Plan

The service continue to strive towards implementing the new delivery model which is predominantly based on maximising skill mix opportunities and recruitment of overseas doctors.

Capacity and Demand work has been refreshed and the results of this are due to be shared at EMT in October.

The paper will cover options relating to plans to improve waiting times and the DDR which continue to be discussed with ICB colleagues.

4. Conclusion

The Board is asked to note the progress and challenges as outlined in the areas of operational performance which have been highlighted as part of the recovery planning.

Overall services are experiencing increases in activity and acuity of patients. Divisions are working with ICB colleagues to consider areas of prioritisation and pathway reviews to maximise on productivity and impact. A review of all service specifications is underway which will consider activity levels and monitoring to support the services to deliver in line with allocated resources.

Agenda Item 16

Title & Date of Meeting:	Council of Governors Public Meeting– 18 th January 2023																		
Title of Report:	Finance Report November 2023																		
Author/s:	Name: Peter Beckwith Title: Director of Finance																		
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>			To approve		To discuss		To note	✓	To ratify		For assurance							
To approve		To discuss																	
To note	✓	To ratify																	
For assurance																			
Purpose of Paper:	This purpose of this report is to provide the Council of Governors with a summary of the financial performance for the Trust for the 3-month period September 2023 to November 2023.																		
Key Issues within the report:																			
Positive Assurances to Provide: <ul style="list-style-type: none"> The Trust achieved a breakeven position at the end of Month 8. The cash balance at the end of Month 8 was £27.236m. The Better Payment Practice Code figures show achievement of 92.8%. 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> Work to develop a refined forecast to the end of the year is in progress and this will be reported to EMT and the Finance Committee. 																	
Key Risks/Areas of Focus: <ul style="list-style-type: none"> None. 		Decisions Made: <ul style="list-style-type: none"> N/A 																	
Governance:	<table border="1"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Appointments, Terms & Conditions Committee</td> <td></td> <td>Engaging with Members Group</td> <td></td> </tr> <tr> <td>Finance, Audit, Strategy and Quality Governor Group</td> <td></td> <td>Other (please detail) Quarterly report to Council</td> <td>18.1.24</td> </tr> <tr> <td>Trust Board</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Date		Date	Appointments, Terms & Conditions Committee		Engaging with Members Group		Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	18.1.24	Trust Board			
	Date		Date																
Appointments, Terms & Conditions Committee		Engaging with Members Group																	
Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	18.1.24																
Trust Board																			

Monitoring and assurance framework summary:

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

✓ Tick those that apply

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

**Council of Governors
Finance Update Report (November 2023)**

1. Introduction

This purpose of this report is to provide the Council of Governors with a summary of financial performance for the Trust for the 3-month period September 2023 to November 2023.

2. Performance 2022/23

Under the ICB planning process the Trust is required to achieve a break even position for the year, this requirement was maintained following the recent 2023/24 H2 reset exercise where additional resources were allocated to the Trust (£0.780m) in relation to reported pressures, 8/12ths of this additional funding has been allocated into the Month 8 position reported.

Table 1 shows for the period ended to 30 November 2023 the Trust recorded a breakeven position, consistent with its submitted plan.

Excluded items include donated asset depreciation and cash grant. These items are included in the Trust ledger but do not count against the Trust's financial control targets.

Table 1: Reported I&E Position 2023/24

	September 2023 £000	October 2023 £000	November 2023 £000
Income	92,517	108,954	125,741
<i>Less: Expenditure</i>	88,004	103,629	119,190
EBITDA	4,513	5,325	6,551
Finance Items	4,797	5,598	6,530
Ledger Position:	(284)	(273)	21
Excluded items:	16	13	21
Net Position Surplus/(Deficit)	(300)	(286)	-
EBITDA	4.9%	4.9%	5.2%
Deficit (-%)/Surplus %	-0.3%	-0.3%	0.0%

A more detailed summary of the income and expenditure position as at the end of November 2023 is in Appendix A. Key variances are explained in the following paragraphs:

2.1 Children's and Learning Disability

Children's and LD is reporting a £0.141m underspend. Pressures within CAMHS, Neuro Development and Community LD are being offset by minor underspends elsewhere in the Division.

2.2 Community and Primary Care

Community and Primary Care is reporting an overspend of £0.042m. This is made up of a overspend on Primary Care offset by an underspend on Community.

Primary Care have produced a recovery trajectory which has oversight at Executive Management Team. The main aim of this plan is to reduce the reliance on locum doctors with a focus on 2023/24 run rate.

2.3 Mental Health

The division is showing an overspend of £0.569m.

There are pressures within the Unplanned service division which relates to the acuity of patients within Inpatient Units which require increased safer staffing numbers. In addition to this there are constraints within the system that are leading to delayed discharge of patients, this leads to the Trust incurring additional expenditure on placing patients in Out of Area Beds.

This remains a risk throughout the winter months.

2.4 Forensic Services

Forensic Division is showing an underspend of £0.326m and is a result of minor savings.

2.5 Corporate Services Expenditure

Corporate Services (including Finance Technical Items) is showing an underspend of £1.279m, the main factor being items held centrally to offset pressures.

3. Cash

As at the end of November 2023 the Trusts Cash Balance was £27.236m, cash balances across the reporting period are summarised below:

Table 2: Cash Balance

	September 2023 £000	October 2023 £000	November 2023 £000
Government Banking Service	25,622	27,676	27,042
Nat West	207	73	160
Petty Cash	33	33	34
Net Position	25,862	27,782	27,236

5. Better Payment Practice Code (BPPC)

The BPPC figures are in Table 3 below. The current position is 92.4% for non-NHS and 93.9% for NHS.

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

Table 3: Better Payment Practice Code

Better Payment Practice Code	YTD	YTD
	Number	£
NON NHS		
Total bills paid	25,088	74,097
Total bills paid within target	23,467	68,490
Percentage of bills paid within ta	93.5%	92.4%
NHS		
Total bills paid	930	22,613
Total bills paid within target	822	21,230
Percentage of bills paid within ta	88.4%	93.9%
TOTAL		
Total bills paid	26,018	96,710
Total bills paid within target	24,289	89,720
Percentage of bills paid within ta	93.4%	92.8%

Appendix 1
Income and Expenditure Position November 2023

	23/24 Net Annual Budget £000s	In Month			Year to Date		
		Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
Income							
Trust Income	169,585	14,906	14,984	78	112,980	113,292	313
Clinical Income	17,127	1,488	1,802	314	11,650	12,448	798
Total Income	186,712	16,394	16,786	392	124,629	125,741	1,111
Expenditure							
<u>Clinical Services</u>							
Children's & Learning Disability	41,772	3,673	3,790	(117)	27,755	27,613	141
Community & Primary Care	30,709	2,814	2,826	(12)	20,661	20,703	(42)
Mental Health	57,574	4,767	5,048	(281)	38,559	39,129	(569)
Forensic Services	13,978	1,238	1,321	(82)	9,371	9,045	326
	144,032	12,493	12,985	(492)	96,346	96,490	(144)
<u>Corporate Services</u>							
	35,503	3,461	2,576	886	24,123	22,700	1,423
Total Expenditure	179,535	15,954	15,560	394	120,469	119,190	1,279
EBITDA	7,177	440	1,226	786	4,160	6,551	2,391
Depreciation	5,880	490	481	9	3,920	3,857	63
Interest	(740)	(143)	(168)	25	(493)	(692)	198
IFRS 16	1,695	(19)	(460)	441	1,130	932	197
PDC Dividends Payable	2,341	195	196	(1)	1,561	1,561	-
Operating Total	(2,000)	(83)	1,177	1,260	(1,957)	892	2,849
BRS	(2,000)	(84)	892	(976)	(1,958)	892	(2,850)
Operating Total	0	1	285	284	1	(0)	(1)
Excluded from Control Total							
Impairment	-	-	-	-	-	-	-
Local Government Pension Scheme	300	-	-	-	-	-	-
Grant Income	-	-	-	-	-	(35)	35
Donated Depreciation	82	7	(7)	14	55	14	40
	(382)	(6)	292	298	(54)	20	74
Excluded							
Commissioning	-	0	(0)	0	(0)	0	(0)
Ledger Position	(382)	(6)	293	298	(54)	20	74
EBITDA %	3.8%	2.7%	7.3%		3.3%	5.2%	
Surplus %	-1.1%	-0.5%	7.0%		-1.6%	0.7%	



Title & Date of Meeting:	Council of Governors Public Meeting – 18 th January 2024														
Title of Report:	Annual Operational Planning Cycle														
Author/s:	Peter Beckwith, Director of Finance Jon Duckles, Head of Partnerships and Strategy														
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table> <p>The Council of Governors are asked to note the updated approach to service planning for 2024/25 and current estimated timescales.</p>			To approve		To discuss		To note	✓	To ratify		For assurance			
To approve		To discuss													
To note	✓	To ratify													
For assurance															
Purpose of Paper:	The purpose of this paper is to outline the proposed approach to support the triangulation of the Operational Plan, the Workforce Plan and the Financial Plan for each Division to produce a comprehensive Annual Operational Plan.														
Key Issues within the report:															
Positive Assurances to Provide: <ul style="list-style-type: none"> This work is ongoing, and this proposal will strengthen the delivery of the planning process 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> All of this work is currently delivered through the Planning and Transformation Group 													
Key Risks/Areas of Focus: <ul style="list-style-type: none"> N/A 		Decisions Made: <ul style="list-style-type: none"> This paper was supported by the Planning and Transformation Group, ODG and Executive Management Team. 													

Governance:		Date		Date
	Appointments, Terms & Conditions Committee		Engaging with Members Group	
	Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Report to Council of Governors	✓
	Trust Board			

Monitoring and assurance framework summary

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

1. Introduction and Purpose

The purpose of this paper is to outline the proposed approach to support the triangulation of the Operational Plan, the Workforce Plan and the Financial Plan for each Division to produce a comprehensive Annual Operational Plan.

2. Background

In 2023/24 the Trust was not required to submit an individual plan but were part of a wider Integrated Care System (ICS) Plan Submission,

The 2023/24 NHS Priorities and Operational Planning Guidance (*on which the ICS Plan was based*) outlines evidence-based actions that systems and NHS providers are asked to deliver in line with national drivers, the document stating that these system plans should be triangulated across activity, workforce and finance.

2024/25 planning guidance has not been published but is likely to propose a similar approach in relation to plan submission requirements (*i.e a single ICS plan*).

For 2024/25 MT have supported an approach to replicate this at Trust level, and as part of this process, it is however imperative that any operational planning is underpinned by a robust clinical focus to ensure that all plans deliver quality outcomes for our patients.

The Trust Annual Operational Planning Cycle has been reviewed and streamlined to ensure that all stakeholders are aware of their responsibilities in developing the Annual Plan aligned to the Trusts 5 year strategy published in 2022.

3. Current Position

Over the past 18 months, the Trust has been working hard to set out objectives and future requirements through robust Service Plans facilitated within each Division containing both a workforce plan and a medium-term financial plan.

This approach to planning has been complimented through the development of detailed performance and productivity methodology underpinned by QI and digital innovation.

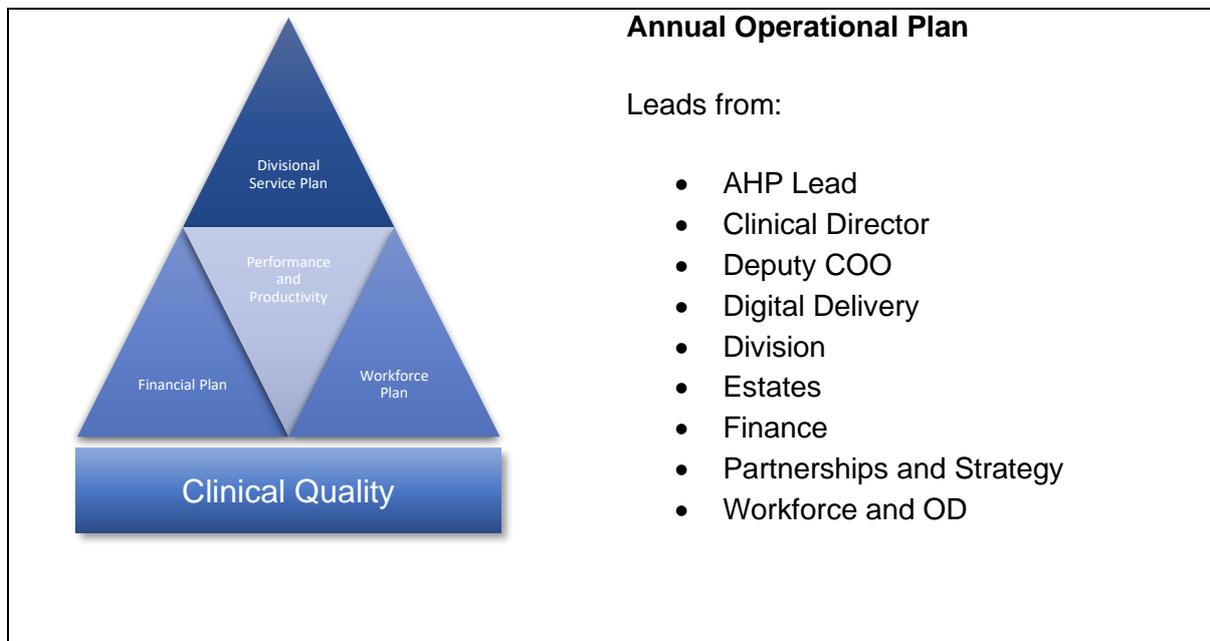
Ensuring that all Operational Planning is linked to one or more drivers has also been a developing focus with an increased focus on clinical drivers to ensure that operational plans are predicated on:

- NICE Guidance and/or best evidence
- National Clinical Strategy
- Local/Regional Clinical Policy

Whilst fully supportive of the current approach to Service Plans, EMT have requested that Service Plans are summarised and consolidated into an Annual Operational Plan to support the direction of travel for the Trust as a whole.

Whilst the Service Planning framework functions well to support Divisions with developing and monitoring their plan, at Trust level a more narrative Annual Operational Plan is deemed more appropriate.

This narrative will bring Service Plans, Financial Plan, the Workforce Plan and key enablers into a single document which will be underpinned by a Clinical and Quality Framework (Appendix 1).



4. 2024/25 Annual Plan Process

It is planned that quarterly divisional meeting take place to triangulate and reconcile each Operational Plan. To support this process workshops featuring all key stakeholders will be facilitated to prepare the Divisional Operational Plan for final collation into the Annual Operational Plan.

The timeline will be dependant on the publication of the national planning guidance (which has been delayed), current timeline is aiming for final draft of plans being submitted to EMT for comment in February with feedback incorporated for sign of in March (Fig 2).

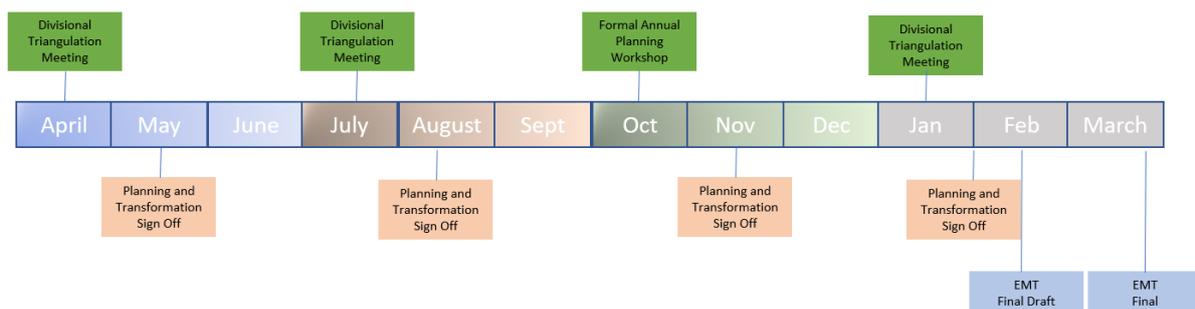
This workshop model only works on the understanding that all stakeholders undertake preparatory work to ensure that all information can be collated into the single Annual Operational Plan, in a similar way to the Accountability Reviews operate.

In order to ensure full clinical focus, the proposed Annual Planning Workshop will be fully supported by the Trust Quality Team, Divisional Clinical Leads and the Clinical Director.

This process will be governed by the Service Planning and Transformation group which reports in to the Operational Delivery Group.

In addition the outcome of this process should enable a plan on a page to be produced, a draft of which is attached at appendix 1 (based on 23/24 plans) for EMT consideration.

Figure 2



Annual Operational Planning Cycle

Appendix B of the Code of Governance for Foundation Trust provides that Governors must be presented with, for consideration, the annual plan at a general meeting. The governors must be consulted on the development of forward plans for the trust and any significant changes to the delivery of the trust’s business plan.

The Statutory Reference Guide for NHS Foundation Trust Governors provides that whilst directors must have regard to the views of the council of governors regarding the Annual Plan, the Governors do not approve the Annual Plan (Appendix 2).

It is therefore incumbent upon the Trust that the Annual Operational Plan is presented to the governors at an early opportunity once it has been ratified by EMT.

One aspect of this timescale proposal that will need to be reconciled is how this process dovetails with the Workforce Plan which commences in November each year

but is not delivered until May the following year due to it being reliant on the full financial year data set

Recommendation

The Council of Governors are asked to note the updated approach to service planning for 2024/25 and current estimated timescales.

Appendix 1 – Draft Plans on a page

 Humber Teaching NHS Foundation Trust		Trust Priorities	How are we doing?	How do we know?
	Innovating for quality and patient safety	<ul style="list-style-type: none"> CQC rated “outstanding.” Improving access to services Developing service through research & quality improvement 	<ul style="list-style-type: none"> The Trust has developed a peer review process in place aligned to CQC fundamental standards. Trust exceeding target for RTT. High QI update across the Trust 	<ul style="list-style-type: none"> Trust is rated green for 24 of 29 aspects of statutory and mandatory training and amber for the remaining 5. Significant assurance given by Yorkshire Audit for Trust Safer Staffing Levels RTT - Early interventions 93.3% (target of 60%), IAPT 18 Weeks 98.7% (against target 95%), IAPT 6 Weeks 78.5% (against target of 75%). 1241 QI places delivered. 62% of QI activities include patients and carers. 30% of QI activities indicate they have collaborated with organisations outside of the Trust
	Enhancing prevention, wellbeing and recovery	<ul style="list-style-type: none"> Building on people’s strengths Trauma-informed approach Empowering patients and carers 	<ul style="list-style-type: none"> The Trust Recovery College and Employment Services continues to strengthen. The Trust continues to strengthen its work with patients and carers to directly influence how service are developed. 	<ul style="list-style-type: none"> Between Oct 22-March 23 the recovery College saw 403 new sign ups and 147 course completions Between Sept 22-Feb 23, IAPT Employment Advisors have started 277 people on employment support and delivered a total of 1046 employment support sessions. Between Apr 22-March 23, the Wellbeing Recovery Employment Service reported that 32 people referred to them had moved into employment. The Trust currently has 17 panel volunteers. The Trust has 2 Patient Safety Partners and is looking to recruit more.
	Fostering integration, partnerships and alliance	<ul style="list-style-type: none"> System leadership Collaborating with system partners to innovate and integrate services. Working across organisational boundaries 	<ul style="list-style-type: none"> The Trust continues to work collaboratively across the HNY ICB HTFT has contributed to the development of the HNY ICB Joint Forward Plan through our involvement in Place and Collaborative structures. 	<ul style="list-style-type: none"> Mapping exercise to look at representation at Humber and North Yorkshire (HNY) Health and Care Partnership Boards and decision-making groups. During Q2 23/24, the Trust reported a monthly average percentage of Delayed Transfers of Care of 9.8% for Adult and Older Peoples Mental Health compared to an average of 11.1% per month for Q1 23/24, and 0% for Inspire. At the end of Q2 23/24, of the 337 QI ideas that have been identified, 86 (30%) of them indicated that they have collaborated with organisations outside the Trust, and 66% indicated they would benefit Partner Organisations
	Promoting people, communities and social values	<ul style="list-style-type: none"> Addressing health inequalities Working with voluntary and statutory partners to strengthen communities. Opportunities for local people 	<ul style="list-style-type: none"> The Trust has adopted a Strategic Framework for Addressing Health Inequalities and developed a delivery plan. The Trust works closely with local VCSE organisations and has introduced procurement policies which aim to strengthen local communities. Opportunities for local people are offered through volunteering, WRES service, promoting healthcare careers 	<ul style="list-style-type: none"> The health inequalities programme is overseen by the Health Inequalities Operational Group and reports bi-monthly to Trust ODG The Trust has implemented a minimum 10% net zero and social value weighting in the overall tender evaluation criteria in line with NHS standards. 21 VCSE organisation representatives are part of the Humber Co-production Network (Sep 2023). The Trust attends events in collaboration with HUTH and CHCP including the Health Expo, where we promote and reach out to school leavers from across the area to generate interest in health roles. At the end of Q2 22/23, the Trust had 94 volunteers registered. During Q2 22/23, 3 volunteers had moved on to employment (1 within the Trust, and 2 external). The Trust now has a presence in 17 schools/colleges (compared to 7 previously) which is used to drive interest in entry level roles.
	Developing an effective and empowered workforce	<ul style="list-style-type: none"> Improving recruitment and retention Inspiring leadership Diverse and inclusive workforce Supporting our staff 	<ul style="list-style-type: none"> The Trust is improving in its drive to recruit and retain staff. Overall, staff feel that the Trust is compassionate and inclusive, they feel recognised and rewarded, and that they can work flexibly within an organisation that supports learning. The Trust has an updated Workforce Plan and Medical Workforce Plan 	<ul style="list-style-type: none"> Rolling 12 monthly turnover rate figure has continued to reduce, being reported at 13.80% in July 2023. Ongoing monitoring of hard to recruit to roles. Trust scores from the NHS National Staff Survey 2022 were above the benchmark average for 6 of the People Promise themes, and equal to the benchmark overage in the one remaining theme. In the NHS National Staff Survey 2022, the Trust saw an improvement in the number of staff who agree/strongly agree they “would recommend their organisation as a place to work,” rising from 49% (2019) to 63%, making the Trust the third most improved in the country.

	<p>Optimising an efficient and sustainable organisation</p>	<ul style="list-style-type: none"> • Efficient use of resources • Environmentally sustainable and clinically effective estate • Embrace new, safe and secure technologies. 	<ul style="list-style-type: none"> • The Financial plan is progressing. • Overall, the Trust has a high level of sustainability with a good cash position. • The Trust’s current PLACE scores are above the national average on 4 out of 6 of the measures. • The Trust has a new Estates Strategy in place. • The Trust’s Data Quality Maturity Index (DQMI) is above the national average. 	<ul style="list-style-type: none"> • The Trust is pulling together the Commissioning Intentions for the Medium-Term Plan which will cover 3 years from 2024/25. • BRS is on target for 2023/24, and schemes being formulated for 2024/25. • The cash position at Month 6 stands at £25.862m. • Current PLACE scores: Cleanliness 97.86% (nat. av. 98.01%); Food & Hydration 92.57% (nat. av. 90.23%); Privacy, Dignity & Wellbeing 90.20% (nat. av. 86.08%); Condition, Appearance & Maintenance 94.25% (nat. av. 95.79%); Dementia 88.42% (nat. av. 80.60%); Disability 83.47% (nat. av. 82.49%). • The Estates Strategy was signed off at Trust Board on 29th March 2023. • DQMI of 99% (compared to national average of 95%).
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Humber Teaching
NHS Foundation Trust

Operational Plan Mock-Up

2024/25

Executive Summary

Narrative describing the Trust's strategic delivery priorities for the coming year and how these support delivery of the Trust Strategy.

The summary is likely to highlight 35 major transformation projects, referencing a combination of divisional and enabling projects.

The summary may also describe how the Trust sees its system leadership role evolving over the coming year.



Michele Moran
Chief Executive



Caroline Flint
Chair

Delivering our Trust Strategy

Our strategy describes our overarching long-term goals for Humber and explains in broad terms how we will achieve them

The detail of how Humber will make this vision a reality is set out in a series of enabling strategies covering People, Estates, Digital, Patient and Carer Experience and our Clinical Strategy

In addition, each of our divisions produce operational service plans each year which translate our strategic goals into direct actions which benefit staff and patients within each service area

The organisation has developed a detailed set of measurements and ambitions which sit alongside this document which will be used to monitor the progress we are making towards achieving our strategic goals. This will be updated throughout the five-year lifespan of the strategy.



Crosscutting Strategic Priorities

Priority	Strategy Alignment	Deliverables 2024/25
Patient and Carer Experience and Co -production	Q&S	
Quality Improvement	Q&S	
Research	Q&S	
Recovery focused approach	PW&R	
Trauma Informed Care	PW&R	
HNY health and care system leadership	IP&A	
Health Inequalities	PC&SV	
Anchor Institution	PC&SV	



Primary and Community Services Summary

Brief description of the services the division provides .

Narrative describing:

Drivers

- The expected challenges for the division over the coming year (quality, workforce, estates, finance, productivity, culture)
- The expected opportunities for the division over the coming year (new business, changes in partnership working, integration opportunities, system leadership roles, technological innovation)

Objectives and Plans

- High level service objectives for the division
- The key actions the division will take to meet these objectives (highlights from service plan)

Primary and Community Services 1



Humber Teaching
NHS Foundation Trust

Quality Priorities			Productivity Priorities <small>(Benchmarking, Capacity and Demand, Waiting Times)</small>		
Priority	Action	Completion Date	Priority	Action	Completion Date

Transformation Projects			
Project	Impact	Strategy Alignment	Completion Date
One Community Transformation (Phase 1)			Nov 2023
Patient initiated follow up			Jan 2024
Primary Care Improvement Programme			Apr 2024
Virtual Ward (Phase 1)			Apr 2024



**Caring, Learning
& Growing Together**

Primary and Community Services 2



Humber Teaching
NHS Foundation Trust

Commissioning Intentions

Scheme	Value	Strategy Alignment
North Yorkshire Place		
SDF Ageing Well - UCR	500	
Overnight Nursing Service	256	
Virtual Ward	794	
North Yorkshire Discharge Funding	260	
Diabetes	75	
Pulmonary Rehab	38	
Paediatric Continence	90	
Fast Track Intermediate Care Whitby	200	
Whitby Hospital NHSPS increased charges	300	
Whitby UTC	100	
Malton Ward increased costs charged by York LLP	76	
Specialist Services Whitby	200	
Physio OT Demand	400	
Total North Yorkshire Place	3,289	

Scheme	Value	Strategy Alignment
York Place		
Pocklington Discharge Funding	93	
Dietetics	65	
Malton Ward increased costs charged by York LLP	113	
Speacilist Services Pocklington	200	
Total York Place	471	
York Place	93	

Total Commissioning Intentions	3,760
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Digital Summary

Brief description of the service

Narrative describing:

Drivers

- The expected challenges for over the coming year
- The expected opportunities for over the coming year

Objectives and Plans

- How digital will help the Trust and operational divisions to meet their objectives
- The key actions the service will deliver in the coming year

Enabler - Digital

Project	Impact	Strategy Goal	Completion Date

Workforce Summary

Brief description of the service

Narrative describing:

Drivers

- The expected challenges for over the coming year
- The expected opportunities for over the coming year

Objectives and Plans

- How digital will help the Trust and operational divisions to meet their objectives
- The key actions the service will deliver in the coming year

Estates Summary

Brief description of the service

Narrative describing:

Drivers

- The expected challenges for over the coming year
- The expected opportunities for over the coming year

Objectives and Plans

- How digital will help the Trust and operational divisions to meet their objectives
- The key actions the service will deliver in the coming year

Title & Date of Meeting:	Council of Governors Public Meeting – 18 January 2024														
Title of Report:	Annual Declarations														
Author/s:	Pete Beckwith, Director of Finance Stella Jackson, Head of Corporate Affairs														
Recommendation:	<table border="1" data-bbox="539 555 1524 667"> <tr> <td data-bbox="539 555 938 593">To approve</td> <td data-bbox="938 555 1034 593"></td> <td data-bbox="1034 555 1412 593">To discuss</td> <td data-bbox="1412 555 1524 593">x</td> </tr> <tr> <td data-bbox="539 593 938 631">To note</td> <td data-bbox="938 593 1034 631"></td> <td data-bbox="1034 593 1412 631">To ratify</td> <td data-bbox="1412 593 1524 631"></td> </tr> <tr> <td data-bbox="539 631 938 667">For assurance</td> <td data-bbox="938 631 1034 667"></td> <td data-bbox="1034 631 1412 667"></td> <td data-bbox="1412 631 1524 667"></td> </tr> </table>			To approve		To discuss	x	To note		To ratify		For assurance			
To approve		To discuss	x												
To note		To ratify													
For assurance															
Purpose of Paper:	<p>This report provides evidence of how the Trust continues to meet the terms of its Licence, elements of the NHS Act and its Constitution.</p> <p>The Council of Governors is asked to:</p> <ul data-bbox="587 925 1528 1361" style="list-style-type: none"> • Note the Council of Governors is required to have an understanding of the Provider Licence in order to assure itself that the Board acts so that the trust does not breach the conditions of its licence. • Familiarise itself with the content of the Provider Licence by reviewing the information in Appendix A which provides evidence that the Trust is meeting its licence conditions and in particular the new conditions WS1, WS2 and WS3. • Provide comments regarding the evidence provided. • Note the Trust Board has undertaken an initial review of the evidence and will be required to approve the self-assessment against the licence conditions. 														
Key Issues within the report:															
<p>Positive Assurances to Provide:</p> <ul data-bbox="92 1514 788 1805" style="list-style-type: none"> • High level of assurance provided in June 2022 by Audit Yorkshire regarding the annual declarations process. • The evidence of how the Trust meets the Licence conditions has been updated to incorporate the changes brought about by the new Licence and this is attached at Appendix A. 	<p>Key Actions Commissioned/Work Underway:</p> <ul data-bbox="810 1514 1528 1619" style="list-style-type: none"> • Evidence against the revised provider licence has been reviewed by the Executive Management Team and Trust Board. 														
<p>Key Risks/Areas of Focus:</p> <ul data-bbox="92 1939 217 1966" style="list-style-type: none"> • None 	<p>Decisions Made:</p> <ul data-bbox="810 1883 1528 1984" style="list-style-type: none"> • Trust Board was satisfied with the evidence provided when this was reviewed at the Board meeting held on 27 September 2023. 														

Governance:		Date		Date
	Appointments, Terms & Conditions Committee		Engaging with Members Group	
	Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	✓
	Trust Board	27/9/23	Executive Management Team	26/6/2023

Monitoring and assurance framework summary:

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

Council of Governors (January 2024) Annual Declarations

1 Introduction

Up until the financial year 2023/24, NHS Providers were required to complete annual self-certifications (declarations) under the terms of the NHS provider licence. This requirement was removed from the Provider Licence which came into force on 1 April 2023.

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

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

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

The Code of Governance for Provider Trusts provides that when holding to account, the governors should 'ensure the board of directors acts so that the trust does not breach the conditions of its licence'. The information at Appendix A provides evidence of how the Trust is meeting the requirements of its licence.

2 Declarations

In previous years the Trust has made the following declarations:

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

Evidence to support the above declarations is attached at Appendix A and B.

3 Next Steps

Whilst it is not mandated, it is considered good practice for the Board to continue to receive and review evidence that it is compliant with its licence conditions.

A final paper will be forwarded to the Board in 2024 as part of the annual report and accounts processes.

Appendix A
Licence Conditions:

Condition	Explanation	Comments
Trust Working in Systems (WS)		
WS1. Cooperation	Requirement for NHS providers to carry out their legal duties to co-operate with NHS bodies and with local authorities, having regard to any guidance produced regarding cooperation.	<ul style="list-style-type: none"> • The Trust CEO is a member of the ICB Board • The Trust has active participation across the ICB in various groups
WS2. The Triple Aim	Obligated, when making decisions, to comply with the Triple Aim duty and any guidance published by NHS England regarding this.	<ul style="list-style-type: none"> • The Trust consider all aspects of the Triple aim when making decisions (Improving Patient Experience, Improving Value for Money, Improving Population Health). • The Trust will comply with any guidance issued by NHS England
WS3. Digital Transformation	Requirement to comply with required levels of digital maturity as set out in guidance published by NHS England	<ul style="list-style-type: none"> • The Trust has submitted the core and context Digital Maturity Assessment in May 2023. The response has been created within the current digital governance oversight. • The Trust digital governance has been updated to reflect what good looks like framework. • The Trust are identified as having a level 2 Electronic Patient Record and have procured a second-generation Electronic Patient Record as part of the Front Line Digitisation Programme.
General licence conditions (G)		
G1. Provision of information	Obligation to provide NHS England with any information it requires for its licensing functions.	<ul style="list-style-type: none"> • The Trust complies with any NHS England requests for information and complies with the reporting requirements as set out in the Single Oversight Framework. • The Trust has robust data collection and validation processes. • Accurate, complete and timely information is produced and submitted to third parties to meet specific requirements. • The Trust makes monthly submissions to NHS England

Condition	Explanation	Comments
G2. Publication of information	Obligation to publish such information as NHS England may require regarding the health care services it provides for the purposes of the NHS.	<ul style="list-style-type: none"> • The Trust Board of Directors continues to meet in public with digital access available to view meetings. • Agendas, minutes and papers are published on the Trust's website. • Public Board meetings include updates on operational performance, quality and finance. • The Trust's website contains a variety of information and referral point information should the public require further information. • The Trust Publishes Quality Accounts and an Annual Report. • The Trust responds to Freedom of Information requests • The Board Assurance Framework and Trust Wide Risk Register are reported to the Board quarterly. • The Council of Governors receives regular communication about the work of the Trust. • The Trust complies with its obligations under Duty of Candour.
G3. Fit and proper persons as Governors and Directors	Prevents licensees from allowing unfit persons to become or continue as governors or directors.	<ul style="list-style-type: none"> • Governors and Members of the Board of Directors are required to make an annual declaration to ensure that they continue to meet the Fit and Proper Persons Test.
G4. NHS England guidance	Requires licensees to have regard to NHS England guidance.	<ul style="list-style-type: none"> • The Trust responds to guidance issued by NHS England. • Submissions and information provided to NHS England are approved through relevant and appropriate authorisation processes. • The Trust has regard to NHS England guidance with reports to Board and Council of Governors providing assurance.
G5. Systems for compliance with licence conditions and related obligations	Requires providers to take reasonable precautions against risk of failure to comply with the licence.	<ul style="list-style-type: none"> • The Trust's Internal Auditors (Audit Yorkshire) considered the Board Assurance Framework and Risk Management as part of the 2020/21 audit work programme; the outcome provided 'High' assurance. • Previously governance arrangements (Board & Committee Effectiveness) were reviewed as part of the 2018/19 internal audit programme, providing 'good' assurance. Governance arrangements in relation to Board & Committee Effectiveness remain in place and follow the process which was audited in 2018/19. • Previously governance arrangements (Board & Committee Effectiveness) were reviewed as part of the 2018/19 internal audit programme, providing 'good' assurance. • The Board Assurance Framework and Trust Wide Risk Register are reported to the Board quarterly as well as relevant parts to the sub-committees of the Board and Executive Management Team.

Condition	Explanation	Comments
		<ul style="list-style-type: none"> • Annual Governance Statement • The 2022/23 Annual Head of Internal Audit Opinion provided 'Significant' Assurance
G6. Registration with the Care Quality Commission (CQC)	Requires providers to be registered with the CQC and to notify NHS England if their registration is cancelled.	<ul style="list-style-type: none"> • The Trust is registered with the Care Quality Commission (CQC). • The Trust's last full CQC inspection was in 2019 and assessed the Trust as 'Good'
G7. Patient eligibility and selection criteria	Requires licence holders to set transparent eligibility and selection criteria for patients and apply these in a transparent manner.	<ul style="list-style-type: none"> • Details of Services the Trust provides are published on the Trust's website • Patients referred to the Trust are not selected on any eligibility grounds. • Eligibility is defined through commissioner contracts and patient choice • Treatment decisions are made on clinical grounds and treatment options (risks and benefit) are discussed with the patient through the consent to treatment process.
G8. Application of section 6 (Continuity of Services)	Sets out the conditions under which a service will be designated as a CRS	<ul style="list-style-type: none"> • CRS are defined in the Trusts contracts with Clinical Commissioning Groups
Costing conditions (P)		
C1. Obtaining, recording and maintaining sufficient information about expended costs	Obligation of licensees to record information, particularly about costs consistent with the guidance in NHS England's Approved Costing Guidance.	<ul style="list-style-type: none"> • The Trust has well established systems for coding, collection, retention and analysis of activity and cost information. • The 2020/21 Internal Audit Programme undertook an audit of the National Cost Collection provided 'High' assurance
C2. Provision of information	Obligation to submit the above to NHS England.	<ul style="list-style-type: none"> • The Trust responds to guidance and requests from NHS England.
C3. Assurance regarding the accuracy of pricing and costing information.	Obliges Providers to have processes in place to ensure itself of the accuracy and completeness of costing and other relevant information collected and submitted to NHS England.	<ul style="list-style-type: none"> • The Trust Board have signed off the process in relation to National Cost Collection (July 2023).
Pricing Condition (P)		

Condition	Explanation	Comments
P1. Compliance with the NHS payment scheme	Obligation to comply with the rules, and apply the methods, concerning charging for the provision of health care services for the purposes of the NHS contained in the NHS Payment Scheme published by NHS England	<ul style="list-style-type: none"> All Trust contracts are agreed annually and are in line with the NHS payment scheme where applicable.

Integrated care condition (IC)		
IC1. Provision of integrated care	Requires Licensee to act in the interests of people who use healthcare services by ensuring service provision is integrated with the provision of such services by others and enables co-operation with other providers.	<ul style="list-style-type: none"> The Trust actively works with its partners, through formal and informal mechanisms to foster and enable integrated care, including lead provider arrangements where appropriate. A number of services provided are done so through partnership working with other local stakeholders. The Trust has become the lead provider in the Humber Coast and Vale Geography for the following specialised Mental Health Services <ul style="list-style-type: none"> Adult Secure inpatient care (Low/Medium Secure) Children's and Adolescent Mental Health Inpatient Services Adult Eating Disorders Inpatient Services
IC2. Personalised Care and Patient Choice	<p>Obligation to:</p> <p>Support the implementation and delivery of personalised care by complying with legislation and having due regard to guidance.</p> <p>Offer service users information, choice and control to manage their own health and wellbeing to meet their own needs, working in partnership with other services as required.</p> <p>Ensure service users are informed, as applicable, when they have a choice of provider and that the information assists them in making well informed choices.</p> <p>Not offering gifts, benefits or pecuniary or other advantages to clinicians, other health professionals, commissioners or their staff as inducements to refer patients or commission services</p>	<ul style="list-style-type: none"> The Trust has in place a service directory setting out the services available. Commissioners monitor the Trust's compliance with the legal right of choice as part of contract monitoring in line with NHS Standard Contract requirements.

Continuity of service (CoS)		
CoS1. Continuing provision of Commissioner Requested Services (CRS)	Prevents licensees from ceasing to provide CRS or from changing the way in which they provide CRS without the agreement of relevant commissioners.	<ul style="list-style-type: none"> • The Current Contracts with commissioners require agreement with commissioners on the ways CRS services are provided.
CoS2. Restriction on the disposal of assets	Licensees must keep an up-to-date register of relevant assets used in commissioner requested services (CRS) and to seek NHS England's consent before disposing of these assets if NHS England has concerns about the licensee continuing as a going concern.	<ul style="list-style-type: none"> • The Trust maintains a full capital asset register. • Any disposals are reported to and approved by the Trust Board
CoS3. Standards of corporate governance, financial management and quality governance	Licensees are required to adopt and apply systems and standards of corporate governance, quality governance and financial management, which would be regarded as appropriate for a provider of NHS services, enable the Trust to continue as a going concern and provide reasonable safeguards against the licensee being unable to deliver services due to quality stress.	<ul style="list-style-type: none"> • The Trust has Standing Orders, Standing Financial Instructions and a Scheme of Delegation in place, refreshed May 2023. • The Board of Directors/Executive Management Team receive regular performance reports aligned to the Trust Strategic Goals. • The Trust has a Board Assurance Framework and Risk Register which is reviewed quarterly • The Trust's Internal Auditors review risk management processes as part of the strategic audit plan. • The Trust has a current CQC rating of 'Good' for Well Led
CoS4. Undertaking from the ultimate controller	Requires licensees to put a legally enforceable agreement in place to stop the ultimate controller from taking action that would cause the licensee to breach its licensing conditions.	<ul style="list-style-type: none"> • The Trust does not operate and is not governed by an Ultimate Controller arrangement, so this Licence Condition does not apply.
CoS5. Risk pool levy	Obliges licensees to contribute to the funding of the 'risk pool' (insurance mechanism to pay for vital services if a provider fails).	<ul style="list-style-type: none"> • The Trust currently contributes to the NHS Litigation Authority (NHS Resolution) risk pool for clinical negligence and public liability schemes.
CoS6. Co-operation in the event of financial or quality stress	Applies when a licensee receives notice from NHS England regarding the ability of the licensee to continue to provide commissioner requested services due to a quality stress or carry on as a going concern.	<ul style="list-style-type: none"> • The Trust has not received any such notices from regulators • The Trust would full comply with this condition if required.

CoS7. Availability of resources*	Requires licenses to act in a way that secures resources to operate commissioner requested services (CRS).	<ul style="list-style-type: none"> • The Trust has maintained a bank balance of circa £25m+ • The Trust has an approved budget. • The Trust continues to complete its accounts on a going concern basis and there are no indications this will change <p>* This is a declaration on behalf of the Trust as part of the annual submissions</p>
Foundation Trust conditions (FT)		
NHS1. Information to update the register of NHS foundation trusts	Obliges foundation trusts to provide information to NHS England.	<ul style="list-style-type: none"> • The Trust has provided NHS England with a copy of its NHS Foundation Trust Constitution • The Trust has provided NHS England with a copy of its Board approved Annual Report and Accounts.
NHS2.NHS Foundation Trust governance arrangements	Obliges the Licensee to apply principles, systems and standards of good corporate governance.	<ul style="list-style-type: none"> • The Trust reports, via its Annual Report, on its compliance against the NHS Foundation Trust Code of Governance. • Succession planning on the Board was considered in 2022 • The Board has an Annual workplan which ensures decisions are made in a timely way • Evidence regarding the Trust's compliance with its Licence conditions is considered on an annual basis. <p>* Evidence against this submission is detailed in appendix B.</p>

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

	Statement	Sources of Evidence and Assurance
1	The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	Scheme of Delegation, Reservation of Powers and Standing Financial Instructions have been updated and refreshed – May 2023 Board. Constitution has been reviewed and updated
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Trust Wide Risk Register Board Assurance Framework Board Performance Reports Finance Report
3	The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.	Committee Structures well established Committee Effectiveness reviews are reported to Trust Board Annually Clear Accountability through EMT and Executive Directors Portfolios. Level 3 performance reports and ‘ward to board’ reporting. Well Led Review has taken place and all recommendations have been implemented.
4	The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: (a) To ensure compliance with the Licensee’s duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee’s operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health	<i>External Audit Opinion on VFM (ISA260)</i> <i>Going Concern review</i> <i>Annual Governance Statement</i> All Statutory requirements met Delivered Financial Targets in 2022/23 Previous use of Resource Score of 2 (<i>currently not recorded</i>) Trust plan agreed to meet its financial targets for 2023/24

	Statement	Sources of Evidence and Assurance
	<p>care professions;</p> <p>(d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern);</p> <p>(e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;</p> <p>(f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;</p> <p>(g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and</p> <p>(h) To ensure compliance with all applicable legal requirements.</p>	<p>Monthly Performance report to Trust Board</p> <p>Quality Report to Quality Committee</p> <p>Monthly returns to NHS Improvement</p> <p>Risk Register and Board Assurance Framework</p> <p>Annual Report on non-clinical safety presented to Trust Board</p> <p><i>Annual Report and Accounts</i></p> <p><i>Annual Quality Report</i></p>
5	<p>The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure:</p> <p>(a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;</p> <p>(b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;</p> <p>(c) The collection of accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and</p> <p>(f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.</p>	<p>Board Skill Mix</p> <p>CQC well led rating of Good</p> <p>Board Development Programme</p> <p>Standing Items to Board</p> <ul style="list-style-type: none"> • Performance Report • Finance • Chief Executive Update including <ul style="list-style-type: none"> ○ Nursing Update ○ Operations Update ○ Medical Update ○ HR Update <p>Refreshed Trust Strategic Objectives</p> <p>Patient and Staff Stories reported to Board</p> <p>Programme of Exec Visits (Virtual and Physical)</p> <p>Friends and Family Test</p> <p>CQC Action Plan/Improvement Plan</p> <p>Midday Mail/Midweek Global</p> <p>EMT New Headlines</p> <p>Board Talk</p> <p>Meet with Michele</p>
6	The Board is satisfied that there are systems to ensure that the Licensee has in place	Trust Board undertake Fit and Proper Persons Test

	Statement	Sources of Evidence and Assurance
	<p>personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.</p>	<p>Board Secretary maintains declarations of interest register Staffing Figures reported to the board regularly. Trust Workforce Strategy Workforce included in Service Plans The Trust has an established Workforce Committee</p>