NHS
Humber Teaching
NHS Foundation Trust

Humber Teaching NHS Foundation Trust
Annual Report and Accounts
2024/2025

Caring, Learning
& Growing Together

Humber Teaching NHS Foundation Trust
Annual Report and Accounts 2024/25

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Caring, Learning
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Chair & Chief Executives Foreword

We are pleased to present an annual report that reflects our ongoing commitment to delivering high-quality, compassionate care to the communities we serve.

2024/25 marked the third year of our strategic plan. Developed in collaboration with our staff and stakeholders, it sets out our ambition to achieve a CQC rating of Outstanding, co-produce services, and uphold our commitment to supporting and developing our workforce.

With over 3,600 staff, 120 volunteers, and 25 governors, our Trust has supported more than 206,670 patients and service users this year. Our commitment to safe, compassionate, and effective care continues to be the foundation of our success.

We have continued to make excellent progress toward our objectives. This report highlights some of the key moments that have defined our journey over the past year.

To ensure we meet the needs of patients and staff, we have had to embrace change and adapt to the shifting NHS environment. From enhancing our services and embracing innovation, to strengthening our workforce and deepening our partnerships, this year has been one of progress and resilience.

At the heart of everything we do is our unwavering dedication to patient care. Whether through improvements in mental health support, investment in digital transformation or initiatives to address health inequalities, we remained focused on delivering the best possible outcomes for all.

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

Mike Smith and Francis Patton retired from the Board in August 2024 having served eight years and six years eight months respectfully. We are grateful for their invaluable support and dedication over the years. Their leadership, insight and commitment have played a vital role in shaping our work and making a lasting impact on the communities we serve. Dean Royles replaced Francis Patton as Senior Independent Director.

David Smith left the Trust in September 2024 after serving his one-year development programme as an Associate Non-Executive Director.

Also in September, we announced the appointment of two new Non-Executive Directors for the term of 1 Sept 2024 to 31 August 2027. Keith Nurcombe and Stephanie Poole share a wealth of experience and will bring their knowledge and expertise to the Trust’s Board.

We thanked Hilary Gledhill, Executive Director of Nursing, Allied Health and Social Care Professionals for her outstanding service to Humber and the NHS over 40 years as she retired, and we welcomed Sarah Smyth to this role.

Last year we said farewell to Governors Gary Foster, Ruth Marsden, Jonathan Henderson, Cllr David Tucker, Patrick Hargreaves, Dominic Kelly and welcomed Julian Barnard, Simon Blackburn, John Arthur, Francis Odukwe, Dan Laughton, Sara Bennett, Alex Weeks, Dominic Purchon, Jonathan Owen and Gary Foster. Our thanks to the Board and the Council of Governors for their commitment over the past year.

Like many NHS providers, this year we experienced significant and sustained pressure across our services, particularly during the winter months. Our inpatient wards faced high levels of demand, compounded by workforce pressures and complexity of need. We also continued to see growing demand for mental health and neurodiversity services, contributing to longer waiting times in some areas.

We are actively working with system partners to respond to these challenges, through pathway redesign, targeted investment, and ongoing recruitment and retention efforts. We remain committed to improving access, ensuring safe and timely care, and advocating for the needs of those who often face the greatest barriers to support.

The launch of vital services such as the Youth Recovery and Wellbeing College and the Connect website for young people's mental health highlights our commitment to co-designed, accessible care. With input from over 85 adults with learning disabilities and young people, these initiatives are already making a meaningful impact.

We continue to embed a culture of learning and patient-centred improvement, through the Patient Safety Incident Response Framework, the Friends and Family Test, and the invaluable contributions of our Experts by Experience. Strengthening patient and carer involvement remains a priority to ensure those who use our services help to shape their future.

One way we listen to our patients, service users and carers is through regular surveys and the Friends and Family Test. This feedback plays a vital role in helping us understand people's experiences and continuously improve the quality of care we provide. Using a 'You Said, We Did' approach, we ensure that those who share their views can see how their voice has made a difference, whether in GP practices, community mental health teams, or inpatient settings. These insights help us identify areas for improvement, celebrate what's working well, and make meaningful changes that matter to the people we serve. We are grateful to everyone who takes the time to share their thoughts and help shape better care.

We all know that the NHS faces ongoing challenges, including rising demand, workforce shortages, and financial constraints. At the same time, national healthcare policy is shifting, with an increased focus on integration, tackling health inequalities, and workforce resilience. Locally, our partnerships with Integrated Care Boards, local authorities, and voluntary organisations are driving more joined-up and preventative care solutions.

As part of the Humber and North Yorkshire Specialised Mental Health, Learning Disability, and Autism Collaborative, we continue to bring together five NHS, independent, and social enterprise providers to improve specialist care across our region.

Over the past year, we have strengthened our partnerships with local providers, places, and NHS England (NHSE), providing leadership and oversight for key transformation programmes. We have also made significant progress in delivering the priorities outlined in the NHS Long Term Plan, focusing on suicide prevention, learning disabilities, community mental health team transformation, crisis care, perinatal services, dementia care, improving access to psychological therapies, and expanding services for children and young people.

In 2024, we strengthened our culture of engagement and improvement. The NHS Staff Survey results showed another strong year for our Trust with scores in line with last year's best-ever performance. This year, we relaunched our Behavioural Framework, `Being Humber'. Designed to bring our Trust values to life in the everyday actions and attitudes of our people, it was developed in collaboration with staff across services and roles. The framework sets out clear expectations for how we work together and with those we serve. As we embed the framework further, it is helping to shape a more connected, inclusive and values-driven culture across the organisation.

We have improved our performance across all People Promise themes compared to 2023 with better results than our benchmark group average. This year just over 56% of staff completed the survey, a small increase on last year's record completion rates and above the national average.

The latest report also includes five years of results demonstrating the positive work we have done to ensure continuous improvements are made to staff and patient experiences. This includes an improvement in the number of staff who agree/strongly agree that they 'would recommend their organisation as a place to work' rising from 49% in 2019 to 69% in 2024.

Our workforce remains our greatest asset, and we have continued to support and invest in our people. From NHS Cadets and T-Level students to targeted recruitment campaigns, we are ensuring a strong future for our teams. Additionally, our sector-leading Your Leave Plus offer has expanded to include enhanced flexible working and health and wellbeing initiatives, reinforcing our commitment to staff welfare.

This year, we achieved a historic number of national awards shortlistings, underscoring our leadership in setting healthcare standards. Our innovative projects, such as the Right Care, Right Person initiative with Humberside Police and the Humber Suite at Hull Royal Infirmary, have gained national attention for improving patient care pathways.

Financially, we have navigated significant pressures with strong management and efficiency measures, ensuring we remained on track to meet and in the end exceed our break-even plan, which was a significant achievement given the wider financial challenges within the NHS. Initiatives such as the out-of-hours call handling process in North Yorkshire have demonstrated how service improvements can also drive financial sustainability, saving approximately £80,000 annually.

This year, we welcomed the publication of the Government's NHS Missions report, which sets out a clear direction for innovation, integration, and patient-focused transformation across health and care. These eight missions focus on tackling the biggest challenges facing the NHS, from reducing pressure on urgent and emergency care to enabling digitally empowered care and improving population health.

As a Trust, we are committed to aligning our strategic priorities and innovation pipeline with these national goals. The missions offer a helpful lens through which we can review our services, shape future projects, and assess impact ensuring we are not only responding to local needs but also contributing to wider system change.

The themes outlined in the report, such as supporting people to live healthier lives, joining up care across pathways, and using data and technology more effectively, will directly influence our approach to transformation, digital development, and communications. By embedding these principles in our planning and delivery, we aim to create more seamless, responsive, and sustainable services that meet both national expectations and the real needs of our communities.

With the focus on analogue to digital at the front of our mind already, our dedicated BeDigital function focuses on Digital, IT and Business Intelligence (BI), which drive us forwards in our ambition to become a digital-first organisation. In line with national directives, our innovation and commitment to this goal ensures a variety of benefits for our staff and our patients, their families and carers.

As part of our commitment to enhancing patient care and supporting a more connected healthcare system, our Trust has recently implemented a single Electronic Patient Record (EPR). By having one system across the organisation, we improve efficiency, ensure seamless communication and support our staff to deliver continuous high quality patient care.

By advancing medical knowledge and driving improvements in healthcare delivery, research plays a vital role in promoting social value and contributing to the overall health and well-being of individuals and communities.

Patients, carers and service users accessing Trust services continue to be offered a breadth of research opportunities spanning numerous health conditions and many types of study design, with 53 national research studies taking place in our Trust this year, around 45% involving the evaluation of novel treatment interventions. Forty of our Trust staff have been trained in new treatment interventions as part of research.

Our Social Values Report is an essential part of our annual review, dedicated to capturing the heart of our community and the impact of our initiatives. By sharing stories and case studies, the report brings our strategic commitments to life, illustrating how our work enhances the wellbeing of our staff, patients, and the broader community. This approach reinforces our commitment to embedding social values at every level of the Trust, ensuring that our collective efforts resonate with and positively shape the communities we serve.

As we step into the future, our priorities remain clear: delivering outstanding care, supporting our people, and embracing collaboration and innovation. We will continue to advocate for the resources and recognition our teams deserve while celebrating the exceptional work we do every day.

To everyone who has contributed to our journey this year, thank you. Together, we will keep making Humber a place where people feel valued, supported, and inspired.



Rt Hon Caroline Flint
Chair



Michele Moran
Chief Executive

About Our Trust

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

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

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

We hold a total of three GP practice contracts registered to provide care with the Care Quality Commission (CQC). These are a mixture of General Medical Services (GMS) and Personal Medical Services (PMS) contracts in Cottingham, Market Weighton and Bridlington. We employ more than 3,600 staff working across numerous locations covering Hull, the East Riding of Yorkshire, Whitby, Scarborough, and Ryedale.

Our population is diverse and includes people living in both urban and rural communities across Hull, East Yorkshire and North Yorkshire. In Hull and parts of the East Riding, we serve some of the most deprived areas in the country, where life expectancy and healthy life expectancy are significantly below the national average. In contrast, much of North Yorkshire—including areas such as Whitby, Scarborough, Ryedale and Malton—faces the unique challenges of rural health inequality, including an ageing population, isolation, limited access to transport and workforce shortages. Across all the areas we serve, we are committed to tackling health inequalities by tailoring services to local needs, improving access, and working with system partners to address the wider determinants of health and wellbeing.

As of 31 March 2025, we had 7,604 members who we encouraged to get involved, have their say, elect governors, and help us to make a difference to how local healthcare services are provided. The views of Trust members are represented by our Council of Governors.

We have 25 governors made up of public governors, service user and carer governors, appointed governors, and staff governors. More than half of the Council of Governors is elected by local people or staff. Appointed governors include representatives of local partnership organisations.

We also have over 120 dedicated volunteers who are passionate about working in our services and are available to help patients, staff, and visitors. Their work makes a huge difference to our patients' experience whilst improving their own health and wellbeing. As a Teaching Trust, we work closely with our major academic partners, Hull York Medical

School, and The University of Hull, nurturing a workforce of tomorrow's doctors, nurses, and health professionals.

The research that we do helps to improve the health and wellbeing of the people we serve, our services and the care and treatment of people worldwide. We have a dedicated Research and Development team involved in both national and global medical research and our fourth annual research conference was held virtually in November with international delegates and over fifty organisations represented.

Our work as the organisational host for the Yorkshire and Humber Care Record continued this year on behalf of the Yorkshire and Humber Integrated Care System (ICS). This partnership aims to provide health and care staff with better and faster access to vital information about the person in their care and aims to provide citizens with access to their information and encourage them to be more involved in looking after their health. The programme’s ambitious objective is to integrate health and care records across the region with the aim of improving care by providing timely and relevant information to care professionals and citizens securely and safely.

Our Services

Our services cover a wide-range geographical area comprising Hull, the East Riding of Yorkshire, Scarborough and Ryedale, Pocklington and Whitby including nationally commissioned services.

Our services are grouped into four divisions:

• Community and Primary Care

• Children's and Learning Disabilities

• Forensic Services

• Mental health

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

During the year, our Mental Health and Physical Health Community Services saw 205,133 patients. 1,544 patients were looked after in our mental health units and community beds. Full details can be found in our Quality Account reports on our website www.humber.nhs.uk/about/annual-report-and-accounts.htm.

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

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

Our Vision, Mission, Values and Strategic Goals

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

Our Mission
We are a multi-specialty health and social care teaching provider committed to caring, learning and growing.

Our Values
Our internal values shape our behaviours and guide the way we work with our patients, staff, partners, within our community and with each other:

- Caring for people while ensuring that they are always at the heart of everything we do.
- Learning and using proven research as a basis for delivering safe, effective and integrated care.
- Growing our reputation for being a provider of high-quality services and a great place to work.

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

Performance Report

Overview of Performance: A Statement from the Chief Executive

I am proud to share this performance report, highlighting the dedication, resilience, and achievements of our teams over the last twelve months.

Reflecting on the past year allows us not only to celebrate successes but also to recognise the unwavering commitment of our staff and partners in delivering high-quality care.

Everyone involved in the achievements showcased in this report should take immense pride. Despite the challenges we continue to face, we have remained steadfast in our mission to improve the lives of people across our communities. Whether it is enhancing crisis care pathways, reducing waiting times, expanding access to psychological therapies, or driving innovation in service delivery, every achievement reflects our shared determination to delivering outstanding patient care.

The demands on the NHS continue to evolve, and 2024/25 has brought new complexities. Rising service pressures, workforce challenges, and the need to transform care models within stretched resources require us to work smarter, more collaboratively, and with a renewed focus on prevention and early intervention. While we have made significant strides in addressing these challenges, we recognise that there is still work to do to ensure services remain accessible, effective, and person-centred.

Looking ahead, I remain confident that through strong partnerships, co-production, and innovative approaches, we will continue to drive positive change and strengthen the future of the services we provide. Thank you to everyone who plays a part in this vital work.

Our Quality Account showcases our achievements with stories direct from staff, service users, their families, and carers. It outlines progress against our quality priorities which were agreed together with our patients, carers, staff and stakeholders. You can read it on our website humber.nhs.uk.

Achievements and Challenges

Whilst so much has been achieved, there is always more to do to meet the changing needs of our communities. Every challenge presents an opportunity to innovate, and time and again, we have demonstrated our ability to adapt, evolve, and find creative solutions to deliver the best possible care.

In our forensics services, the cost of using agencies to cover for staff absence and vacancies had been a pressure for the last five years. The division put in place a plan to address the psychiatry vacancies and good progress has been made against the aim to be in financial balance for 2025-26.

In Community Forensics we successfully aligned the Specialised Community Forensics Team and Learning Disability Forensic Outreach and Liaison Service into a single team. This work has improved patient and carer experience and addressed inequalities in the way the services are commissioned.

There is a strong focus in the 25/26 NHS Operational Planning Guidance to improve local mental health bed availability and reduce the need for out of area placements. Flow issues across the whole system remain a challenge including community capacity and provision of appropriate alternatives to admission.

Often people who have completed their treatment on a ward and can be treated by community teams cannot be discharged from hospital. We have implemented Multi-Agency Discharge Event meetings which bring together services to better support safe and timely discharge and ongoing care for our patients closer to home.

There has been a strong national focus on the challenges faced by our acute colleagues to reduce the time people wait in the Emergency Department. We have worked with Hull University Teaching Hospitals and commissioning colleagues to develop a co-located “Humber Suite” within the Emergency Department. This allows patients who require mental health support to be managed outside of the Emergency Department environment.

There has been a significant increase in referrals both nationally and locally for Autistic Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) assessments. The number of children on the waiting list is significantly increasing and is at risk of exceeding recovery within an acceptable timescale.

The demand for adult autism assessments has also increased. The demand for adults is exacerbated by the number of young people transitioning into adult service, still without a diagnostic assessment.

Our Neurodiversity services are working with partner organisations, the ICB and independent providers to safely manage children and adults referred into our services by reviewing pathways, referring to “Right to Choose” independent providers and exploring the use of digital solutions to support people when they are referred into services.

Transformation plans have been developed, and solutions continue to be explored. Bids were drawn up and submitted for Sustainability and Development Funding (SDF) however we were not successful in securing additional funding for these services and the situation remains unresolved.

With support from the National CLEAR Programme, we have undertaken a comprehensive redesign of its core CAMHS (Child and Adolescent Mental Health Services) teams in Hull and East Riding. The project looked at ways to reduce waiting lists, make processes more efficient and improve patient care. This included looking at the criteria for care, exploring opportunities to enhance the urgent treatment pathway and improving system collaboration to support children and young people after discharge.

During the 26-week transformation project, insights were gathered from more than 40 staff and a workshop held with the Humber Youth Action Group. Data for 6,448 referrals over five years was analysed and combined with the qualitative findings to identify key challenges and develop new ways of working.

The CLEAR process was also used in the mental health crisis team with the aim of streamlining pathways and referral criteria, improving access to care and collaborative working. The project team designed and recommended several improvements including enhancing ‘front door” access via the service’s phone line to identify a crisis response within six minutes, triaging referrals by a registered practitioner with appropriate cases transferred to a central referral hub, and locality hubs undertaking assessments and managing interventions, with staff allocated to each locality to reflect workload.

Tackling Health Inequalities Through Inclusion Health

Inclusion Health is a priority for the NHS locally and nationally, to ensure that everyone, regardless of their circumstances, receives the care they need.

We are proud to lead the East Riding Health & Care Committee Inclusion Groups Programme which aims to improve access and experience of services for inclusion health groups within the East Riding.

The programme has overseen the development of the East Riding Inclusion Health Champions Scheme. Twenty volunteer Health Champions form part of a network of staff and volunteers who will drive meaningful change for the most excluded people within our communities.

Together with East Riding of Yorkshire Council Public Health and HEY Smile, we created an Inclusion Health Needs Assessment to identify and understand the gaps, challenges, and priorities for the system. Its purpose is to provide evidence-based insights to help us and our partner organisations to prioritise interventions, reduce health inequalities, and develop targeted strategies to support underserved communities.

Our Buildings and Environments

Our Estates team has worked tirelessly to develop and maintain our buildings and services.

The Trust has a current five-year Estate Strategy (2022-2027) and continues to develop our estate in accordance with the strategy. This is monitored via the Estate Strategy and Capital Delivery Group, Executive Management Team, Finance Committee and Trust Board.

We continue to invest in our estate to create safe, inclusive, and welcoming environments for everyone who uses our services. Patient and carer experience and engagement are central to informing our decisions, helping us shape spaces that meet a wide range of needs and reduce barriers to access.

All of our estates work is aligned with the NHS Green Plan, ensuring that developments and improvements contribute to a more sustainable health service. We are committed to making our buildings and infrastructure fit for the future, reducing our environmental impact, improving energy efficiency, and creating spaces that support both clinical care and environmental responsibility. Our Estates team plays a key role in driving this work forward, ensuring that every investment supports the NHS England net zero targets and helps build a greener, healthier future for our communities.

One stand out project this year, a new waiting area, was completed at Walker Street Children's Centre, funded by Health Stars. High-quality waiting areas not only improve the experience of care but also play a vital role in supporting appointment attendance and meeting the sensory needs of children and young people.

Outdoor spaces are an important part of our approach to creating therapeutic and recovery-focused environments. Well-designed gardens and green spaces can have a significant positive impact on mental and physical health for both patients and staff. As part of this commitment, we officially opened a new sensory garden at our Inspire CAMHS unit. This space offers a calm and supportive environment for young people and their visitors, encouraging reflection, relaxation, and connection with nature. Across the Trust, we will continue to enhance our outdoor areas to ensure they contribute meaningfully to wellbeing and recovery. Our development of staff rest areas reflects our commitment to supporting staff wellbeing through high-quality working environments. We recognise that accessible, comfortable, and thoughtfully designed spaces for rest are essential for helping staff recharge. These improvements not only contribute to individual wellbeing but also foster a more positive, supportive workplace culture.

Our People, Our Culture

We continue to focus on analysing and transforming the workplace culture with some great work having taken place over the past few years.

As I have shared in previous reports, following the airing of the Panorama programme into Edenfield Centre Prestwich in September 2022, we undertook a significant piece of work with all staff in relation to the identification and management of closed cultures.

Following the CQC's special review of Mental Health Services in Nottingham, we have carried out a self-assessment against the recommendations and produced an action plan to address our findings. This has also been evidenced in our response to the Southport incident which led us to review our Prevent policy for safeguarding. The review evidenced a high level of compliance with some areas for learning which we are addressing.

In early 2024 we applied for four of our inpatient wards to be one of 60 organisations implementing new NHS Culture of Care standards. One of the wards chosen was our Learning Disability in-patient services based at Townend Court. As a ward that had experienced some culture and recruitment challenges, it was felt that this would be beneficial to support the teams develop and grow.

Participation helps teams improve workplace culture and recruitment by fostering a supportive, values-based environment. It enhances staff wellbeing, strengthens teamwork, and promotes psychological safety with the aim of improving retention and developing a more attractive workplace for new recruits. The project is developing well, and the team are already feeling the benefits of being involved.

Despite the challenges, the past year has been one of real progress. The highlights showcased in this report demonstrate that despite these obstacles, we remain steadfast in our commitment to excellence, innovation and above all, the best possible patient care.

Hearing Every Voice

By listening to our service users, their families and carers and our staff, we aim to create a culture where all voices are valued and heard.

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

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

The latest report also includes five years of results which demonstrate the positive work you have all done to ensure continuous improvements are made to staff and patient experiences.

The number of staff positively reporting that we act on concerns raised by patients and service users has also risen from 66.34% in 2019 to 79%.

This is also significantly higher than our benchmark group. Our score for this question is a strong indicator of a positive, open culture. It shows that concerns are not just heard but acted upon, something vitally important for patient safety.

Our commitment to ensure our patients, service users, their carers and partner organisations voices are heard in all that we do has become an integral part of our culture and everyday thinking. Listening to feedback continues to support our innovation and transformation plans reflecting diverse community needs.

We actively engage and involve the community by hosting face to face and virtual Trust forums across the geographical patch.

In April, we launched our new Friends and Family Test (FFT) dashboard, which displays the results of FFT Surveys from patients, service users, and carers. Accessible to all staff, the dashboard provides performance insights at the organisational, divisional, and team levels.

Over the past twelve months, a total of 16,412 surveys were completed. 90.5% of respondents confirmed they were happy with the overall service and 90.9% of respondents thought they were involved in their care and listened to.

Our Experts by Experience (EbE) are people with experience of using services as either a patient, service user or a carer and once registered on our EbE database, will be remunerated for undertaking activities with the Trust. During the past twelve months 32 EbEs have been involved in 28 Trust projects and initiatives where they have been paid for their contribution.

February saw the Patient and Carer Experience and Continuous Improvement Teams host the Trust's first “Caring Together” event, celebrating how patient and carer experiences have driven continuous improvements. With over 150 attendees in-person and virtually, the event featured presentations from staff and patient representatives across the Trust. A special recognition section honoured four Patient and Carer Experience Champions and the Humber Youth Action Group for their dedicated support.

We are delighted to share that since its launch in 2021, 89 pieces of work have been honoured with the co-production logo stamp and during the past 12 months there have been 36 pieces of work awarded. The logo demonstrates the tremendous effort that goes on behind the scenes to co-produce work. Our Friends and Family Test results shows that 93.4% of respondents find our staff friendly and helpful, 90.1% believe they receive sufficient information, and 90.9% feel they are involved as much as they want to be in their care.

Throughout the year, the quality of our staff and services has been supported by letters of praise and direct patient experience feedback.

Humber Primary Care

"got a face-to-face appointment with the GP. For me, at my age, being hard of hearing and visually impaired, that is crucial."

Market Weighton Practice

"My GP was knowledgeable, empathetic, listened to me, and made me feel important and understood."

King Street Medical Centre

"I was spoken to with respect, my comments were taken into account, and I had a real one-on-one with the nurse who explained things in a way I was able to understand."

Humber Memory Assessment Service

"Home visits and telephone appointments make it much easier for clients to access your services."

0-19 IPHN Service – Hull North

"Everything! Our health visitor has gone above and beyond to help our family. She has supported us emotionally and physically, giving us the best tools to help with the child in our care. She is an absolute credit to the NHS."

East ISPHN – North Holderness

"I felt X was very approachable, caring, and patient with all my questions. She listened to every concern and question I had, and I feel that she genuinely cares. She's a credit to the team."

Mental Health Crisis Intervention Team

"Appointment times were always convenient, and the facilities offered private spaces to discuss sensitive matters. The staff were always very concerned for my wellbeing."

Swale Ward – Humber Centre

"I do feel the transition work with my son before coming to the Humber Centre really did help, and I feel my son is doing really well on Swale due to the support he is receiving."

Bridlington and Driffield adult CMHT

"Regular contact and support, meetings at home, offering other services and assessments for future planning. Always willing to help and flex where necessary. Friendly and supportive team who understood my brother's needs incredibly well."

East Riding Emotional Wellbeing Service

"I felt safe to discuss my issues, and through discussion, I have been recommended more therapy to help me. They have been very understanding, and I felt understood and heard."

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

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

One example of this is our Hybrid Neurodiversity Assessments project which won at HSJ Digital awards in the category of Optimising Clinical Pathways through Digital category.

In response to the high numbers of neurodevelopmental referrals for young people, the team developed new ways of working. Working in partnership with parents, the independent sector, and the Owl Therapy Centre, the team produced a unique digital diagnostic pathway which enabled paediatric autism assessments to be completed within our local communities.

Judges noted this project was an exemplary partnership that was clearly working to ensure that no child would be left behind.

Our Award Winners

HSJ Patient Safety Awards

- Shortlisted

Keyworker Service, Improving care for children and young people initiative of the year

Right Care Right Person, Seni Lewis Award

ED Pathway, Urgent and Emergency Care Safety Initiative of the Year

ED Pathway, Mental Health Safety Improvement award

- Highly Commended

Preceptorship, Patient Safety Education and Training Award

ERP ERP Patient Involvement in Safety

Nursing Times Awards

- Shortlisted

ED Streaming, Safety Improvement Award

HNY SPA, Nursing in Mental Health Award

Breastfeeding, Public Health Award

Breastfeeding gazebo, Children's Service Award

HSJ Digital Awards

- Winner

Hybrid Neurodiversity Assessments project, Optimising Clinical Pathways through Digital category

- Highly Commended

Interweave (Championing Clinical Risk Management and Safety Culture), Digital Clinical Safety

NHS Parliamentary Awards

- Finalists

Recovery pathway - STaRS, Excellence in Mental Health Award

ED Pathway, The Excellence in Urgent and Emergency Care Award

HSJ Awards

- Highly Commended

A 'Humbelievable' Recruitment Campaign, NHS Communications Initiative of the Year Award

ED Streaming, Patient Safety Award

Social Worker of the Year Awards

- Shortlisted

Tafadzwa Gonditii, Newly Qualified Social Worker of the Year

- Winner

Fran Ashton, Social Worker of the Year

Performance and Impact

The Care Quality Commission (CQC) carried out its last full inspection of our Trust in 2019. Due to the pandemic, the CQC adapted their inspection approach, replacing their inspection regime with a Transitional Monitoring Approach (TMA) and in January 2021 positive verbal feedback was received from the CQC. This year, no issues have been identified at the Trust that require the CQC to inspect further.

Following the launch of the Single Assessment Framework, we received a core services inspection at Inspire in February 2025. We received positive verbal feedback and are currently awaiting the draft report. We expect several core services to be inspected in the year ahead culminating in a Well Led inspection with the Trust Board.

Partnerships with Purpose

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

The Humber and North Yorkshire Health and Care Partnership Mental Health, Learning Disabilities and Autism Collaborative, which is made up of health and care organisations across the region, have continued to work increasingly closely together to deliver services in the face of increased demand and limited resource. We are proud that despite the continuing challenges of working in this context we continue to see improving performance across a number of areas; and a real desire to ensure all services are providing safe, quality care for our population.

The Collaborative remains committed to delivering transformational system change, sustaining best practices, and ensuring that services are informed by the experiences of the communities.

They continue to ensure that mental health, learning disabilities and autism services remain high on the agenda across our growing system. We will strive for the health and wellbeing of the people we serve to be prioritised and continue to make the most effective use of our resources to realise this, and to meet the national objectives we are held to.

Humber and North Yorkshire (HNY) Specialised Provider Collaborative is a partnership made up of NHS, Independent Sector and Social Enterprise care providers.

In 2024, they celebrated significant milestones, including the successful launch and subsequent recurrent funding of the Eating Disorder Intensive Treatment Team (EDiTT). This initiative, born from a year-long pilot demonstrating improved patient outcomes and reduced admissions, exemplifies the Collaborative’s dedication to innovative, community-based care solutions.

The team offers an increased frequency of interventions and meal support for those young people at risk of hospital admission or to reduce the length of stay. Since its creation, evidence has shown that they have reduced out of area inpatient admissions, and associated costs and reduced eating disorder admissions.

Harnessing Technology to Improve Care

Embracing digital innovation is key to improving patient care and efficiency across our services.

Shared care records are the cornerstone of joined up care delivery. Interweave and the Yorkshire and Humber Care Record programme, which we host on behalf of the Yorkshire and Humber

region, continues to grow and have a positive impact. On average, 190,000 patient records are accessed every month, helping our staff to provide well-informed, safer, and more effective patient care.

Internally we delivered three go lives across our Trust in 2024 and early 2025 to transfer our mental health services to SystmOne. Having a single clinical system across our divisions is a positive step forward to support the sharing of care records in a fast, easy and secure way. Providing relevant patient information when it's needed supports our teams to make informed decisions about the way they deliver care to those who need it. This will continue to improve clinical outcomes and help us to continue to deliver high quality care.

Our teams now move into a robust optimisation phase which will see the digital and operational teams working together to introduce improvements, additional functionality and digital technologies which will support services and release valuable clinical time.

Supporting Care Through Charity

In April we brought our Trust Charity, Health Stars back into Trust management. Since the handover the charity has gone from strength to strength, reconnecting the charitable objectives with our teams and launching its first appeal since 2021, to create a new day room at the Fitzwilliam Ward in Malton.

Financial Performance

As part of the overall Integrated Care System Financial Plan, the Trust has delivered a breakeven position without seeking any additional resources other than for the pay award.

The Trust delivered a small surplus of £0.025m together with the Trust delivering an efficiency saving of £10.699m. As part of the ICS Joint Capital Plan, we work collaboratively with other health and care organisations across the Integrated Care System to plan and prioritise capital investment. This means that decisions about funding for buildings, equipment, digital infrastructure and estate improvements are made collectively, ensuring resources are directed to where they are needed most to support population health, improve service quality and deliver greater value for money. As part of the plan the Trust has delivered agreed capital projects of £15.591m including IFRS-16.

I would like to thank everyone who we work with to improve the health and wellbeing of our communities, including Integrated Care Boards (ICBs), local authorities, emergency services, and our fellow healthcare providers. Your dedication and collaboration are essential to the work we do.

The unwavering support of our Trust Governors and Members continues to drive improvements in the quality of our services. The dedication of our volunteers also remains invaluable, enhancing patient care and enriching the experiences of those we support.

Reflecting on our journey is not just about celebrating past achievements. It is about learning from our experiences, refining our approach, and strengthening our commitment to meeting future challenges with even greater determination.

In the current political and economic landscape, we know the year ahead will be challenging. We will meet that challenge as one Trust, united in our commitment to our patients, our communities and each other.

Our Highlights

I am proud to share just a few highlights from the past year that show the real difference our teams are making. These examples reflect the progress we are making against our goals, driven by the dedication, compassion and commitment of our people. Together, we are continuing to improve care, support one another and make a lasting impact for our communities.

Innovating for quality and patient safety

- At the Humber Centre, our medium secure unit for forensic psychiatry, a major programme of upgrades to the bedrooms and bathrooms on Ouse and Derwent wards was undertaken to resolve longstanding challenges with the quality of accommodation. As part of the works, mock up bedrooms were created for staff and patients to view and comment on, ensuring excellent engagement in the process.

- Our first 'Caring Together' event, hosted by the Patient and Carer Experience and Quality Improvements teams, showcased coproduction and quality improvements across the Trust. The event included presentations from staff and partner organisations supported by patients, service users and carers, demonstrating how patient and carer experience has informed continuous improvements.

- We launched a new aromatherapy service designed specifically for young people facing mental health challenges. This unique offering, led by experienced clinical aromatherapists, provides therapeutic treatments tailored for individuals in core CAMHS, Looked After Children, and those dealing with eating disorders. With the opening of a new clinic in Westend, we have expanded our reach beyond Hull and into East Riding, ensuring more young people can benefit from this transformative service.

- The Trust worked with AccessAble to create multiple Detailed Access Guides for facilities, wards and departments at all of our services and sites. The Guides provide detailed facts, figures and photographs to help patients, visitors and staff plan their journeys to and around the Trust facilities, covering everything from parking facilities and assistive listening devices, to walking distances and accessible toilets.

"We are delighted to have worked with AccessAble to produce Detailed Access Guides for our main health facilities across the Trust. We are ambitious about creating an environment that is as supportive and equitable as possible. The information and guides that AccessAble have developed will help our patients, visitors and staff visit our Trust sites with confidence and improve their experience." Rob Atkinson, Deputy Director of Estates

- A new sensory garden was officially opened at Inspire, our Children and Young People's Mental Health Inpatient Unit in Hull. The garden area was thoughtfully designed with the vision of creating a peaceful reflective, welcoming space for all patients, staff and visitors.

- Feedback from surveys and the Friends and Family Test, highlighted that patients found waiting on hold to book an appointment at our GP practices a negative experience. To remove the need for patients waiting on hold, a new call back function was successfully introduced at Humber Primary Care in Bridlington, Market Weighton Group Practice and King Street Medical Centre in Cottingham. Patients choosing this option do not lose their place in the waiting queue and they receive a call back as soon as an operator is available to speak with them.

Enhancing prevention, wellbeing and recovery

- Our Hull and East Riding Infant Feeding Teams achieved the highest accolade of UNICEF Gold Baby Friendly Accreditation. This was the first year Hull received the accreditation. The report issued by UNICEF highly praised the work undertaken and delivered by the Infant Feeding Team and the 0-19 Service.

"There is excellent leadership support for the Infant Feeding Team and the Chief Executive of the Trust is the Baby Friendly Guardian who reports Infant Feeding data to the Trust Board. A new guardian has also been appointed for the Family Hubs. Manager training has been well received and there is notable investment and enthusiasm to ensure core Baby Friendly standards are maintained alongside new initiatives to expand and build on support offered to families". UNICEF report

- In partnership with Hull University Teaching Hospitals and commissioning colleagues we opened the "Humber Suite" within the Emergency Department at Hull Royal Infirmary. This allows patients who require mental health support to be managed outside of the Emergency Department environment. The space, which was co-designed with patients, is designed to be welcoming, trauma-informed, and clinically safe.

- Our East Riding MHST held the first i-Thrive Together 2024 Conference in partnership with East Riding Mental Health Support Teams, East Riding of Yorkshire Council and the Integrated Care Board. The event was attended by over 150 teaching staff who got together to share knowledge and learning to support the emotional wellbeing of children, young people and families.

"I attended the Systemic Practice and Autism workshops, both of which were really helpful and informative. The presentation from Ruther Baker was brilliant – an all-round great conference – looking forward to the next one!" Member of Staff, Bridlington Secondary School

- East Riding Health received funding for the second phase of the Alarm Distress Baby Scale (ADBB) tool from The Royal Foundation Centre for Early Childhood. The trial tests the feasibility of introducing a new baby observation tool to support parent-child interactions and increase the ability of a health visitor to interpret baby behaviour.

The ADBB tool focuses on looking for social behaviours in a baby including their eye contact, facial expression, vocalisation and levels of activity. This helps practitioners and families to better understand the ways in which babies express themselves and their feelings.

"We were delighted to have been asked by The Royal Foundation for Early Childhood to take part in this trial. We know that babies are born ready to relate and can communicate how they are feeling from a very young age. The ADDB really adds to the health visitor's skills repertoire aiding observation and interpretation of babies' social cues and communication. This not only highlights when things are going well but enables early identification of babies that may be experiencing distress associated with adverse or challenging family circumstances, so that we can put appropriate support in place as early on as possible." Karen Hardy, Specialist Health Visitor

- For Safer Sleep Week this year, our Hull and East Riding 0-19 integrated specialist public health nurse services (ISPHNs/IPHNs) completed a 9-mile walk for charity, visiting children's centres across the local area to raise awareness of safer sleep best practice to reduce the risk of sudden infant death syndrome.

The teams visited children's centres in the Hull and East Riding area and hosted family-friendly activities and competitions, designed to raise awareness of safer sleep.

- We led a research project into the impact of Forest Schools for children in partnership with the University of York. It studied how Forest Schools could be delivered to children aged between

seven and eleven years as part of efforts to tackle the UKs growing mental health crisis among children and young people.

"There is a growing body of evidence which highlights how individuals who feel more connected with nature tend to experience greater happiness and a sense of purpose in life. Forest schools provide an immersive, child-led environment that contrasts with traditional classroom settings. By allowing children to explore their interests and experiment, forest schools foster self-esteem and purpose beyond academic achievement." Co-Lead researcher Dr Hannah Armitt, Clinical Research Psychologist at Humber Teaching NHS Foundation Trust and honorary member of the Institute for Mental Health Research at the University of York

- The East Riding Mental Health Support Team (MHST) completed a seven mile, 'Miles for Smiles' Walk visiting primary and secondary schools they support across East Riding to fundraise and deliver mental health resources.

This year the team have created new digital resources for young people and their families through their online platforms. Sharing these resources online mean they are now available 24/7 to children, young people and their families to access. They are all based on Cognitive Behavioural Techniques (CBT) and include a range of coping strategies related to stress, anxiety, and panic. These emotions can be felt by young people in response to anything from family life to school exams.

Fostering integration, partnerships and alliances

- We launched the Humber NHS Cadet programme in partnership with St John Ambulance. The first cohort of cadets graduated in July 2024. Through the programme they learnt about life in healthcare, developed key skills like developing self-confidence, and were able to explore careers in the healthcare sector. Our cadets had the opportunity to meet some of our staff including professionals from CAMHS and Allied Health, as well as learn about the volunteering, work placements and the work of our Humber Youth Action.

The cadets shared how the programme has inspired them to think about a career in the NHS and has helped them think about the different career routes into the organisation. Some cadets are already engaging with voluntary opportunities and work experience to take their next steps towards their future careers.

"The outgoing NHS Cadets were a fantastic group, and we are looking forward to seeing how the new cohort grow and develop their skills over the next 11 months. We have received incredible interest already in our programme but there is still time to join us." Bethia Dennis, Children's Engagement Lead

- The Research Team in partnership with Imperial College London launched a study into loneliness and isolation in Hull. The study will identify a heat map of the areas where loneliness is most prevalent and aims to support future developments which can improve outcomes for those affected.

"We believe this study is a vital look into the way we can better understand not only where loneliness is most prevalent, but also how environmental factors are impacting our communities. We are delighted to be working with our partners at Imperial College London and Hull City Council to learn more about loneliness and its impact on a wider scale." Saddaf Shaheen

Our Trust was successful in securing one of the first ever Cancer Innovation Grants from the Humber and North Yorkshire Cancer Alliance, through a joint bid alongside NHS Humber and North Yorkshire Integrated Care Board (ICB) and the Bridlington Primary Care Network (PCN). This grant enabled us to provide specialist support for people with learning disabilities, to improve access and

engagement with crucial cancer screening programmes. To aid the accessibility of cancer screening for patients with learning disabilities, the grant put in place a specialist Learning Disabilities nurse role to foster better engagement with multiple health services.

“This grant will allow us to take a significant step forward in addressing some of the health inequalities faced by people with learning disabilities in accessing cancer screening services. By introducing a dedicated Learning Disabilities Nurse and creating paid roles for experts with lived experience, we can ensure that support is specialised and meets the needs of the communities we serve.” Humber and North Yorkshire ICB East Riding Place

- We are proud to be a key partner in a groundbreaking new mental health research initiative led by the University of Hull. The University has secured £11 million from the National Institute for Health and Care Research (NIHR) to establish the Centre for Addiction and Mental Health Research (CAMHR), with the Trust colleagues playing a crucial role in its development and impact. CAMHR aims to significantly improve the provision of, and access to essential addiction and mental health services provided in the community, including services for children and young people. The centre's targeted research will inform how services are delivered.

“There is an essential need to carry out research to improve the access to and provision of addiction services in our communities. As a Clinical Psychologist I have worked with many young people, families and adults impacted by addiction and I am excited about the opportunity the new centre brings to engage and involve our young people, patients, carers, families, and local communities as active partners in this research’. Dr Hannah Armitt, Clinical Research Psychologist

Promoting people, communities and social values

- The East Riding Inclusion Groups Programme supports providers to have a better understanding of the needs and strengths of inclusion groups and involves representatives of inclusion groups and people with lived experience in decision making and feeling their input is valued.

System partners have worked together to design a Champions scheme made up of staff and volunteers from across the system who are passionate about improving outcomes for people from Inclusion Health Groups.

Inclusion health describes people who are socially excluded, who typically experience multiple overlapping risk factors for poor health, such as stigma, discrimination, poverty, violence, and complex trauma.

- The Humber Youth Action Group (HYAG) received a special recognition honour in the category 'Young People's Voice for Change in SEND' for their contributions in projects, such as the Connect Children's and Learning Disabilities divisional website.

HYAG brings together young people aged 11-25 from Hull and the East Riding with the goal of helping our organisation improve its services for children and young people.

- Chief Executive, Michele Moran, completed a 13.5 mile walk between each of our mental health units to raise money for our Trust charity, Health Stars. Every year Michele takes on a ‘CEO Challenge’ which stretches her physically and mentally to raise funds for the charity. This year she raised over £8,000 for Health Stars.

“It was tough, but I thoroughly enjoyed it. Seeing the teams welcoming me at each of the inpatient units really spurred me on. I am delighted by how much we have raised for Health Stars, and I know that every penny will be spent on improving experiences for both our staff and our patients.” Michele Moran, Chief Executive

- The Humber Wellbeing Recovery Employment Service (WRES) was recommissioned to support economically inactive East Riding residents who face barriers to accessing skills, opportunities, and meaningful paid or voluntary employment. The project is delivered by our Trust, on behalf of East Riding of Yorkshire Council and is funded by the UK Government through the UK Shared Prosperity Fund (People & Skills).

The community-based team of Employment Advisors, Employment Skills Practitioners and lived-experience Peers are on hand to provide support, tailored to individual need, for people in East Riding.

“Before WRES I really lacked the belief I would be able to secure a job. I felt like it was never going to happen for me but the skills I gained mean I have stopped being so hard on myself when I don’t succeed and have given me the belief that I would find a job if I kept working at it. Without the support of the WRES team I would probably still be unemployed, still on Universal Credit and being moved from service to service for support. Instead, I am really enjoying my time at work and have ambitions to develop myself and work in media at some point in the future!” Matty, former WRES service user

- The Trust held its first ever Summer Showcase in July 2024. The event saw services from across the Trust come together to showcase the outstanding work that takes place every day to improve patient care. It was an opportunity for the public to see the variety of roles and services within the Trust and to speak to the people who deliver them.

Developing an effective and empowered workforce

- The NHS Parliamentary awards celebrate the achievements and dedication of NHS staff across England. Our services were nominated by local MPs for two awards and went on to be selected by NHS England as finalists in both categories. The NHS Parliamentary Awards recognise the outstanding contribution of NHS staff, volunteers and other health and care sectors.

The Specialist Treatment and Recovery Service (STaRS) Recovery Pathway was shortlisted in the Excellence in Mental Health Care award category. STaRS redefined the recovery pathway for individuals with complex and enduring mental health difficulties.

The Emergency Department Mental Health Streaming service was nominated in the category of Excellence in Urgent and Emergency Care. The initiative streams patients requiring a mental health assessment away from the acute Emergency Department when clinically safe to do so, to a co-located Mental Health Area. This improves the patients journey and enhances safety with care that is in line with trauma-informed principals.

- All three of the Trust’s GP practices were officially recognised as Veteran Friendly GP Practices under the accreditation programme run by the Royal College of General Practitioners (RCGP) and NHS England. This prestigious accreditation acknowledges our commitment to delivering the highest standard of care and treatment to patients who have served in the armed forces.

The veteran friendly GP practice accreditation ensures that our GPs are equipped with the knowledge and resources necessary to address the unique healthcare needs of veterans.

- Staff were recognised for exceptional work and achievements at our annual Staff Awards ceremony in November 2024. Shortlisted individuals and teams attended the ceremony to reward and recognise excellence, innovation and outstanding care.

- We were proud to sign up to the Mindful Employer Charter demonstrating our commitment to ensuring the workplace is a space where our employees feel confident discussing mental health issues and supported in their wellbeing.

"Signing the 'Charter for Employers Positive about Mental Health', demonstrates our commitment to creating a supportive and open culture where colleagues feel confident to talk about mental health." Vickie Murray, Deputy Associate Director of People and OD

- The launch of the Menopause Collective further enhances our dedicated support for staff experiencing menopause. Ten menopause advocates are now located across our sites raising awareness and understanding of the menopause. They offer guidance, understanding, and practical support to colleagues navigating menopause-related challenges.

- Our Being Humber behavioural framework received a refresh this year. It now includes important enhancements that reflect our commitment to continuous improvement and ensure we foster an environment where all employees feel safe, supported, and empowered. These include Freedom to Speak Up, Preventing Closed Cultures and Compassionate Leadership. There are also new aspects that look at Equality, Diversity and Inclusion as well as Health Inequalities.

- Our Head of Social Work won the Gold award for Mental Health Social Worker of the Year at the Social Worker of the Year Awards 2024. The Social Worker of the Year Awards is the only major national awards event for social work in England, attracting hundreds of entries every year. This award was particularly notable as it was one of only two awards awarded to a Social Worker employed by an NHS Trust, and the only one awarded in partnership with a local authority.

- Our Preceptorship Academy was awarded 'Highly Commended' in the category of Patient Safety in Education and Training at the 2024 HSJ Patient Safety Awards. Their 'Closed Cultures, Self-Compassion and Anti-Fragility' project aims to ensure that all newly qualified staff had some protected time to explore workplace cultures, how to identify and report when there are areas of concern and recognise the symptoms of a negative culture forming.

"We were thrilled to receive 'Highly Commended' for the Patient Safety Education and Training award showing recognition for all the hard work and dedication the team put into supporting our newly qualified staff. This enables staff to feel confident to raise concerns and build their resilience out in practice, which results in better patient care." Claire Tiernan-Smith, Practice Education Facilitator Team Lead

- Our Communications team was Highly Commended at the annual HSJ Awards for NHS Communications Initiative of the Year. This accolade highlights our innovative 'Humbelievable' recruitment campaign, which has involved an enhanced focus on nursing roles in recent years. Celebrating our approach to engaging with staff, patients, and communities, and showcasing our commitment to transparent, impactful, and inclusive communications.

Optimising an efficient and sustainable organisation

- This year the Trust completed the transition of our electronic patient records to one unified platform, SystmOne. Each division was transitioned in isolation to ensure a smooth delivery and change management for all users.

"By implementing a fully integrated system we can ensure seamless communication, improve efficiency and ultimately deliver more cohesive patient care." Lynn Parkinson, Chief Operating Officer

- A brand new Children and Learning Disability website, 'Connect', was launched. The site, designed for children, young people, adults with learning disabilities, and those who care for them,

features a range of accessible resources, engaging and informative animations and walk-through video tours of our buildings. Services users were involved from the start of the site's development, bringing their lived experiences to ensure the information was highly accessible, engaging and resonated with our community.

"I'm genuinely impressed with the Connect website. The initial proposal was ambitious, but the final outcome far surpasses what we envisioned. It's fantastic to see how both our staff and patients are central to the platform, sharing their stories and experiences to create enhanced, meaningful support and guidance." Lee Rickles, Chief Information Officer (CIO)

- The Trust invested in the professional development of two social workers, who were the first to complete the BA (Hons) Social Work Degree Apprenticeship training programme in late 2024. Jack Hudson and Chantelle Cowan began their studies with the University of Hull in 2021 and are now employed as Social Workers within our specialist forensic services. Social work apprenticeships are degree-level qualifications that enable social care staff to qualify as social workers while supported by their employers and earning a salary.

"Supporting our staff to become registered social work professionals through apprenticeships means that we not only retain valuable workers but invest in their continuing development. Social workers who have come through the apprenticeship route have the benefit of academic learning and practical experience gained through their work roles." Fran Ashton, Head of Social Work

- The Interweave platform, owned and managed by the Trust, is utilised across multiple Integrated Care Systems, delivering benefits to hundreds of participating health and care organisations and ultimately enabling more effective patient care to almost 8 million individuals. On average, 190,000 patient records were accessed each month in 2024-25, helping to ensure healthcare staff are informed and able to make clinically safe and efficient decisions at work.

- Through the collaboration of Interweave, Humber and North Yorkshire Shared Care Record delivery team and EMIS, the first GP practice went live with EMIS contextual launch functionality allowing better access to regional Shared Care Records. Prior to this staff would require a separate login to access the Shared Care Record, now this access can be integrated into EMIS through the toolbar. Therefore, removing the need to use an external logon portal via the internet and the requirement of an additional username and password

Principal Risks and Uncertainties

- As part of our ongoing commitment to sustainability and the NHS's

net-zero ambitions, we have been investing in greener energy solutions across our estate. One of the most impactful initiatives is the use of a biomass boiler at East Riding Community Hospital. To further enhance efficiency, a new metering system has been installed, providing real-time tracking and monitoring of biomass fuel consumption. This upgrade ensures greater operational oversight, allowing the Trust to optimise performance and maintain consistent carbon savings.

Annual Governance Statement

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

Principle Risks

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

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

1. To further support greater devolution of decision-making and accountability for the recognition and management of risk across the organisation from Trust Board to point of delivery (Board to Ward) in system and partnership working.

2. To continually refine existing systems and processes throughout the Trust to ensure they remain aligned to service delivery and support effective risk management, ensuring the management of risk is dynamic and integral to the day-to-day activities of Trust services including its commissioning responsibilities.

3. To support the Trust Board in being able to receive and provide assurance that the Trust is meeting all external compliance targets and legislation responsibilities, including standards of clinical quality and compliance requirements.

4. To confirm that the Trust's risk management arrangements are robust, and that excellent systems and processes are fully embedded across the organisation that support the delivery of the Trust's Strategic Goals through an annual Trust's Risk Maturity assessment process.

5. To work in partnership across the ICS sharing information in relation to our risk profile and improvement work to inform and support system wide improvement.

A review was undertaken in 2024/25 by the Trust Board to review the definition of the Trust's risk appetite or the level of risk that it is prepared to accept, tolerate, or be exposed to. A revised risk appetite statement was developed following agreement by the Trust Board which defines the level of risk that can be accepted against the Trust's strategic goals. This updated appetite statement has been included in the Trust Risk Management Strategy and referenced as part of the Trust Board Assurance Framework template. The review consisted of consideration being given to the amount of risk that the Trust is prepared to accept or be exposed to in delivery of services, and this was applied to each of the Trust's strategic goals to inform the organisation's collective appetite for risk.

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

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

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

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

Strategic Goal	**Risk**	**Initial Risk Rating (Before Mitigation)**			**Current Risk Rating (After Mitigation)**		
		Impact	**Likelihood**	**Rating I X L**	**Impact**	**Likelihood**	**Rating I X L**
Innovating for quality and patient safety	Quality and patient safety underpins all that we do. Failure to innovate for quality improvement and patient safety could result in service delivery not meeting required quality standards resulting in substandard care which could impact on patient safety and outcomes, Trust reputation and CQC rating.	**4**	**3**	**12 HIGH**	**4**	**2**	**8 HIGH**

Enhancing prevention, wellbeing, and recovery	Failing to enhance prevention, wellbeing and recovery could result in patients not accessing support and services that will address their health and care needs leading to poorer health outcomes and adversely widening health inequalities for our populations.	**4**	**4**	**16 SIGNIFICANT**	**4**	**3**	**12 HIGH**
Fostering integration, partnerships, and alliances	Failure to foster integration, partnerships and alliance could result in the Trust not being able to influence the delivery of health and social care regionally, which could impact on the development of system-wide solutions that enhance ability to deliver excellent services.	**4**	**3**	**12 HIGH**	**4**	**2**	**8 HIGH**
Promoting people, communities, and social values	Failure to promote people, communities and social values may result in Trust services not having a measurable social impact which could affect the health of our population and cause increased demand for services.	**3**	**3**	**9 HIGH**	**3**	**2**	**6 MODERATE**
Developing an effective and empowered workforce	Failure to recruit and retain high-quality workforce could result in service delivery not meeting national and local quality standards resulting in substandard care being delivered which could impact on patient safety and outcomes.	**4**	**3**	**12 HIGH**	**4**	**2**	**8 HIGH**
Optimising an efficient and sustainable organisation	Failure to optimise efficiencies in finances, technology and estates will inhibit the longer-term efficiency and sustainability of the Trust which will reduce any opportunities to invest in services where appropriate and put at risk the ability to meet financial targets set by our regulators.	**4**	**3**	**12 HIGH**	**4**	**2**	**8 HIGH**

Risk Description	Mitigating Controls	Further Mitigating Actions	Initial Risk Rating			Current Risk Rating		
			Impact	Likelihood	Rating I X L	Impact	Likelihood	Rating I X L
OPS17 - Failure to effectively address waiting times within the Trust's Neurodiversity services (Adult and Children's) which may result increased risk of patient harm and impact to the Trust's CQC rating in the 'Safe' domain.	1. Work underway with Divisions to address three areas of challenge 2. Local Targets and KPIs. 3. Close contact being maintained with individual service users affected by ongoing issues. 4. Waiting Times Procedure in place 5. Waiting times review is key element of Divisional performance and accountability reviews. 6. Review completed of all services with high levels of waiting times and service-level recovery plans developed. 7. Capacity and Demand review includes a focus on productivity and development of plans detailing Recovery requirements 8. Planning round and discussions taking into acute waiting times position 9. Paused Adult ADHD pathway approved by EMT – offering patient right of choice to access other providers. 10. Devised process for skill mixing / pathway review to use existing funding to address patient that require treatment that stay in system 11. RTC for Adult ADHD being offered to all patients waiting	1. Neuro diversity services work at ICB level to determine how processes can be standardised / streamline to reduce system pressures 2. CYP ASD /ADHD Options paper approved by EMT to support potential Pause of the Waiting Lists encouraging Right to Choose 3. Confirmation on levels of funding available to support demand	**4**	**5**	**20 Significant**	**4**	**4**	**16 Significant**

Risk Description	Mitigating Controls	Further Mitigating Actions	Initial Risk Rating			Current Risk Rating		
			Impact	Likelihood	Rating I X L	Impact	Likelihood	Rating I X L
WF38 - As a result of the current level of consultant vacancies, agency solutions are being used to ensure that services are kept safe which has financial impact for the Trust and may also affect our ability to maintain an effective and engaged workforce.	1. Recruitment plan for consultants in place (progress against which reported to EMT and Workforce and OD Committee). 2. 'Humbelievable' recruitment branding set up. 3. GMC sponsored international recruitment programme in place for Specialty Doctors (who may train to become Consultants). 4. Workforce planning process and overarching plan delivered for 23/24 5. Trust Workforce planning process in place for the past 4 years. 6. Additional investment in recruitment, marketing and communications targeted at consultant recruitment 7. Talent Acquisition specialist role in place until March 2024 working on consultant posts with some success to date 8. Rolling adverts out for consultant posts 9. Medical Workforce Plan approved 10. All medical vacancies are covered with agency workers. 11. Humber representatives to attend the ICB ANCIPs recruitment event in India in January 2024, with 5 vacant consultant posts identified to be filled by SAS Drs / Two substantive appointments January 2024	1. Advertisement and appointment of remaining consultant vacancies 2. Qualified consultants into HICTOP and the Prison service removing agency doctors to commence in roles 3. Review of application for MAS post (in shortlisting) and completion of interviews for the S/D post at Maister Lodge	**4**	**5**	**20 Significant**	**4**	**4**	**16 Significant**

Risk Description	Mitigating Controls	Further Mitigating Actions	Initial Risk Rating			Current Risk Rating		
			Impact	Likelihood	Rating I X L	Impact	Likelihood	Rating I X L
FII236 – Due to the lack of available capital nationally, the Trust may be unable to redesign its mental health inpatient services which may impact Trust delivery of effective services as there will be 5-6 sites that cannot be further developed due to building and regulatory constraints.	1. The Trust is utilizing annual capital allocation with ringfenced budget for inpatient Estates improvement. 2. 2023-24 scheme for improvement of bathrooms in inpatient setting. 3. Trust maintains existing states are far as is possible through ongoing maintenance and capital investment 4. Over 4-year period, capital is being ring fenced to fund improvements, with EMT-agreed provisional focus on Westlands enabling start of programme despite national funding issues.	1. Longer term strategies for services to be recognised 2. Finance Director exploring alternative funding options	**4**	**5**	**20 Significant**	**4**	**4**	**16 Significant**
FII239 - As a result of difficulties within the ICS to meet challenging financial targets for 2025/26, there could be a financial impact for the Trust with loss of funding leading to potential impact to service delivery.	1. Contractual discussions with commissioners and Trust taking all necessary action to ensure receipt of appropriate funding. 2. Budget Reduction Strategy in place up to 2027-28 and small amount of contingency/risk cover provided for in plan.	1. Ongoing maintenance of relationships with Commissioners 2. Continue to work with Commissioners to highlight the requirement for funding through MHIS and Service Development Funds 3. Continue to bid for national resource as and when it becomes available	**5**	**4**	**20 Significant**	**5**	**3**	**15 Significant**
FII223 - Risk to longer-term financial sustainability if block contract values are insufficient to cover the Trust Cost base	1. Draft Financial Plan in progress. 2. BRS 2025/26 developed 3. Monthly reporting, monitoring and discussion with budget holders. 4. Small contingency / risk cover provided in plan. 5. MTFP in development to inform plans. 6. Service and Operational plans. 7. Regular reviews with	1. Medium Term Financial Plan to be developed when guidance is issued. The ICB have initiated a MTFP with the Trust inputting to Agreement through the ICS to increase	**4**	**5**	**20 Significant**	**4**	**4**	**16 Significant**

Risk Description	Mitigating Controls	Further Mitigating Actions	Initial Risk Rating			Current Risk Rating		
			Impact	Likelihood	Rating I X L	Impact	Likelihood	Rating I X L
	NHSE/I and relevant Commissioners 8. Non-recurrent savings identified							

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

Work is regularly undertaken within the Trust to consider applicable new and emerging system risks, in order to identify cross-organizational risks for inclusion on the Trust risk register that may impact on the achievement of the Trust's strategic goals.

Going Concern

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

Performance Analysis

Summary of the Financial Year

Headlines

- Operating Income of £277.935m, an increase of £19.981m from 2023/24.
- A deficit for the year of £4.312m, excluding net impairment charges of £5.305m and other adjustments resulted in a minor surplus of £0.025m.
- The year end cash balance was £18.286m compared to £28.012m at March 2024.
- Net current assets of -£4.447m compared to -£1.559m at March 2024.
- Total net assets of £78.346m compared to £78.312m at March 2024.

Before the application of technical accounting adjustments, we achieved an operating surplus of £0.025m, this was in line with the breakeven target set for us by the Integrated Care System within which we operate.

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

- Impairment charges of £5.305m have been included which reflect the reduction in value of our right of use (leased) assets and of our owned land and buildings.
- Donated asset depreciation (£0.040m) and Government Capital Grants of £0.788m have all been excluded as has income associated with the Local Government Pension Scheme (£0.220m).

Including the above results a final reported deficit for the year of £4.312m has been made on an Operating Turnover of £277.935m.

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

Adjusted Financial Performance	**2024/25 £000**	**2023/24 £000**
Deficit for the period/year	(4,312)	(10,089)
Add back all I&E impairments	5305	11,284
Surplus/ (deficit) before impairments and transfers	993	1,195
Remove capital donations/grants I&E impact	(748)	(1,069)
IAS19 – Removal of non-cash pensions on OFP	(220)	(120)
Adjusted financial performance surplus	25	6

The staff that manage our services have worked very hard during the year to deliver such a positive set of financial results. Despite the difficult financial conditions, we still managed to achieve recurrent financial efficiency savings of £1.969m through our Budget Reduction Strategy (BRS).

Section 43 (2a) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) requires that the income from the provision of goods and services for the purposes of the Health Service in

England must be greater than its income from the provision of goods and services for any other purposes. The Trust met this requirement during 2024/25.

The closing cash balance of £18.286m was a decrease of £9.726m on the level of cash held by the Trust in March 2024 and is in line with expectation reflecting the funding arrangements with the Humber and North Yorkshire Integrated Care Board and planned investment that has been made to the Trust estate. We are forecasting that the cash balance will reduce in 2025/26, but at a slower rate.

Capital Expenditure

Our total gross expenditure on capital in the year was £16.419m.

- A total of £7.835m was spent on maintaining and improving clinical and patient environments.
- £3.260m was spent on digital projects including Electronic Patient Records, infrastructure and hardware replacement programs.
- £1.279m was spent on further development of the Yorkshire and Humber Shared Care Record for which the Trust is the Lead Provider.

Better Payment Practice Code

In accordance with the Confederation of British Industry's (CBI) Better Payment Practice Code, our policy is to pay non-NHS trade creditors within 30 days of receipt of goods or services, or of a valid invoice (whichever is later), unless other payment terms have been agreed with the supplier. The percentage of non-NHS creditors by value paid within 30 days increased from 92.7% in 2023/24 to 94.5% in 2024/25, and the percentage based on invoice numbers was 92.6% in 2024/25 representing an increase on the 91.3% achieved in 2023/24. The plan is to further improve these percentages during 2025/26.

In 2024/25, the Trust had no liability to pay interest on invoices paid outside the 30 day payment period relating to NHS healthcare contracts or any other invoices.

	2024/25 YTD Number	2024/25 YTD £000	2023/24 YTD Number	2023/24 YTD £000
Total non-NHS trade invoices paid in the year	33,544	111,512	37,178	117,594
Total non-NHS trade invoices paid within the target	31,168	103,390	34,338	108,980
Percentage of non-NH trade invoices paid within the target	92.9%	94.5%	92.4%	92.7%
Total NHS trade invoices paid in the year	1403	35,060	1350	32,427
Total NHS trade	1132	32,464	1184	29,612

invoices paid within the target				
Percentage of NHS trade invoices paid within target	80.7%	92,6%	87.7%	91.35

Financial Outlook

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

There is a requirement to make significant efficiency savings and to that effect we continue with our budget reduction strategy and are planning recurrent savings of £3.169m, which is ambitious in such challenging times. We will continue to operate a very robust process for identifying and implementing these cost savings projects.

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

We continue to develop the Trust's Medium Term Financial Plan with our Commissioning partners within the backdrop of an Integrated Care System (ICS) that is under significant financial pressure and although investment from the ICS will be limited in 2025/26, we will be well prepared to utilise any further funding on those planned service areas.

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

Conclusion

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

In 2025/26, and in line with the rest of the NHS, we will continue to face a level of uncertainty over income levels and expectations around performance targets. However, we are well placed to deal with some of those challenges and understand the decisions we may need to make in the next few years.

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

Development and Performance

To ensure we remain on track to achieve our strategic goals, we have established a robust and structured performance and assurance framework. This approach supports continuous oversight, effective risk management, and a culture of accountability at all levels of the organisation. It enables us to monitor progress, address challenges, and ensure that the right mitigations are in place to support delivery across the Trust.

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

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

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

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

Building on the work undertaken in 2024, the Trust will align its strategic goals with the objectives outlined in the updated NHS Oversight and Assessment Framework, once it is published and implemented later this year.

How we measure performance – Meeting Framework targets

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

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

Our internal reporting is split into three levels:

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

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

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

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

We also report externally to our commissioners using the following:

Contract Activity Report (CAR)

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

This system ensures that we can:

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

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

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

The Board of Directors acknowledges its responsibility for preparing the Annual Report and Accounts and considers that, taken as a whole, they are fair, balanced, and understandable and provide the information necessary for patients, regulators, and other stakeholders to assess the Trust's performance, business model and strategy.

Data Quality Improvement plans

Data Quality Improvement Plans (DQIP) is designed to highlight where gaps in reporting and any

identified/known data issues require attention within clinical services. These are reviewed as part of the Data Quality Group which meets quarterly.

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

Benchmarking

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

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

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

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

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

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

Finance

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

Risk Register

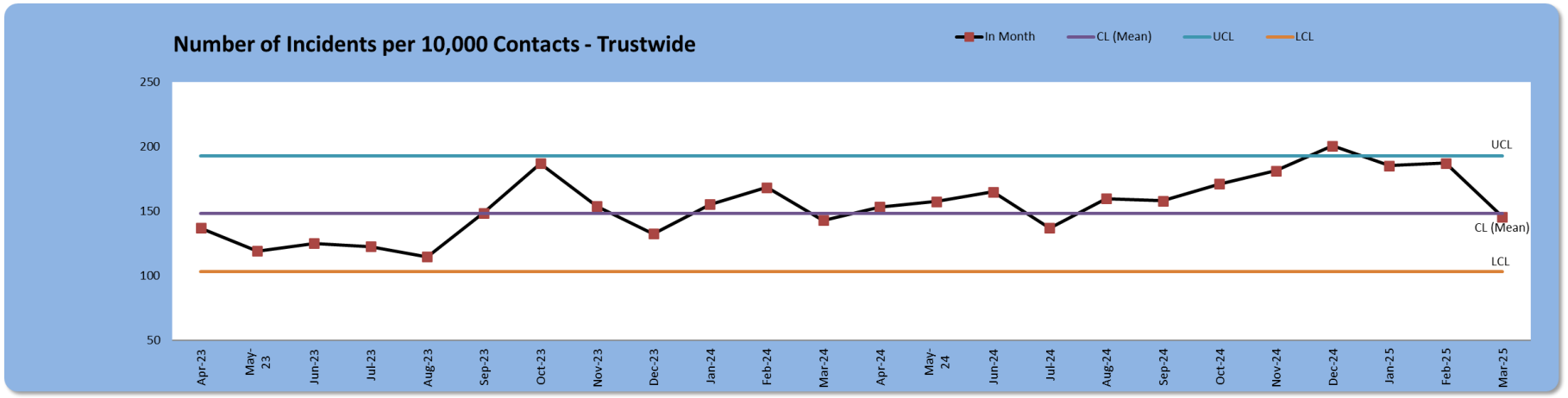
Where performance is not where it is expected and/or there is significant risk or potential for risk, then this is logged as a risk for the Trust which dependent upon its risk score appears on the divisional and the Corporate Risk Register and informs the Board Assurance Framework (BAF).

Performance during the year

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

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

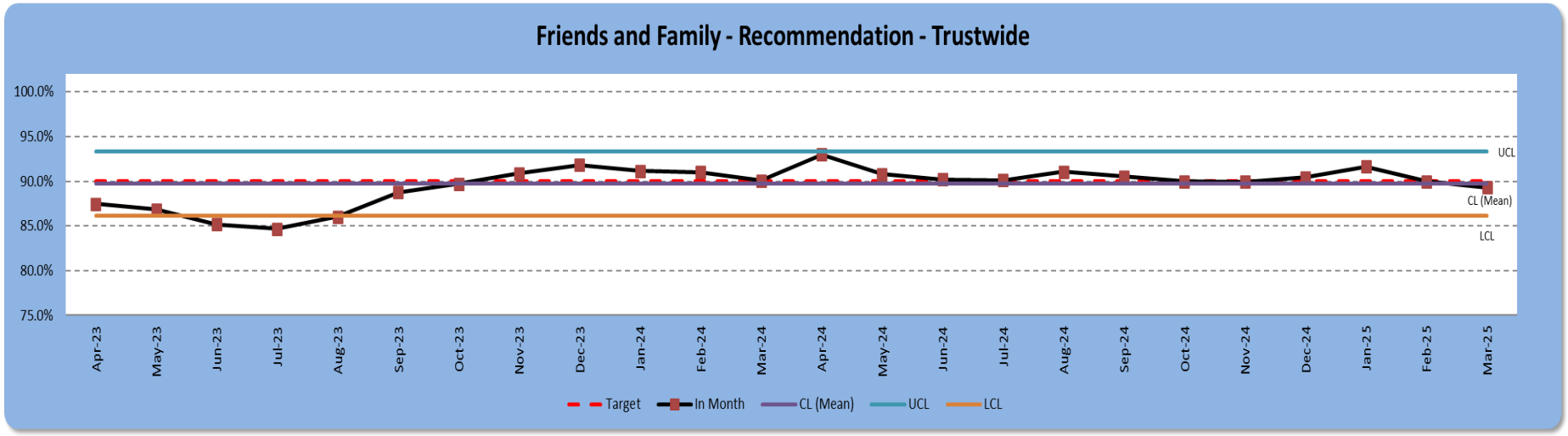
Statistical Process Control Charts (SPCs)

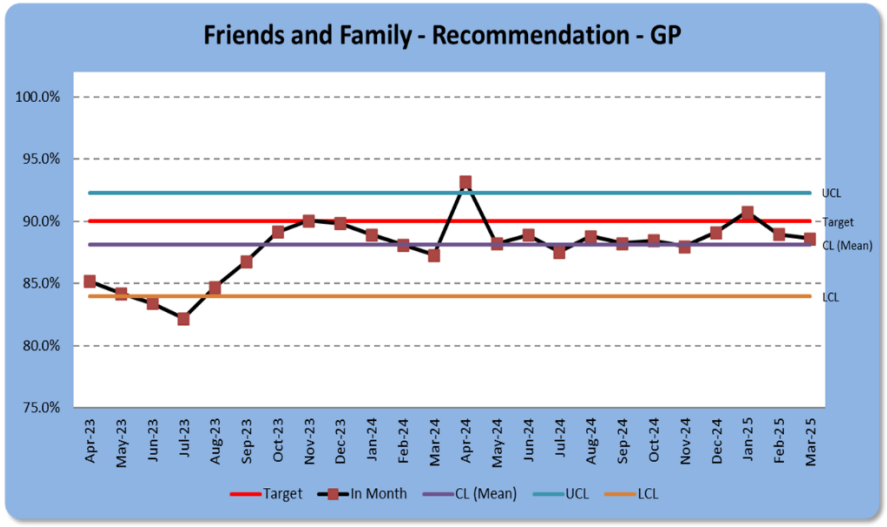


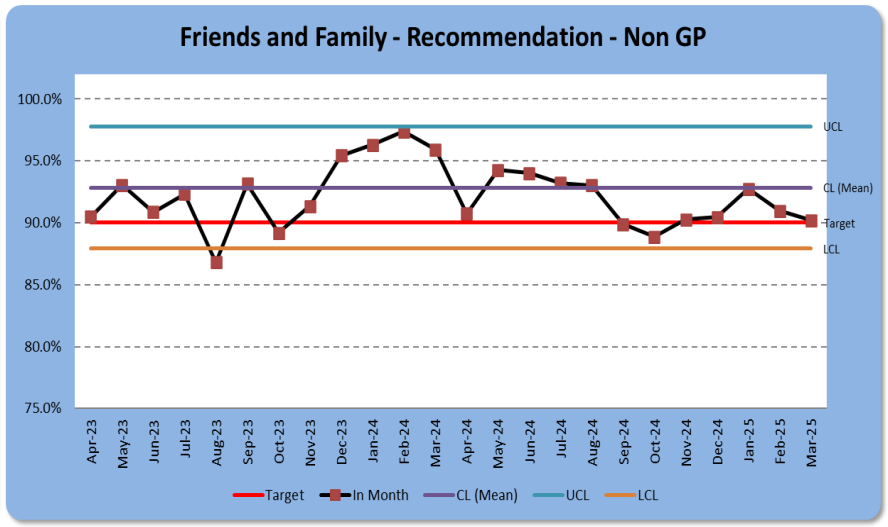
- The number of incidents per 10,000 across the Trust has seen a consistent level with one of the last 24-months data points being outside of the control limits. In December 2024, the Trust reported 201 incidents per 10,000 contacts/bed days. Both the Childrens & Learning Disability and Mental Health Unplanned divisions saw an increase in incidents in this month. The Upper Control Limit is 193 for the 24-month period and the Control Limit (Mean) is 148 incidents per 10,000 contacts/bed days. An incident is reported for a wide range of reasons:

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

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

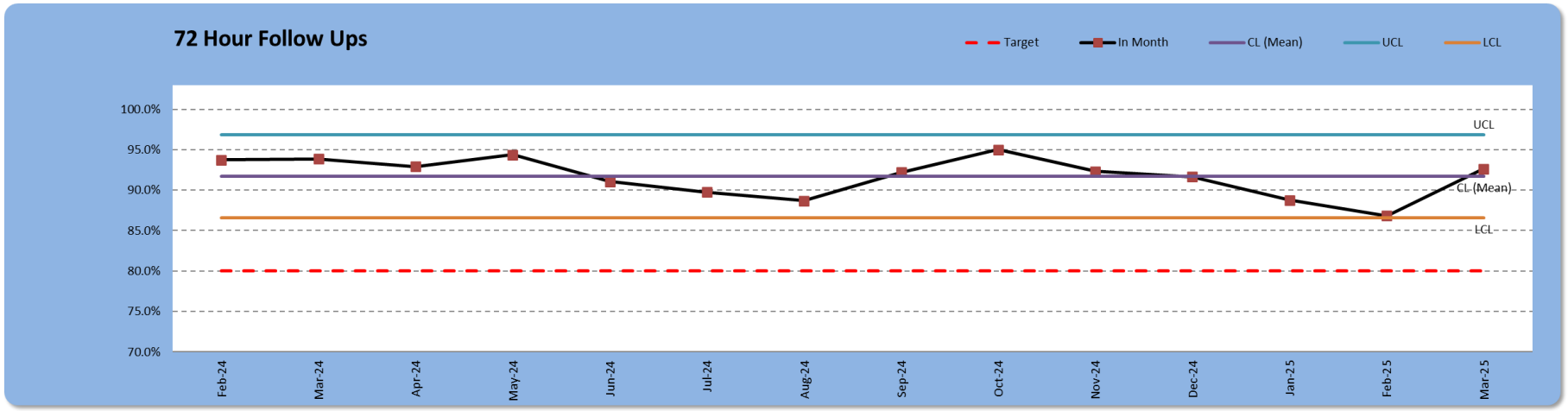




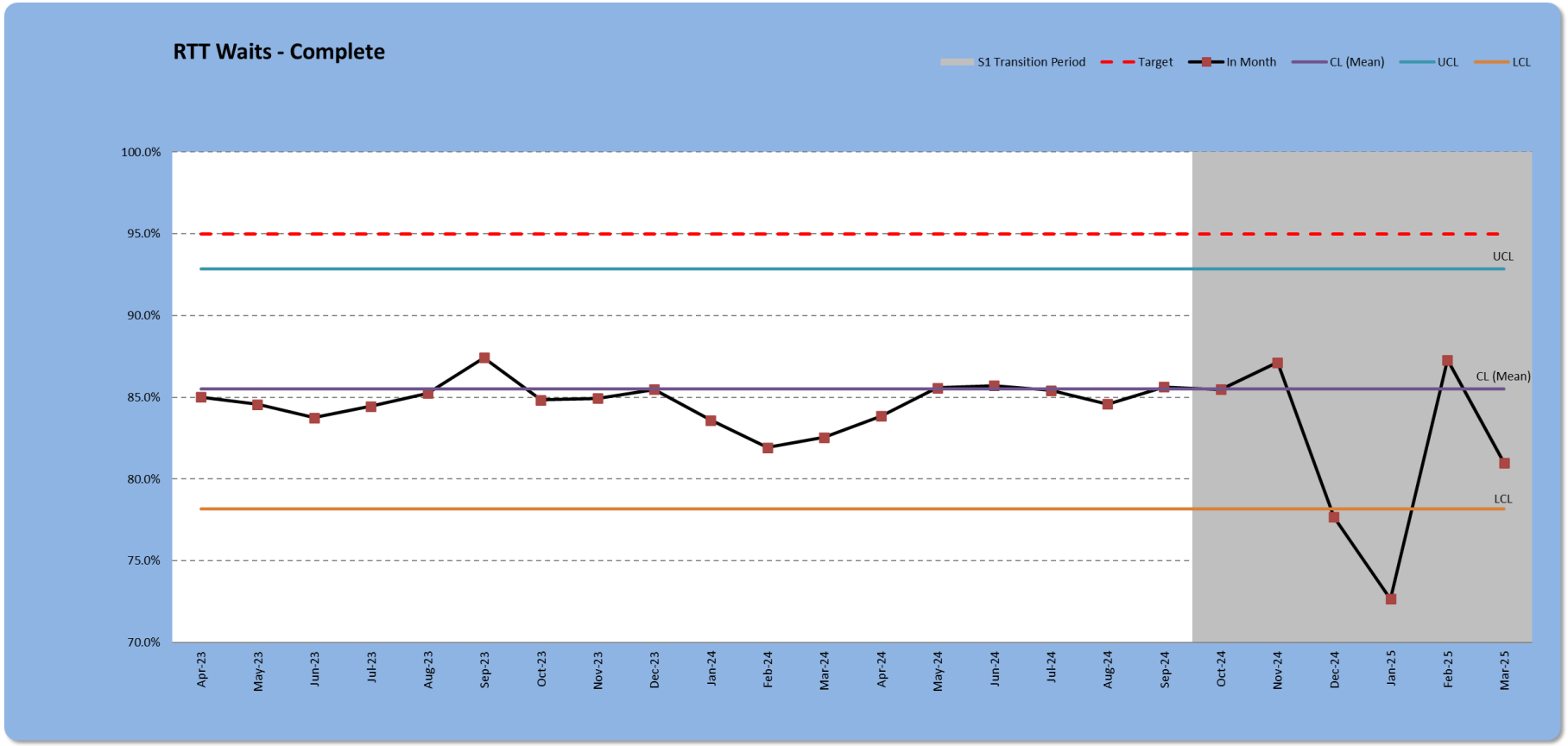


- Patient Experience feedback remains positive and has consistently remained around our internal target of 90%. This has been the case for the past 18 months.

- The Trust continues to monitor both the number of responses we received but also the satisfaction levels at Trust, Division and Team.



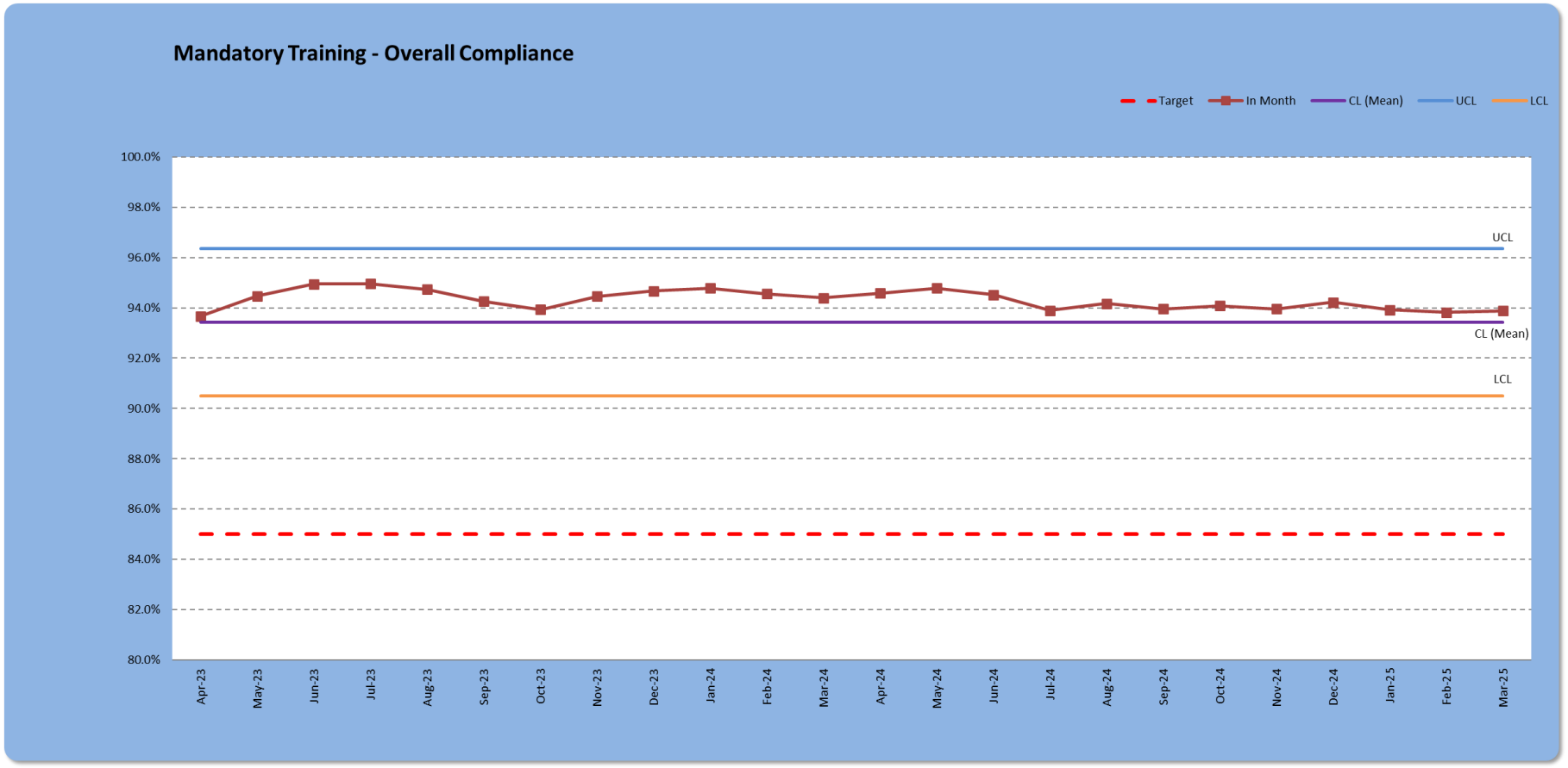
- The Trust monitored the percentage of all patients (barring exclusions) who were followed up within three days after discharge from psychiatric inpatient care during the reporting period. Exclusions included those as outlined in the 7 day follow up process but also excluded patients who were discharged from Forensic Services.
- Exclusions are 72 hour follow up exceptions defined by NHS England as;
  - Patient has died
  - Patient was transferred to another mental health unit
  - Patient was deported
  - We also exclude any patients under 18 as the follow up only looks at ages 18+
- This indicator is closely monitored daily. The data is recorded and reported from the Trust's patient administration system (Lorenzo) and is governed by standard national definitions.
- It is reported to the Trust as part of the Trust's Performance Report. It is also reported to Clinical Directors and clinical leads at individual team level. Reported contractually to Commissioners as part monthly contract reports.



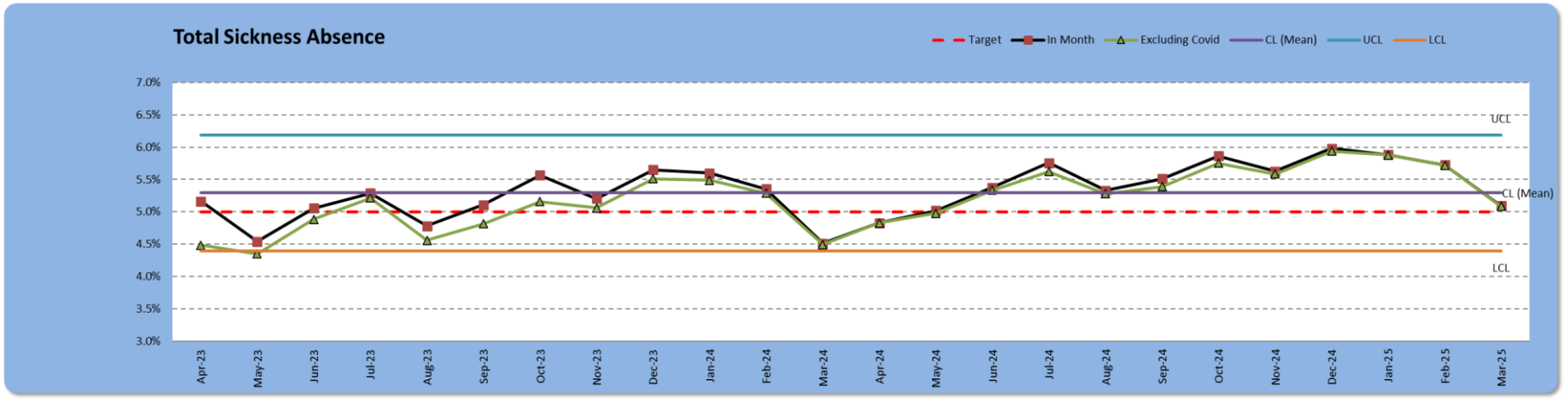
- **RTT waits in the NHS refer to Referral to Treatment waits. RTT is the time a patient waits from being referred by a GP (or other healthcare professional) to receiving the start of their treatment in a hospital or specialist service.**

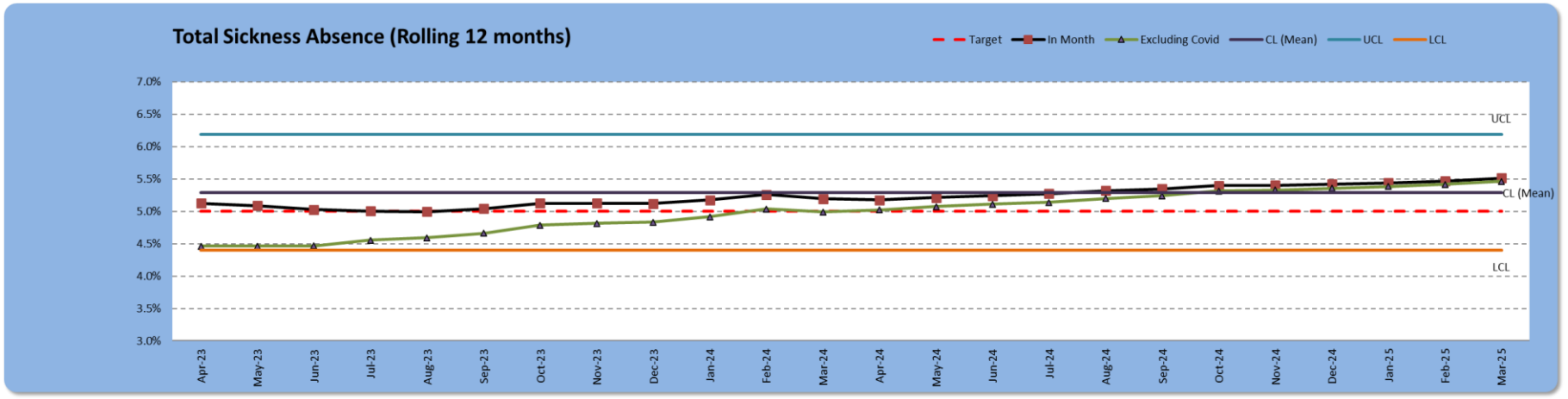
- The Trust's performance has remained consistent throughout the year with the exception of December 24 and January 25 which saw a reduction. This reduction was due to the implementation of the new Electronic Patient Record system and migration of patient data temporarily adversely impacting on reporting. Regular focused meetings with the Access and Performance Manager have helped to reduce waiting time performance and the quality of our waiting list data.

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- The Board places considerable emphasis on mandatory training compliance. All areas of the Trust receive a monthly training compliance report and managers have access to self-service dashboards to target areas of lower or reducing compliance for their teams.
- The performance across the Trust has maintained at above the 90% target compliance for the Trust during 2024/25 and has been around 95% during 2024/25.





- The Trust Sickness/Absence rates have increased steadily since Mar24 with a upward trajectory against the rolling 12-month position.
- The position has increased between October and December 2024, but this is in line with seasonal variation.
- The Trust's aspiration is having a sickness/absence rate of less than 5% and in recent times this is starting to be achieved.

Environmental Statement

As part of our commitment to delivering sustainable healthcare, our Green Plan sets out how we will reduce our environmental impact while improving health outcomes for our communities. In line with the NHS ambition to become the world's first net zero health system, our plan outlines practical actions across energy use, travel, waste, procurement, and clinical practice. It reflects our responsibility not only to the patients we serve today, but to future generations, ensuring that the way we deliver care supports a healthier planet as well as healthier people.

The continued work with SALIX has carried on from year 1 2023/24 where we installed a fabric first approach to four buildings in our portfolio. Salix Finance provides interest-free funding to help NHS Trusts deliver energy efficiency and decarbonisation projects. Through schemes like the Public Sector Decarbonisation Scheme, it supports improvements such as low-carbon heating, insulation, and solar energy. This funding helps Trusts reduce emissions, cut costs, and progress towards the NHS net zero target. In year two, we completed the decarbonisation of the heating systems, removing the fossil fuel heating systems from four locations. Next year we will track and manage the carbon saved from these projects to demonstrate the impact of this work.

We have continued our efforts to provide a sustainable energy source across the estates with four sites receiving solar PV. All four sites will have a 50kw system saving up to 660 t/CO2e and mitigating the uplift in costs from introducing the ASHPs at the four sites the Trust has decarbonised. We applied for NHS national Energy Fund (NEEF) funding to assist in its transition to renewable energy and reducing energy costs focusing on four sites.

We are continuing with the programme of replacing old lighting with LED lighting systems throughout the estate and have invested in major upgrades to our building management systems infrastructure. By doing this we have improved our estate, the lighting levels and costs and usage.

At East Riding Community Hospital, the Biomass boiler continues to reduce the emissions from gas at our largest buildings. To date, this change has reduced the gas use at this site by 466,458 KWh which is a 60% reduction compared to last year's usage. We have also reduced the emission on site by 97 t/CO2e. With the continued improvement of the biomass, the system has had a new metering system installed which allows the organisation to track and monitor usage and working closely with our pellet provider, it has automated the deliveries of pellets and reduced actions required internally.

The Estates department changed 14 of their vehicles to electric and have replaced the old charging post 3.5kw with 22 kw systems to support the fleet. This has had a substantial improvement in our usage of diesel by 30% and reducing spending on diesel by £24,000. Costs have also dropped with electric fuel being more sustainable and cost effective.

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

We have engaged with the carbon literacy project and have started the process of getting staff

trained in line with the Senior Managements NHS training. The training will be rolled out across senior management who have a budgetary responsibility.

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

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

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

Energy

Energy Consumption

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

The Trust has spent £1,156,390.00 total on energy (gas and electricity), an increase on last year despite the unit (kWh) being lower than previous years. The cost uplift is due to being open to the market and entering a new procurement stage for our energy, this has had an impact but continues to be low in comparison to others regionally.

Cost breakdown	2022/23 £'s	2023/24 £'s	2024/25 £'s
Scope 1 – Gas	£378,274.27	£416,694.00	£452,428
Scope 2 – Electricity	£609,391.30	£683,614.95	£703,962

The Trust has used 2,981,410 kWh Electricity and 9,414,429 kWh Gas which have a combined kWh use of 12,395,839 kWh.

kWh breakdown	2022/23 kWh	2023/24 kWh	2024/25 kWh
Scope 1 – Gas	12,799,474.84	11,848,829.51	9,414,429
Scope 2 – Electricity	3,450,371.00	3,666,478.63	2,981,410

Consumption of gas is reducing steadily year on year showing that we are moving in the right direction supporting us to reach our target of NetZero by 2035.

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

Carbon Emission Scopes	2022/23 t/CO2e	2023/24 t/CO2e	2024/25 t/CO2e
Scope 1 – Gas	3,276.42	2488	1977
Scope 2 – Electricity	779.61	816	706

The Green plan continues to guide our green objectives and through this we are focusing on the removal of gas and electrifying our fleet. Our plans include increasing solar PV, improving lighting through LED technologies and looking for new ways to reduce our carbon footprint through modern technologies.

Water

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

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

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

Carbon Emission Scopes	2022/23 m3	2023/24 m3	2024/25 m3
Scope 3 – Water	9.97	12.11	10.10

Carbon Emission Scopes	2022/23 £ (Rounded)	2023/24 £ (Rounded)	2024/25 £ (Rounded)
Scope 3 – Water	90,700	102,600	110,000

Waste

The waste team continue with their aim of reducing our impact on the local environment by correctly segregating and disposing of all waste streams. There has been a particular focus on the correct segregation of clinical waste to reduce the need for High Temperature Incineration which has the biggest impact on the environment. The NHS has set targets for each clinical waste stream and the table below demonstrates our performance in 2024/5

Waste stream	**NHS Target (maximum)**	**HTNFT performance**
High temperature incineration	20%	8.97%
Alternative treatment	20%	17.73%
Offensive waste	60%	73.30%

As a Trust we are performing above the targets for each waste stream as detailed in HTM 07-01 Safe and Sustainable Management of Healthcare Waste.
We continue to drive down the overall carbon footprint of our waste production by maintaining our zero waste to landfill approach for general and recyclable waste.

Task Force on Climate-related Financial Disclosures (TCFD) Report
Humber Teaching NHS Foundation Trust Reporting Year: 2024–2025

The TCFD defines best practice for how organisations monitor and manage the risks and opportunities posed by climate-related events and long-term environmental change to their financial performance and future sustainability. In line with NHS England requirements, we are committed to embedding the TCFD framework across our governance, strategy, risk management, metrics and targets. This approach supports transparency, accountability, and informed decision-making in response to climate-related risks.

1. Governance

- Board Oversight: The Trust's Board actively oversees climate-related risks and opportunities, integrating sustainability into strategic decision-making. The Green Plan is reviewed quarterly to ensure alignment with Net Zero targets. Regular updates are provided to the Trust's Finance Committee, along with a dedicated Sustainable Development Steering Group (SDSG), which has representation from across the whole Trust.
- Management's Role: The Sustainability Team, led by the Projects and Strategic Development Manager, manages climate-related initiatives, including decarbonization projects and renewable energy installations.
- The Trust have invested in Carbon-Literacy Training for the Director of Finance, Deputy Director of Estates and Facilities, Projects and Strategic Development Manager and Environmental Officer; this is prior to a wider role of out this training to the senior leadership team.

2. Strategy

- Climate-Related Risks and Opportunities:
    - Physical Risks: Increased flooding risk at key facilities due to climate change.
    - Transition Risks: Rising costs of carbon-intensive energy sources.
    - Opportunities: Cost savings from renewable energy projects, such as the planned 50kW wind turbine and 1MW solar panel system at East Riding Community Hospital.
- Impact on Strategy: The Trust's strategy includes electrifying heating systems, reducing reliance on fossil fuels, and enhancing energy efficiency across all sites.
- Green Plan / Green Plan refresh / Estates Strategy / Heat De-carbonisation Plan

3. Risk Management

- Identification and Assessment: Climate-related risks are identified through regular audits and stakeholder consultations.
- EPRR (Adverse Weather Plan)
- Management Approach: Risks are mitigated through infrastructure upgrades, such as flood defences and renewable energy installations. The Trust also holds divisional risk registers, and Trust wide Risk Registers which identify and manage climate related risk.
- New build planning

- BREEAM targets

Compliance Statement

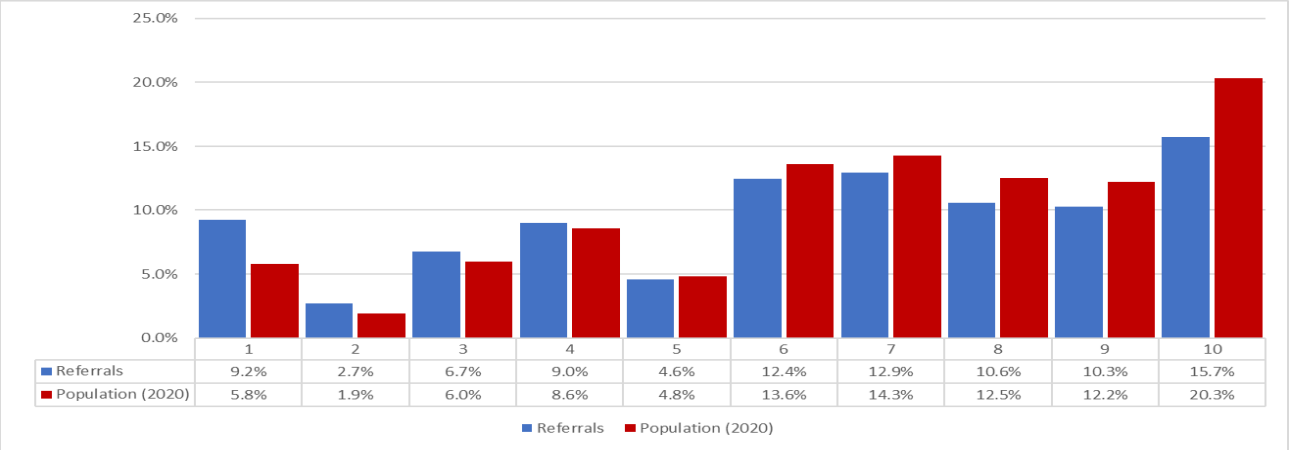
Humber Teaching NHS Foundation Trust is committed to aligning with the TCFD recommendations. This report demonstrates our progress in governance, strategy, risk management, and metrics and targets. Future disclosures will include enhanced Scope 3 emissions reporting and scenario analysis.

Health Inequalities

This section presents the Trust's health inequalities data required by the NHS England's Statement on Information on Health Inequalities.

NHS Talking Therapies - Date range 1/1/2024 to 31/12/2024

Figure 1

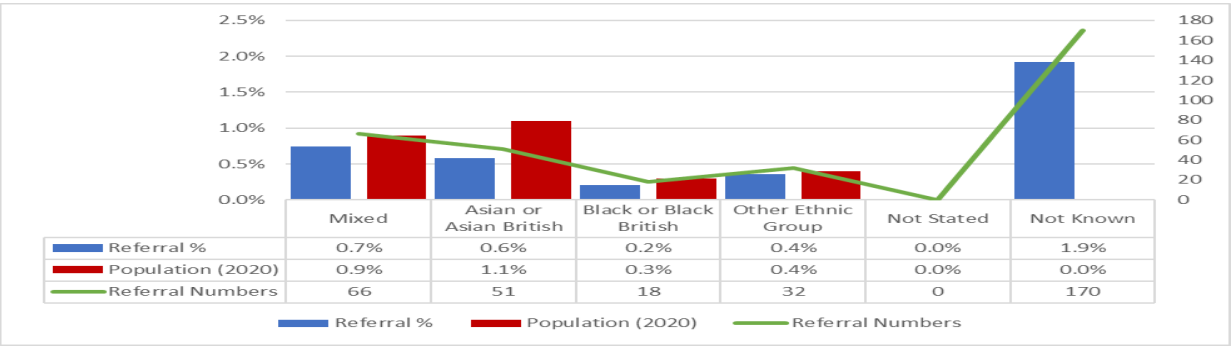


	1	2	3	4	5	6	7	8	9	10
Referrals	9.2%	2.7%	6.7%	9.0%	4.6%	12.4%	12.9%	10.6%	10.3%	15.7%
Population (2020)	5.8%	1.9%	6.0%	8.6%	4.8%	13.6%	14.3%	12.5%	12.2%	20.3%

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

Changes to the profile of referrals from the previous year are minimal. It continues to be reassuring that patients in the lowest deprivation deciles are finding referral routes into Talking Therapies Services, as illustrated in figure 1. Deciles 1-4 are overrepresented in our services, which is likely to reflect higher prevalence. Most of the other deprivation deciles have a very small difference between the proportion accessing the service vs the population.

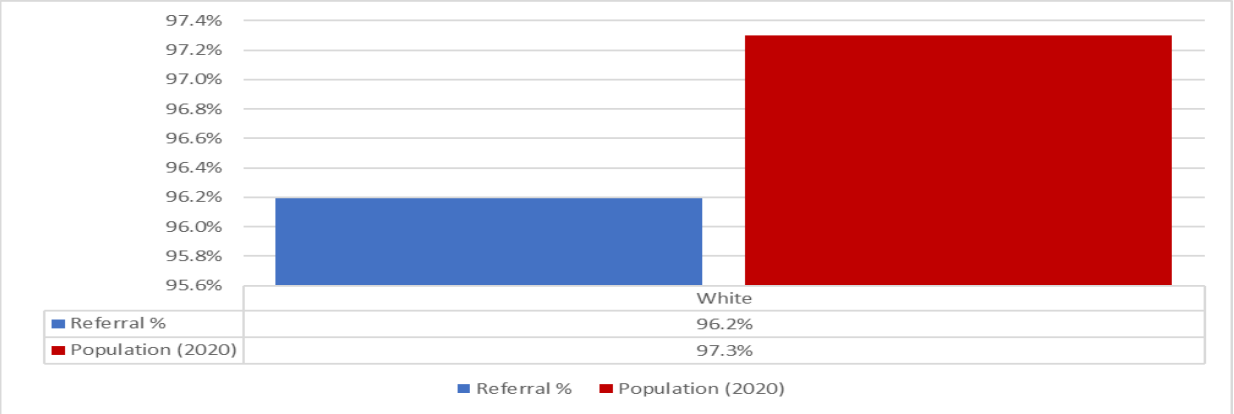
Figure 2



	Mixed	Asian or Asian British	Black or Black British	Other Ethnic Group	Not Stated	Not Known
Referral %	0.7%	0.6%	0.2%	0.4%	0.0%	1.9%
Population (2020)	0.9%	1.1%	0.3%	0.4%	0.0%	0.0%
Referral Numbers	66	51	18	32	0	170

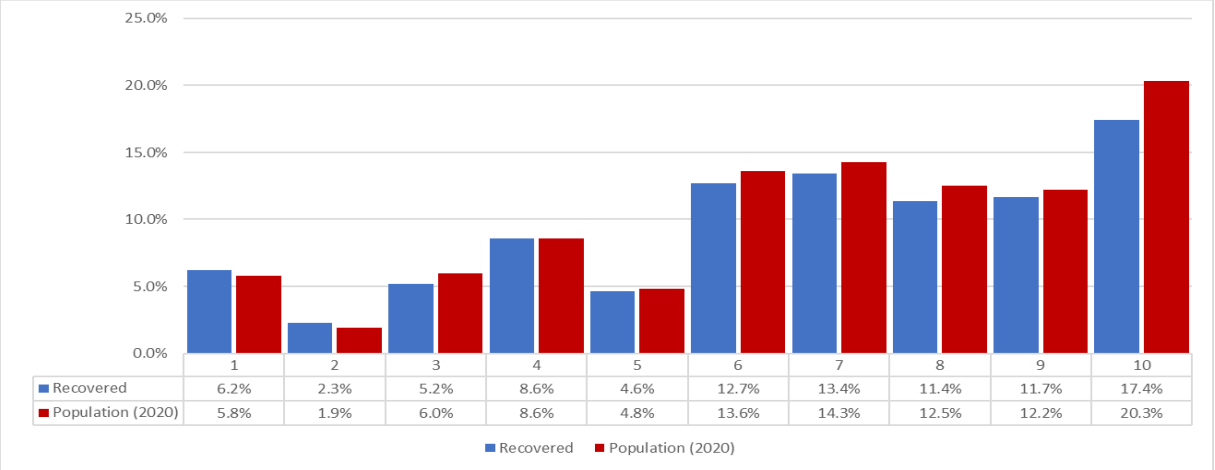
The chart above demonstrates the rates of Talking Therapies Referrals in the East Riding by Ethnic groups vs East Riding population of Ethnic groups. The East Riding population is over 97% White British and the numbers of individual service users in the ethnic groups shown in figure 3 are relatively low. Numbers of referrals from minoritised communities have increased from 2023 across the Mixed (from 60 to 66), Asian or Asian British (from 44 to 51) and Black or Black British (from 9 to 18) minority groups. However, these communities continue to be underrepresented in our services with the biggest gap in referrals vs population continuing to be within the 'Asian or Asian British' community.

Figure 3



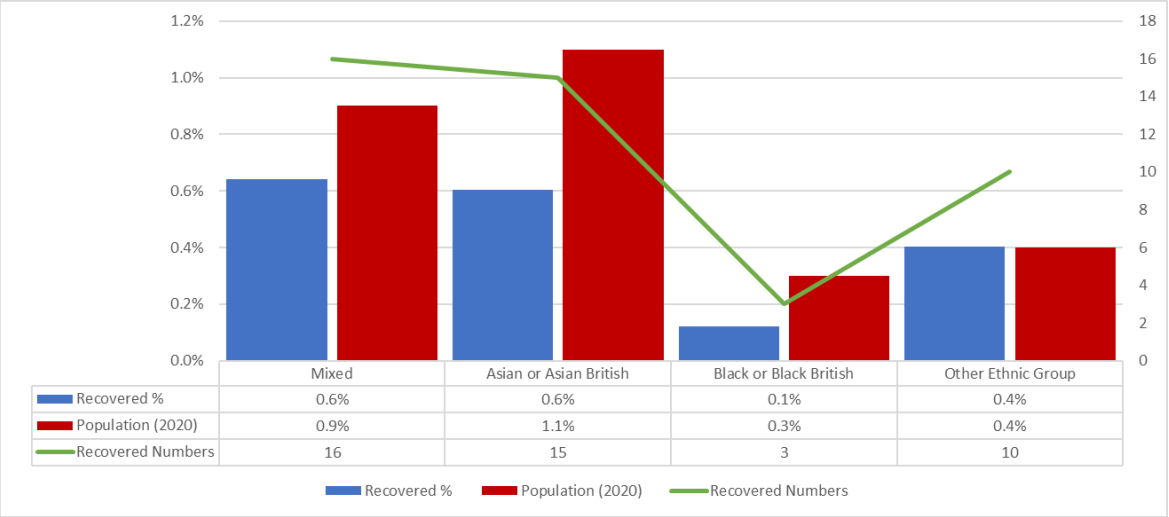
The chart above compares the proportion of Talking Therapies referrals from White ethnic groups with the proportion of the local population that identifies as White. It shows a small difference of 1.1%, with slightly more referrals coming from White groups than would be expected based on population data. This gap may be partly due to the continued underrepresentation of non-White groups in our services, and partly because 1.9% of referrals have no recorded ethnicity, which limits the accuracy of the comparison.

Figure 4



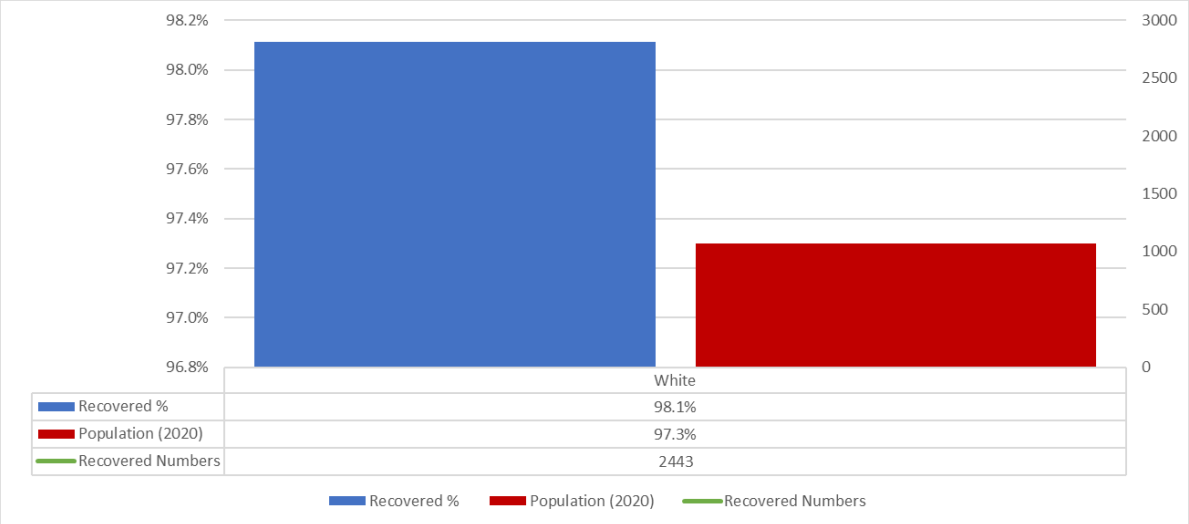
The chart above demonstrates the proportion of Talking Therapies patients achieving Recovery at the end of treatment by Deprivation decile level vs population deprivation decile. There is very little difference between the proportion of patients recovering in each deprivation decile vs the population. Among the most deprived deciles, the recovery rate shown in Figure 4 appears to be slightly lower than the referral rate shown in Figure 1. However, these charts do not capture the same cohort, so a direct comparison would not be appropriate. More detailed, cohort-based analysis would need to be undertaken to assess the relationship between deprivation decile, referral rate and recovery rate.

Figure 5



The chart above demonstrates the rates of Talking Therapies Patients who achieved Recovery at the end of treatment split by Ethnic groups vs population split by Ethnic groups. There are very small gaps between the Recovery percentage by ethnicity groups and population split by ethnicity. The lower recovery rate for Mixed, Asian or Asian British and Black or Black British groups reflects the lower referral rates presented in Figure 2. The numbers of people achieving recovery within these population groups is very similar to 2023 (Mixed – 15, Asian or Asian British – 15, Black or Black British – 3), however, it is hoped that these numbers will increase over time in proportion to the increase in referral numbers.

Figure 6



The chart above shows the rates of Talking Therapies Patients who achieved recovery at the end of treatment split by White groups vs population split by White groups. This gap may be partly accounted for by the fact that 2% of referrals do not have the Ethnicity field completed.

Talking Therapies - Summary of Progress

2023/24 was the first year the Trust was required to report Health Inequalities data in this way. The data indicated that people from areas of higher deprivation are well represented in our services, but that some minoritized communities were accessing the service at slightly lower rates than expected. In response to this data, a Trust wide workshop was held for clinicians and operational managers to

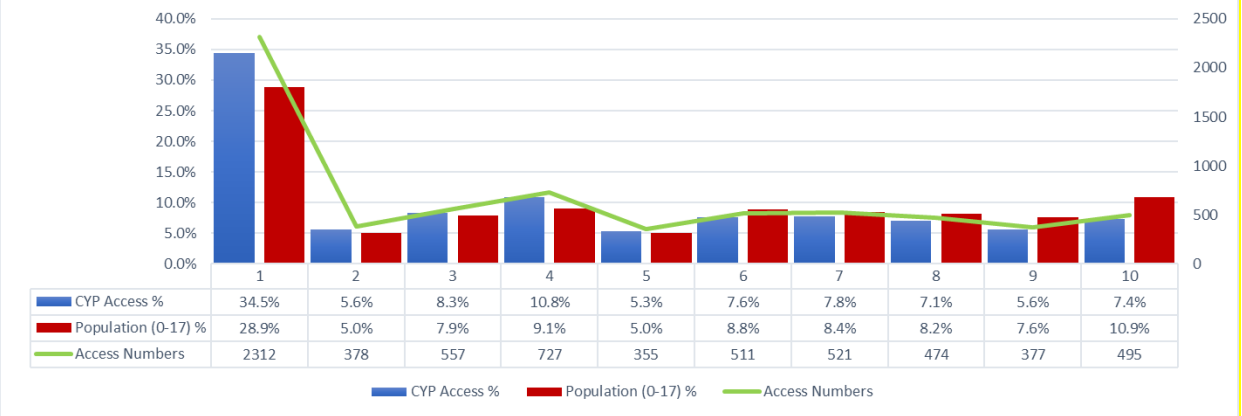
explore what we knew about minoritized communities within the communities where we deliver our services and what factors might prevent people from these communities from accessing our services. This was followed up with a service level workshop based around an intervention decay model, which resulted in the creation of an action plan to increase awareness of and confidence in our services among minoritised communities.

Our Talking Therapies service has a minoritised communities champion in role, who has proactively made connections within the Trust. During 2025/26, the service aims to increase their focus on connecting with minoritised communities and external agencies to promote community engagement across the East Riding and plans to produce summaries of Talking Therapies service leaflets in community languages

CYP (Children & Young People) Access (Hull & East Riding) - Date range 1/11/2023 to 31/10/2024

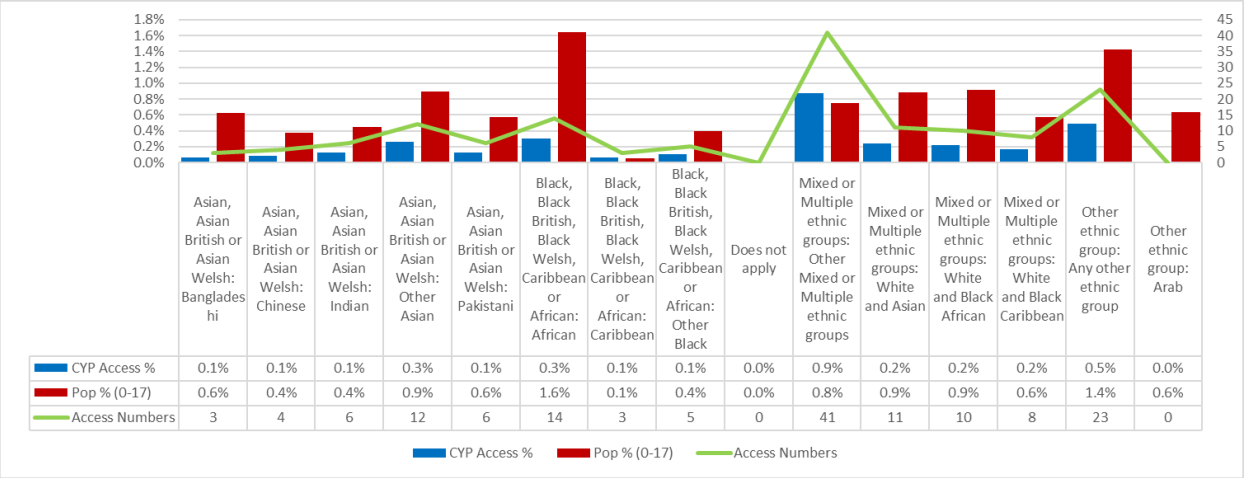
Technical note: The data range of 12 months up to October 25 has been used for CYP Access data due to change in clinical system in November 2025. The data is not robust enough or reporting is not developed yet after Oct 2025.

Figure 7



	1	2	3	4	5	6	7	8	9	10
CYP Access %	34.5%	5.6%	8.3%	10.8%	5.3%	7.6%	7.8%	7.1%	5.6%	7.4%
Population (0-17) %	28.9%	5.0%	7.9%	9.1%	5.0%	8.8%	8.4%	8.2%	7.6%	10.9%
Access Numbers	2312	378	557	727	355	511	521	474	377	495

The chart above shows the rates of Children & Young People accessing Mental Health Services by Deprivation decile level vs population by Deprivation decile level. The biggest gap between access and population are within Decile 1 (most deprived) where these patients are accessing services at a higher rate than the proportion of the population. Conversely, access to the service is 4% lower in Decile 10 when compared to the population split. The reasons for this difference are not clear from the data but may reflect higher acuity level or greater levels of contact with other referring services. The population split shown in this chart has not changed significantly from 2023.



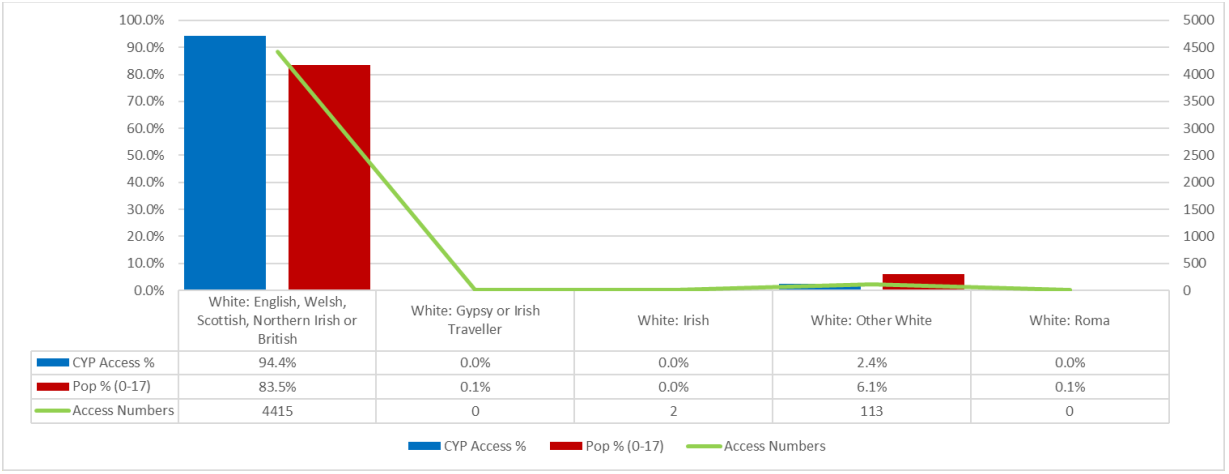
	Asian, Asian British or Asian Welsh: Bangladeshi	Asian, Asian British or Asian Welsh: Chinese	Asian, Asian British or Asian Welsh: Indian	Asian, Asian British or Asian Welsh: Other Asian	Asian, Asian British or Asian Welsh: Pakistani	Black, Black British, Black Welsh, Caribbean or African: African	Black, Black British, Black Welsh, Caribbean or African: Caribbean	Black, Black British, Black Welsh, Caribbean or African: Other Black	Does not apply	Mixed or Multiple ethnic groups: Other Mixed or Multiple ethnic groups	Mixed or Multiple ethnic groups: White and Asian	Mixed or Multiple ethnic groups: White and Black African	Mixed or Multiple ethnic groups: White and Black Caribbean	Other ethnic group: Any other ethnic group	Other ethnic group: Arab
CYP Access %	0.1%	0.1%	0.1%	0.3%	0.1%	0.3%	0.1%	0.1%	0.0%	0.9%	0.2%	0.2%	0.2%	0.5%	0.0%
Pop % (0-17)	0.6%	0.4%	0.4%	0.9%	0.6%	1.6%	0.1%	0.4%	0.0%	0.8%	0.9%	0.9%	0.6%	1.4%	0.6%
Access Numbers	3	4	6	12	6	14	3	5	0	41	11	10	8	23	0

Figure 8

The chart above shows the rates of Children & Young People accessing Mental Health Services by minority Ethnic Groups vs population by minority Ethnic Groups. Overall, the numbers of Children and Young People from minoritised communities accessing the CAMHS service has increased from 121 in the 2023 reporting period to 146 in the 2024 reporting period. This increase is largely driven by increases in access from Mixed ethnic groups (15) and Black or Black British groups (9). However, these communities continue to be underrepresented in our services with the biggest gap in referrals vs population continuing to be within the Bangladeshi, other Asian and Black African communities.

Caveat - 33% of the CYP Access service users do not have a recorded Ethnicity in the Electronic Patient Record (EPR). The CYP access analysis has been completed based on the services users with a recorded ethnicity in the EPR. The Trust has been unable to access ethnicity data from the shared record to date, but the implementation of a new EPR will enable ethnicity data from the shared record to be used going forward, resulting in improved data quality.

Figure 9



	White: English, Welsh, Scottish, Northern Irish or British	White: Gypsy or Irish Traveller	White: Irish	White: Other White	White: Roma
CYP Access %	94.4%	0.0%	0.0%	2.4%	0.0%
Pop % (0-17)	83.5%	0.1%	0.0%	6.1%	0.1%
Access Numbers	4415	0	2	113	0

The chart above shows the rates of Children & Young People accessing Mental Health Services by White Groups vs population by White Groups. The Trust currently has a higher access rate for White British than the population level, reflecting the lower access rate for non-White groups shown in Figure 8.

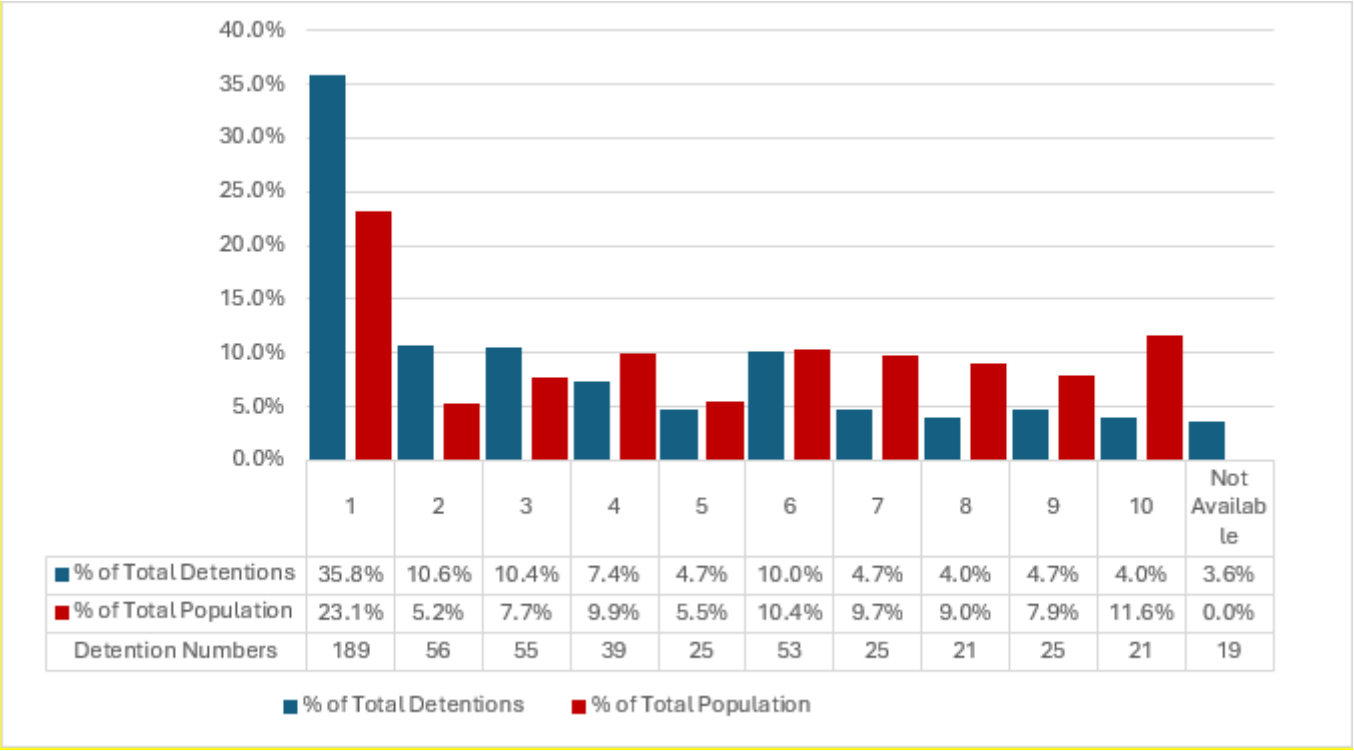
Children and Adolescent Mental Health Services (CAMHS)Summary of Progress

Child and Adolescent Mental Health Services (CAMHS) provide specialist support for children and young people experiencing emotional, behavioural, or mental health difficulties. Following on from a Trust wide workshop for clinicians and operational managers to explore access to our services for minoritized communities, the Trust's CAMHS team held a service level workshop based around an intervention decay model, which resulted in the creation of an action plan to increase awareness of and confidence in our services among minoritised communities.

Over 2024-25, the CAMHS service has undertaken an extensive review of its patient facing communications to improve readability, accessibility and make the language used more trauma informed. The service plans to build on this work by reviewing leaflets and promotional materials to ensure they are accessible and available in different community languages. The service identified opportunities to improve access to mental health support from under-represented communities. The Mental Health Support Teams in schools has opportunities to work with students and parents from minoritised communities to address potential lack of knowledge or confidence to self-refer. The service also plans to engage with local community projects to build relationships with under-represented groups, with a particular focus on improving support for children and young people who are temporarily resident in the area while seeking asylum.

Admissions under the Mental Health Act - Date range 1/1/2024 to 31/12/2024

Figure 10

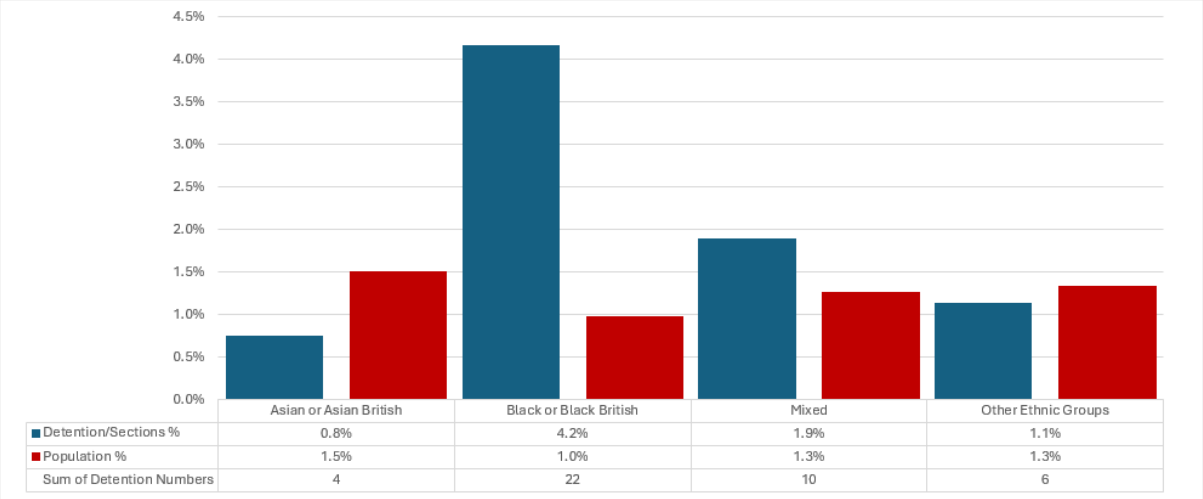


	1	2	3	4	5	6	7	8	9	10	Not Available
% of Total Detentions	35.8%	10.6%	10.4%	7.4%	4.7%	10.0%	4.7%	4.0%	4.7%	4.0%	3.6%
% of Total Population	23.1%	5.2%	7.7%	9.9%	5.5%	10.4%	9.7%	9.0%	7.9%	11.6%	0.0%
Detention Numbers	189	56	55	39	25	53	25	21	25	21	19

In 2024, the Trust had 1286 new admissions of which 528 have been admitted detained under the MHA. The chart above shows the rates of patients sectioned under the Mental Health Act (MHA) by Deprivation decile level vs population deprivation decile. Deprivation deciles 1-3 (most deprived) had a higher rate of Mental Health Act admissions than the population split. The rate of MHA detention is much lower among patients from less deprived areas (deciles 6-10). This picture may be partially reflective of higher prevalence of mental health issues and higher rates of access to

mental health services within this decile. It may also be linked to higher acuity and higher levels of trauma among patients within the most deprived deciles. In comparison with 2023, the proportion of people detailed under the Mental Health Act who come from deciles 1-3 declined slightly from 60.6% to 56.8%. However, the data is not directly comparable across the two years due to overreporting in 2024 (use of ward admission data rather than new admission data).

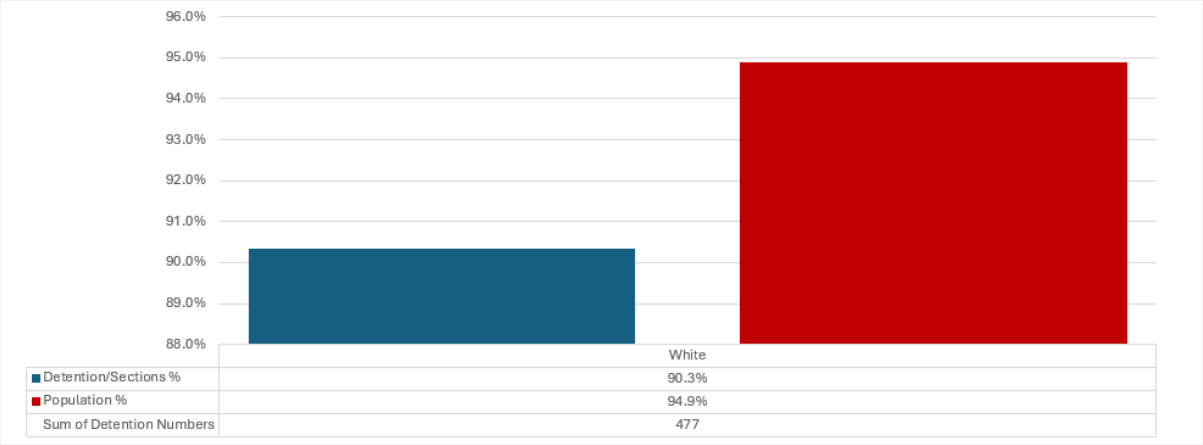
Figure 11



	Asian or Asian British	Black or Black British	Mixed	Other Ethnic Groups
Detention/Sections %	0.8%	4.2%	1.9%	1.1%
Population %	1.5%	1.0%	1.3%	1.3%
Sum of Detention Numbers	4	22	10	6

The chart above shows the rates of patients sectioned under the Mental Health Act by Ethnic minorities vs population ethnic groups. Service user numbers are relatively low for the minority ethnic groups and in most ethnic groups, MHA admissions are broadly in line with the population. However, rates of MHA admissions are significantly higher than would be expected based on population split within the 'Black or Black British' ethnic group. This group represents 1% of the overall local population, but 4.2% of MHA admissions. Higher rates of MHA admissions within Black communities have been noted as an issue nationally, but more work is required within our services and communities to understand the local drivers underlying this trend. In comparison with 2023, the proportion of people detailed under the Mental Health Act who come from minoritised communities remained static overall (8% in 2025, 7.9% in 2024). Within this, there was a small decrease in the proportion of people from Asian and Mixed communities detained and a small increase in the proportion of people from Black communities detained. However, the data is not directly comparable across the two years due to overreporting in 2024 (use of ward admission data rather than new admission data).

Figure 12



	White
Detention/Sections %	90.3%
Population %	94.9%
Sum of Detention Numbers	477

The chart above demonstrates the rates of patients sectioned under the Mental Health Act by White groups vs population of white groups. This patient group is underrepresented by 4.6% in comparison to the population split. This reflects the higher rate of MHA admissions in other ethnic minorities detailed in figure 11.

Mental Health Act Admissions – Progress to date

The Trust is delivering a range of initiatives which aim to embed anti-racist, anti-discriminatory practice and ensure that staff are aware of the interactions between stigma, race and detentions under the Mental Health Act.

We are supporting the development of a national competency framework for social workers with regards to equality, diversity and inclusion with the aim of scoping of anti-discriminatory practice and identifying the opportunities for working differently with communities experiencing health inequalities and/or discriminatory practice in mental health services. In April 2024, two workshops in the Trust led by an external facilitator scoped out learning and development needs to support work with racialised minorities. There will be further work to agree how needs can be met following the workshops. The findings of a world café event at the Trust has contributed to the work on a workforce capabilities framework, which is still in development and led by Lancashire and South Cumbria NHS Foundation Trust.

The Trust's Head of Social Work is supporting the review of the new Assessed and Supported Year in Employment (ASYE) Good Practice Guide for NHS Employers which includes a section on Anti-Discriminatory Practice and guidance on what the programme should deliver to support newly qualified social workers. Our Trust has also included work around Anti Discriminatory Practice awareness of Equality Diversity and Inclusion I issues as an area for development as part of our Trust's Assessed and Supported Year in Employment action plan for continuous development which identifies work around Anti-Discriminatory Practice and awareness of EDI issues as an area for development. Trust staff are active members of a regional community of practice for NHS social work leadership and the NHS Social Work Leads group, both of which have a focus on developing anti-racist and inclusive practices.

The Trust has run training targeting system leaders on anti-racist practice and allyship. A full-day session was arranged designed for leaders and practitioners working across the Trust, Hull City Council, and East Riding of Yorkshire Council. This event was specifically aimed at those in leadership roles, including Team Managers, Service Managers, Supervisors, Clinical Leads, Senior Practitioners, Adult Mental Health Practitioners Practice Educators. Topics covered were; The legacy of the British Empire and its effects on White British people; Understanding Whiteness; Allyship in the anti-racist context; Case studies of effective allyship in health and social care; Strategies for dismantling structural, systemic, and institutional racism within the mental health system. This event was incredibly successful and received excellent feedback. There is a real desire to have opportunities to access this knowledge and a safe space to challenge ourselves and reflect upon our practice and approach to ensure we work towards becoming an anti-racist organisation.

The Trust has become one of the 60 organisations taking part in the national roll-out of the Culture of Care Standards for Mental Health, Learning Disability and Autism inpatient services. NHS England supported programme has Anti-Racist Practice embedded as one of three core underpinning principles, with delivery in partnership with Black Thrive Global. Within out Trust our four initial wards which have been chosen for the first phase of implementation have been invited to anti-racist training and are working on co-produced quality-improvements within their ward to implement changes. The programme provides multi-layered support to an organisation with a ward-

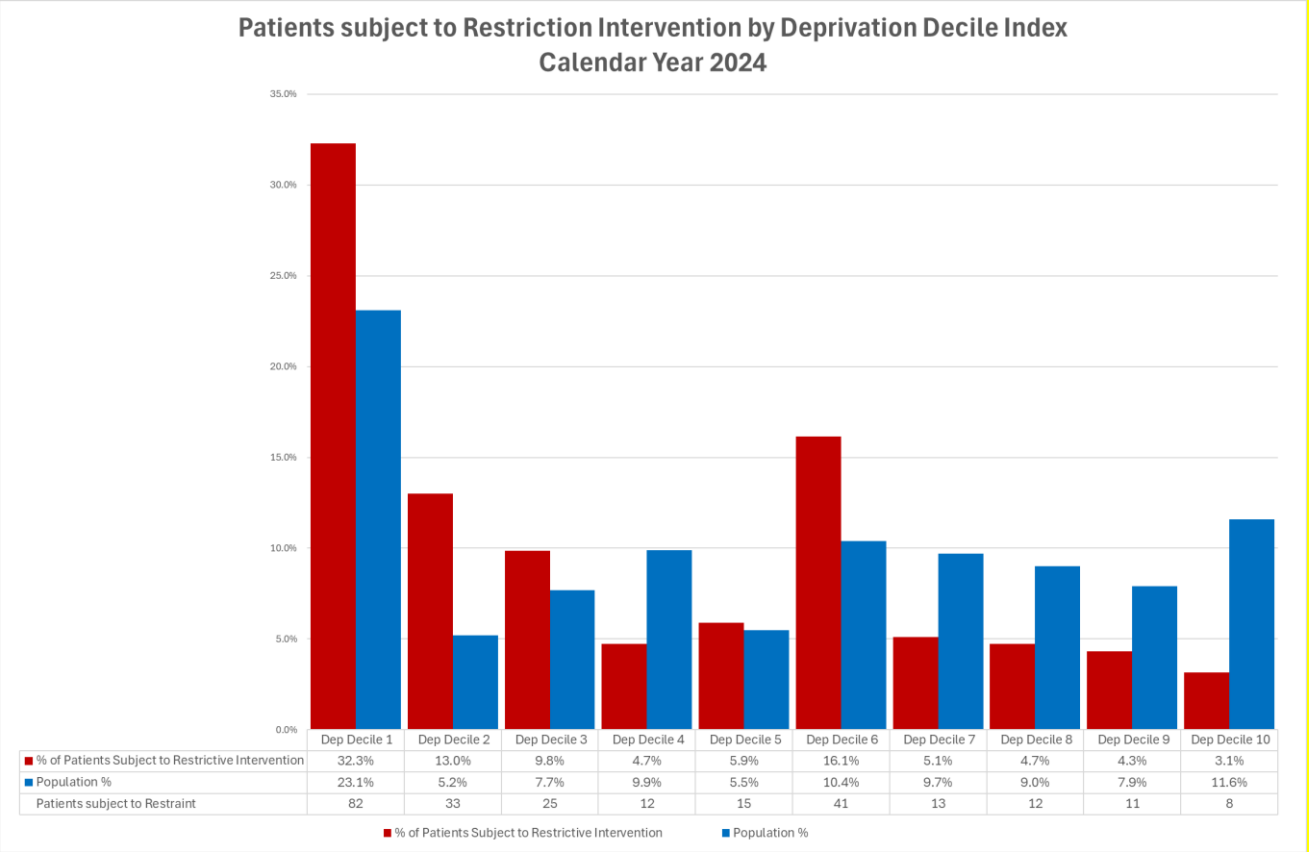
to-board approach; so, while the ward staff are engaging in quality-improvements, our executive team have also been receiving training in anti-racist practice. The Culture of Care implementation programme is due to run for two years, and we are taking a phased approach, sharing learning across the trust as we progress, and working closely with Patient and Carer Race Equality Framework. Whilst the Culture of Care programme has an initial focus on inpatient practice, the aim is to ensure inpatient care sits within a wider system that shares the same values and standard, with citizenship, community and co-production being seen as key.

We have been preparing for implementation of the Patient and Carer Race Equality Framework (PCREF), which all providers of NHS mental health service providers must use to address discrepancies in services experienced by people from racialised communities. For example, data shows that Black communities are overrepresented in Mental Health Act admissions, and experience proportionately more Restrictive Interventions than the wider population. The Trust is linking with other Trusts such as the Sheffield Health & Social Care NHS Foundation Trust to learn from their experiences as an early implementer and will be establishing a PCREF Working Group to support this work. Co-production is a key principle underpinning this work, and local community groups and Experts by Experience will be invited to work alongside trust staff to shape the prioritisation of this work.

Restrictive Interventions (Hull & East Riding) - Date range 1/1/2024 to 31/12/2024

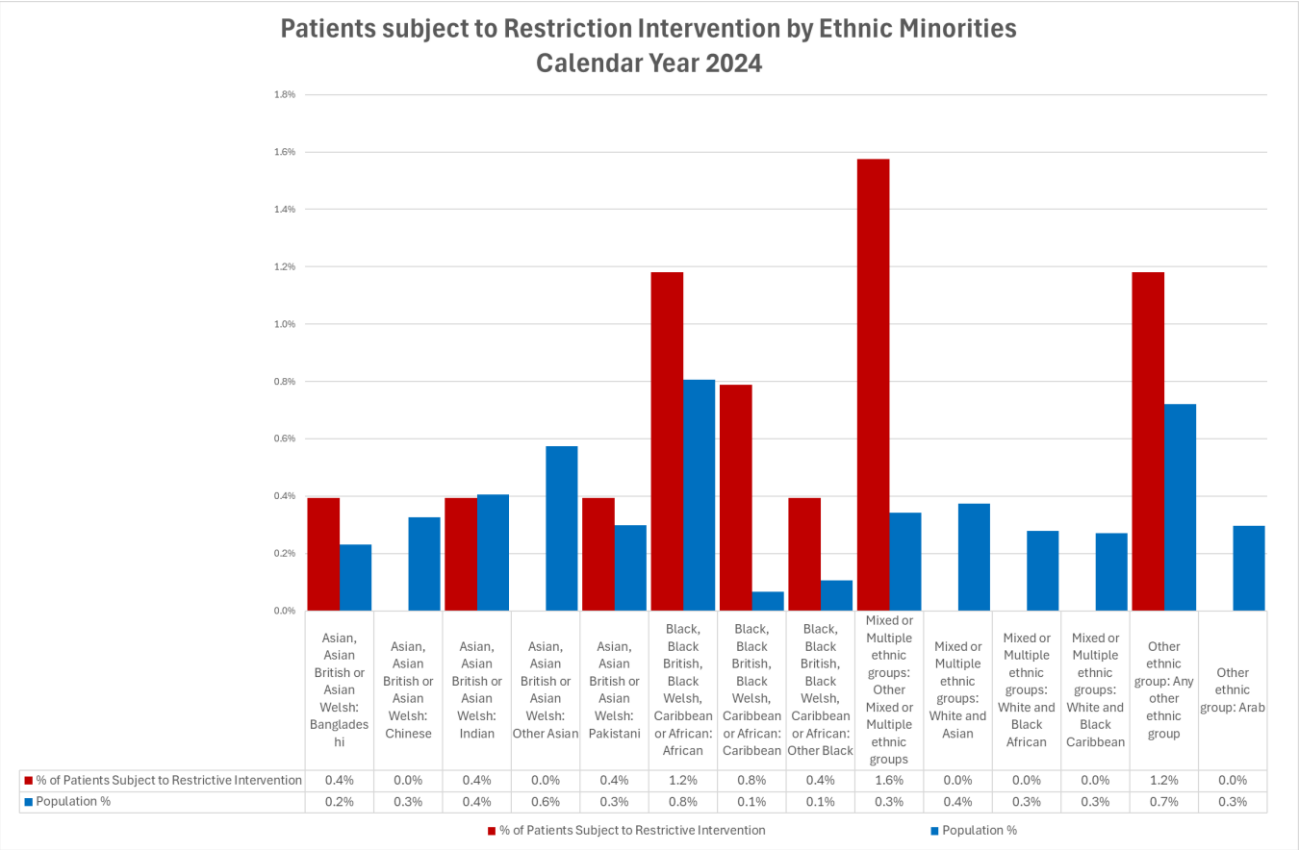
The use of restrictive interventions across the Trust is relatively low, with 252 individual service users subject to restrictive intervention in this year. The statistical significance of the data presented in this section must therefore be treated with caution. The Trust’s Reducing Restrictive Intervention Group continues to strive to reduce this number further. The number of individuals subject to restrictive interventions (RI) has increased significantly from 2023-24 (82 individuals) due to changes in reporting. Historically, recording of RI has been captured across Datix and the Trust’s EPR, with higher reporting rates in Datix. This dataset has been drawn from Datix to improve the accuracy of reporting.

Figure 13



The chart above shows numbers of individual service users who have been subject to Restrictive Interventions (RI) by Deprivation Level vs Population by Deprivation Level. The use of RI is higher in Deciles 1-3 (Most Deprived) than the proportion of the population in the same deciles and less for the Deciles 4-5 and 7-10 (Least Deprived). This trend may be linked to higher acuity and higher levels of trauma among patients within the most deprived deciles. However, compared to 2023-24, the percentage of patient who were subject to RI who come from the three most deprived deciles has declined from 62% of the total to 55%. The percentage of patients who were subject to RI who came from decile 1 has reduced from 47% to 32%. Decile 6 is a statistical outlier for the Trust due to the location of a large low and medium secure forensic psychiatry inpatient unit within a decile 6 postcode.

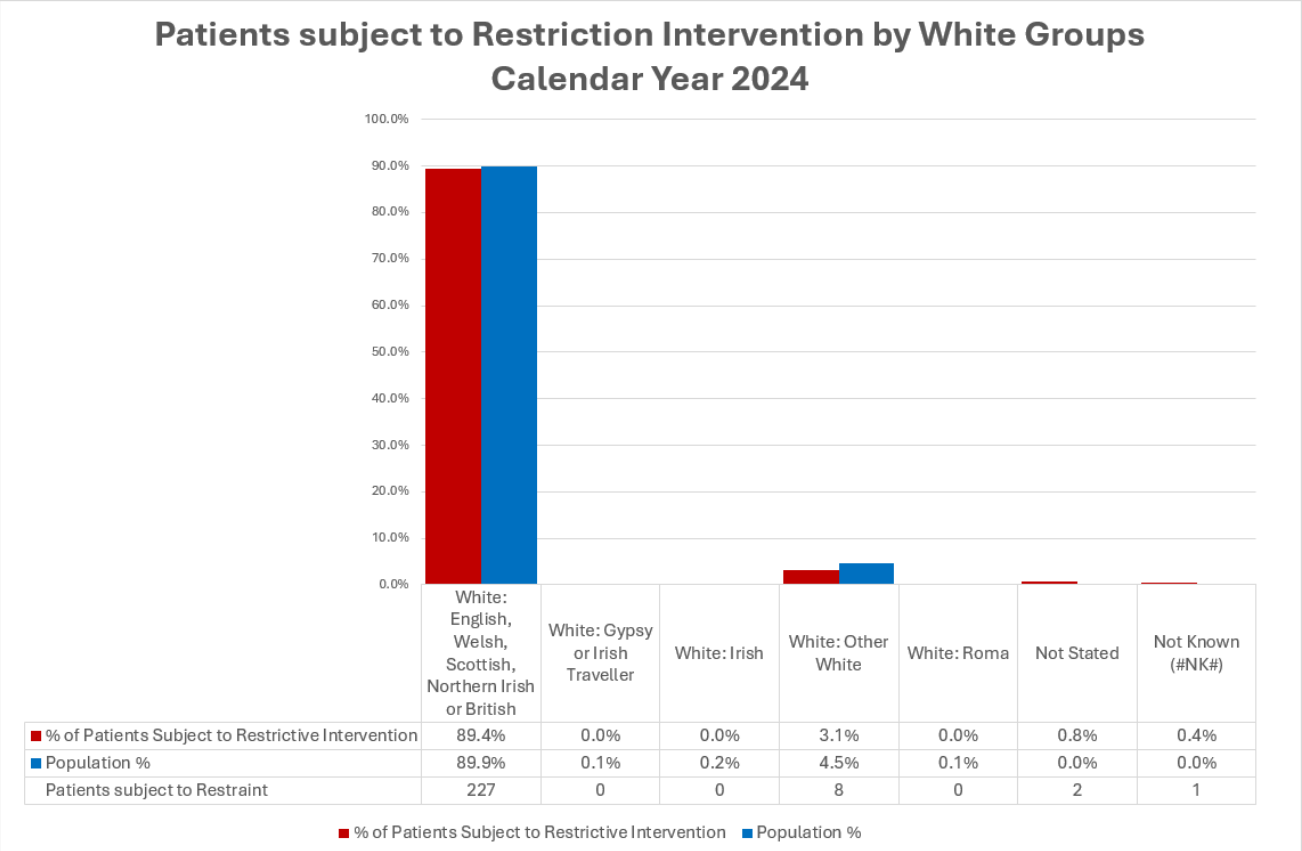
Figure 14



	Asian, Asian British or Asian Welsh: Bangladeshi	Asian, Asian British or Asian Welsh: Chinese	Asian, Asian British or Asian Welsh: Indian	Asian, Asian British or Asian Welsh: Other Asian	Asian, Asian British or Asian Welsh: Pakistani	Black, Black British, Black Welsh, Caribbean or African: African	Black, Black British, Black Welsh, Caribbean or African: Caribbean	Black, Black British, Black Welsh, Caribbean or African: Other Black	Mixed or Multiple ethnic groups: Other Mixed or Multiple ethnic groups	Mixed or Multiple ethnic groups: White and Asian	Mixed or Multiple ethnic groups: White and Black African	Mixed or Multiple ethnic groups: White and Black Caribbean	Other ethnic group: Any other ethnic group	Other ethnic group: Arab
% of Patients Subject to Restrictive Intervention	0.4%	0.0%	0.4%	0.0%	0.4%	1.2%	0.8%	0.4%	1.6%	0.0%	0.0%	0.0%	1.2%	0.0%
Population %	0.2%	0.3%	0.4%	0.6%	0.3%	0.8%	0.1%	0.1%	0.3%	0.4%	0.3%	0.3%	0.7%	0.3%

The chart above shows the number of individual service users who have been subject to Restrictive Interventions (RI) by Ethnic Group vs Population by Ethnic Group. The data shows that the rate of service users subject to RI is higher in the ‘Black/Black British’ groups and ‘Other Mixed’ than the population distribution. Overall, the percentage of patients who were subject to RI who came from minoritised communities was 6.5%. The percentage of the local population who are from minoritised backgrounds is 5.1%. Numbers of service users in each category have been removed because in some areas the data becomes patient identifiable. However, the total number of service users from minority ethnic groups subject to restricted interventions is 16. Data from 2024 is not directly comparable to 2023 data because for 2024, the data has been drawn from Datix instead of the Trust’s EPR to improve accuracy of reporting. However, the percentage of patients who were subject to RI who came from minoritised communities was lower in 2024 (6.5%) than 2023 (12.2%).

Figure 15



	White: English, Welsh, Scottish, Northern Irish or British	White: Gypsy or Irish Traveller	White: Irish	White: Other White	White: Roma	Not Stated	Not Known (#NK#)
% of Patients Subject to Restrictive Intervention	89.4%	0.0%	0.0%	3.1%	0.0%	0.8%	0.4%
Population %	89.9%	0.1%	0.2%	4.5%	0.1%	0.0%	0.0%
Patients subject to Restraint	227	0	0	8	0	2	1

The chart above shows service users who have been subject to Restrictive Interventions (RI) by White Groups vs Population by White Groups. This service user group is slightly underrepresented in comparison to the population split, reflecting higher rates in other ethnic minorities detailed in figure 14.

Restrictive Interventions - Summary of Progress

The Trust is focused on reducing the use of Restrictive Interventions across the board and is delivering various initiatives which specifically focus on how race and power imbalances impact on quality and experiences of care.

The Trust's Reducing Restrictive Intervention (RRI) group continues to strive to further reduce the use of RI. It is important to understand context of restraints and their relationship with use of seclusion (not required for this report): if numbers of seclusions increase, numbers of restraints decrease and vice versa. The Trust recognises a hierarchy of RIs and places particular focus on reducing the highest risk forms of intervention, such as prone restraint. Across the Trust, awareness of the disproportionate use of RI with minoritised groups has increased through delivery of the Culture of Care programme and the Trust's RRI Improvement Plan. Discussion of the issue has been incorporated in the Trust's De-escalation Management & Intervention training.

Wards involved in the Mental Health Act Quality Improvement programme have had a focus on culturally appropriate care. The programme put into practice the principles of the Mental Health Act reforms and aimed to improve the equity of experience for people from ethnically diverse backgrounds, autistic people and those with a learning disability when detained under the Mental Health Act. A pilot phase was undertaken with our Psychiatric Intensive Care Union then Ouse and

Ullswater took part in final phases. The Ullswater project started by exploring power imbalances on the ward and delivered a project to empower staff to organise ward-based activities for service users. The project aims to build therapeutic relationships and improve knowledge of service users interests to support in de-escalation scenarios. The Trust is also applying learning from the programme on the use of low stimulation/sensory environments to reduce the use of RIs.

The Culture of Care programme is supporting further work around reducing restrictive interventions with an explicit focus on ensuring all inpatient care is trauma-informed, autism-informed and culturally competent. The ward staff involved in the initial phases of the programme have been receiving training on anti-racist practice which has been leading to greater awareness of the experience of restrictive interventions. This has been opening up culturally sensitive conversations with patients about their wishes and concerns and has influenced the content of training of staff across the trust.

In addition, the Culture of Care programme has included a series of training events for the staff from the four initial wards on personalised approaches to risk. This has supported staff to consider the impact of individual and cultural trauma, and the way in which practice might be adapted to work pro-actively to reduce the likelihood of restrictive interventions and reduce the psychological impact should restrictive interventions be required to manage safety.

The Trust has recently brought together four related programmes of work under a single Care, Culture and Equity Steering Group which will oversee all aspects of activity and delivery across the following programmes of work: Culture of Care, Trauma Informed Organisation, Health Inequalities, Patient and Carer Race Equality Framework (PCREF). This approach will enable the Trust to co-ordinate and amplify our approach to addressing health inequalities and embedding anti-racist practice in our care.

Social, Community and Human Rights

Social Values Report

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

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

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

However big or small, our people make an enormous difference to the lives of those they work with and play a vital role in helping us to create a better life for our communities. We are mindful that there will always be more we can do. Social value will remain a golden thread running throughout our planning and delivery in 2025/26.

Human Rights

Human rights are fundamental principles that safeguard individuals' rights and freedoms. They play a crucial role in ensuring equitable and dignified healthcare for everyone. By incorporating human rights principles, we promote equal access to healthcare services, respect for patient autonomy, and protection against discrimination and abuse. By recognising and upholding human rights, the Trust provides a compassionate, patient-centered healthcare system prioritising patients' well-being and dignity.

We are committed to serving a richly diverse community and ensuring that all our services are accessible to everyone, regardless of their background. One of the key principles of the NHS Constitution is recognising that the success of the NHS relies heavily on its staff. Patients can expect to receive outstanding care only when staff members feel valued and supported.
We listen to the voices of our underrepresented staff through our staff networks. The Trust has established a Race Equality Network, LGBTQ+ Network, and Disability Network. The Race Equality Network supports the development of the Workforce Race Equality Standard (WRES), while the Disability Network aids in developing the Workforce Disability Equality Standard (WDES). The LGBTQ+ network, known as the Rainbow Alliance, has backed the Trust’s efforts toward achieving NHS Rainbow Badge Accreditation. We have further strengthened our staff networks to enhance our goals of community inclusion and collaboration with underrepresented staff groups. New terms of reference and adding an Executive Management Team network sponsor provide the networks with the recognition and resources they need to reach maturity.

Research shows a strong link between staff engagement, patient outcomes, and organisational performance indicators. We recognise that employees are more likely to deliver high-quality care

when they are committed to their work and content with their work environment. This dedication is also evident in organisational outcomes, such as staff absenteeism and turnover rates, patient satisfaction, and mortality rates.

We recognise the importance of nurturing a positive work environment that respects and supports our employees. This improves the quality of patient care and contributes to the overall success of Humber Teaching NHS Foundation Trust.

Our values of caring, learning, and growing ensure the delivery of these principles and emphasise staff behaviours and expectations. This is supported by refreshing our Behavioural Standards Framework for all staff.

We aim to employ a workforce as representative of this population as possible, embracing the value of diversity and its differences.
Our vision applies to staff, patients, patients' families, and carers, and it is to be 'effortlessly inclusive'. To achieve that vision, we aim to:

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

In September 2023, we launched the Patient and Carer Experience Five-Year Forward Plan (2023 to 2028), which includes a suite of accessible resources to support its rollout. Equality, diversity, and inclusion are integrated throughout the document, and the strategy reflects our commitment to the Public Sector Equality Duty (PSED) under the Equality Act 2010 and the national NHS Equality Delivery System (EDS22).

The effectiveness of these policies is routinely monitored through incidents and events to ensure that none of our services adversely affect any segment of the communities we serve or any of the protected characteristics. Assurance regarding human rights is provided to the Executive Management Team bi-annually and through annual reports such as the WRES, WDES, Gender Pay Gap, and EDI annual report. Mandatory training on Equality, Diversity, and Human Rights ensures that all our staff receive training on dignity and respect, boasting a compliance rate of over 98%.

Anti-fraud, bribery and corruption

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

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

Bribery is also referenced in various policies including Standing Orders, Scheme of Delegation and

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

Modern Slavery Act 2015

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

Emergency Preparedness, Resilience and Response (EPRR) Assurance

The annual EPRR core standards self-assessment for 2024-25 was again undertaken by the Trust using the new process and compliance requirements previously introduced in 2023-24.

Although the number of core standards applicable to each organisation type is different, Humber Teaching NHS Foundation Trust had 58 applicable core standards to self-assess against and rated itself as partially compliant. On completion of the check and challenge process by Humber and North Yorkshire Integrated Care Board, the compliance rating was raised from 24% to 60% showing significant improvement had been made. As the threshold for partial compliance is 77%, the Trust remains non-compliant despite the progress made. As a result, a comprehensive project plan has been developed and is in place to address the required improvements to ensure the Trust continues to improve and reach the next threshold to be partially compliant for the next assessment. As part of the monitoring process, the Trust will update the ICB regularly.

We continue to improve care and service safety, resilience, and response through a programme of training, testing, learning from incidents internally and through work with partners and external networks. Through this work we are committed to increasing our compliance with the core standards for the next assurance round for 2025/26.

Our compliance rating was signed off by the Trust Board on 27 November 2024.

Accountability Report

Directors Report

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

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

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

The Chair of the Board of Directors is Rt Hon Caroline Flint**.** The Board of Directors is comprised of six Non-Executive Directors including the Chair, Associate (non-voting) Non-Executive Directors, five Executive Directors including the Chief Executive and Director of People and Organisational Development (non-voting). Priyanka Perera, Associate Non-Executive Director joined the Trust in October 2023 for an initial term of 12-18 months. The Council of Governors approved an extension to the term of office to 30 September 2025. David Smith, Associate Non-Executive Director joined the Trust in October 2023, and his term of office concluded on 30 September 2024. The Council of Governors also approved a one year extension to the terms of office of Dean Royles and Stuart McKinnon-Evans and a three year extension to the term of office of Phillip Earnshaw.

Francis Patton, Non-Executive Director, was the Senior Independent Director until his term of office ended on 31 August 2024, following which Dean Royles was appointed into this role. The Senior Independent Director acts as a sounding board for the Chair, serves as an intermediary for the other directors when necessary and leads the appraisal process for the Chair.

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

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

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

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

The arrangements for evaluation of the Chair and Non-Executive Directors are agreed by the Council of Governors' Appointments, Terms and Conditions Committee. The Senior Independent

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

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

Composition of the Board of Directors

Non-Executive Directors:			
Name	**Position**	**Appointed to Humber Teaching NHS Foundation Trust**	**Term of office end date**
Rt Hon Caroline Flint	Trust Chair • *Chair of Council of Governors* • *Chair of Remuneration and Nomination Committee*	16 September 2021	15 September 2027
Mike Smith	Independent Non-Executive Director • *Chair of Mental Health Legislation Committee*	1 October 2016	31 August 2024
Francis Patton	Independent Non-Executive Director • *Chair of Finance Committee*	1 January 2018	31 August 2024
Dean Royles	Independent Non-Executive Director • *Chair of People & Organisational Development Committee*	1 September 2019	31 August 2026

Stuart McKinnon-Evans	Independent Non-Executive Director • *Chair of Audit Committee* • *Chair of Charitable Funds Committee* • *Chair of Collaborative Committee*	1 February 2022	31 January 2026
Dr Phillip Earnshaw	Independent Non-Executive Director • *Chair of Quality Committee*	25 July 2022	24 July 2028
Priyanka Perera	Independent Associate Non-Executive Director	1 October 2023	30 September 2025
David Smith	Independent Associate Non-Executive Director	1 October 2023	30 September 2024
Keith Nurcombe	Independent Non-Executive Director • *Chair of Finance Committee*	1 September 2024	31 August 2027
Stephanie Poole	Independent Non-Executive Director • *Chair of Mental Health Legislation Committee*	1 September 2024	31 August 2027
Executive Directors			
Michele Moran	Chief Executive	29 January 2017	N/A
Peter Beckwith	Director of Finance	10 March 2017	N/A
Kwame Fofie	Medical Director	1 October 2022	N/A
Hilary Gledhill	Director of Nursing, Allied Health and Social Care Professionals	1 June 2015	Retired on 31 March 2025
Lynn Parkinson	Chief Operating Officer (COO)	1 October 2018	N/A

Steve McGowan (non-voting)	Director of Workforce & Organisational Development Seconded to the Integrated Care Board	18 June 2018	Left the Trust on 31 March 2025
Karen Phillips **(non-voting)**	Associate Director of People and Organisational Development	1 April 2024	

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

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

Executive and Non-Executive Directors have an open invitation to attend the Council of Governors' meetings, the Governor groups and Governor Development Sessions that are held. They also receive copies of the Council of Governors' meeting papers, including the minutes. The Chair, supported by the Senior Independent Director, promotes an engaging relationship between the Board of Directors and Council of Governors. Board members and governors have opportunities to meet and discuss key issues at the Governor Development Sessions. Governors are provided with copies of the Board meeting papers. Governor online briefings were introduced last year providing bitesize briefings on topics requested by governors, alongside a "Spotlight on a Service" item at every Council of Governors' meeting to enhance governors' knowledge of Humber services. Governor meetings and activities are a mixture of in person and online events. A Governor, Non-Executive and Executive Knowledge and Engagement visit programme to inpatient units, services and teams was in place. Governors hold the Non-Executive Directors individually and collectively to account for the performance of the Board (this is one of their key statutory duties) by asking questions of them at the Council of Governor meetings.

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

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

The Care Quality Commission

The Care Quality Commission (CQC) carried out its last full inspection in 2019 and rated the Trust

‘Good’. Due to the pandemic the CQC adapted their inspection approach, replacing their inspection regime with a Transitional Monitoring Approach (TMA) and in January 2021 positive verbal feedback was received from the CQC.

This year, no issues have been identified at the Trust that require the CQC to inspect further. Following the launch of the Single Assessment Framework, we received a core services inspection at Inspire in February 2025, as part of the routine inspection programme the CQC has now recommenced. Positive verbal feedback was received at the inspection, and we are currently awaiting the draft report.

The Trust expects a further one or two core services to be inspected during this year culminating in a Well Led inspection with the Trust Board. The CQC’s ongoing monitoring of services continues, and our regular relationship meetings foster good working relationships and the opportunity to provide assurance to the CQC. Our Primary Care services have all been routinely inspected within the last 5 years and are all rated overall ‘Good’ by the CQC.

Financial Requirements

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

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

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

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

Annual Statement on Remuneration

Remuneration policies

The Remuneration and Nomination Committee is responsible for determining the remuneration and other conditions of service of executive directors and very senior managers (VSMs), for identifying and appointing candidates to fill the executive director positions on the Trust Board and for overseeing succession planning across the Trust’s senior leadership.

The Committee is also responsible for evaluating the balance of skills, knowledge, experience and diversity of the executive directors to help ensure the Board reflects, as far as possible, the ethnic diversity of the Trust's workforce and the communities it serves. Appointments to the Board follow

robust recruitment and selection processes which in turn seeks to address areas of wider underrepresentation.

Executive Directors are appointed on permanent contracts with a six-month notice period and the Trust follows NHS England guidance for any termination with redundancy payments calculated in accordance with Agenda for Change.

For the financial year 2024/25, the Non-Executive Directors who presided on the Remuneration Committee were:

- Rt Hon Caroline Flint (Chair)
- Dean Royles (Senior Independent Director)
- Stuart McKinnon-Evans
- Phillips Earnshaw
- Keith Nurcombe (from October 2024)
- Stephanie Poole (from October 2024)
- Francis Patton (until September 2024)
- Mike Smith (until September 2024)

The Chief Executive and the Associate Director of People & OD are invited to the Committee but are recused in the event of conflicts resulting from agreeing pay and reward.

The Committee met on four occasions during 2024/25 (up to 31/03/25), with the below detailing the attendance at each.

Members:	**No of meetings attended**
Caroline Flint, Chair	4/4
Dean Royles, Non-Executive Director (SID from Oct 2024)	3/4
Stuart McKinnon-Evans, Non-Executive Director	3/4
Phillip Earnshaw, Non-Executive Director	4/4
Keith Nurcombe, Non-Executive Director	3/3 (From Oct 24)
Stephanie Poole, Non-Executive Director	3/3 (From Oct 24)
Francis Patton, Non-Executive Director	1/1 (Until September 24)
Mike Smith, Non-Executive Director SID)	1/1 (Until September 24)

The Remuneration Committee determines the remuneration of the Chief Executive and Executive Directors. Decisions about remuneration are guided by national guidance, benchmarking data, value for money and equality considerations. The Committee also reviews redundancy payments and any extra contractual payments.

The remuneration for Non-Executive Directors is nationally determined and is approved by the Council of Governors. Non-Executive Directors, Associate Non-Executive Directors, and the Trust Chair were not considered for a pay award in 2024/25.

The Chair and Non-executive Directors are on fixed term, renewable contracts. There is no performance-related pay and no compensation for early termination.

A 5% cost of living pay award was applied to all Executive Directors in 2024/25 following guidance published by the Senior Salaries Review Body (SSRB).

For the Deputy Chief Executive/Chief Operating Officer a 5% uplift was awarded in respect of the Deputy CEO allowance, taking this from £5,250 to £5,513.

The Chief Executive's responsibility allowance for ICB and lead provider responsibilities increased by 5% from £34,802 to £36,542 in recognition of the cost of living pay award. Whilst the Chief Executive received a performance bonus for work in 2024/25, there were no compensation payments for early termination for Directors during this period.

In 2024/25 the committee members oversaw the selection process and subsequent appointment of a new Executive Director of Nursing, Allied Health and Social Care Professionals and approved the remuneration arrangements, which were in line with guidance for Very Senior Managers.

The Committee further considered the implications of the Kark review and the impact on Board roles and reflected on the plans to deliver the Leadership Competency Framework to Board Members as well as seeking assurance that all Directors met the 'Fit and Proper' persons test. It is also the role of the Committee to approve recruitment and retention payments over 25k.

The Trust's strategic and annual business planning processes inform the objectives of the Executive Directors, which are presented to the committee following appraisals, supported by development and succession plans. Their performance is monitored throughout the year by the Chief Executive, (and by the Chair for the Chief Executive) and assessed formally through an annual appraisal.

The policy/process on diversity and inclusion, including in relation to disability, its objectives and linkage to trust vision, how it has been implemented and progress on achieving the objectives are outlined below.

The Trust's approach to equality, diversity, and inclusion is to set annual objectives based on analysis of our data for Gender and Ethnicity Pat Gap reporting, the Workforce Race Equality Standard (WRES), the Workforce Disability Equality Standard (WDES), EDS22 and the EDI Annual Report. By focusing on our data and staff survey, we can ensure that the experiences of our staff are our key drivers of change.

These objectives link with the Trust's vision by ensuring the Trust is a compassionate and inclusive organisation that contributes to better patient care and is known as a great employer and valued partner.

Assurance around disability staff composition:

- Disability and long-term condition representation was 3% in 2019, rising to 9.9% in Jan 2025.
- Over the past 12 months, we have seen a 14% improvement in the number of staff with a disability or long-term condition working in clinical or non-clinical roles of Band 8c and above.

The ethnic diversity of the board and senior managers, with reference to indicator nine of the NHS Workforce Race Equality Standard and how far the board reflects the ethnic diversity of the trust's workforce and communities served

WRES indicator nine examines the percentage difference between the organisation's Board voting membership and overall workforce. Year on year, the Trust has improved ethnically diverse representation in its workforce; in 2019, it was 3.5%, rising to 8.76% in Jan 2025. In our 2024 WRES reporting, ethnically diverse representation on the board was 12.5%, which is higher than the Trust staff demographics and the demographic of the areas we serve. This also places the Trust highest in our system for Board representation, and nationally the figure is -10.9%.

The gender balance of senior management and their direct reports

The gender balance of the Executive Management Team is as follows: 71.5% female and 28.5% male.

	Male	**Female**
Executive Management Team	28.5%	71.5%

The gender balance of Execs and their direct reports are as follows:

Executive Board Member	**Male**	**Female**
Chief Executive Officer	20%	80%
Chief Operating Officer	42.8%	57.2%
Executive Director of Finance	57.2%	42.8%
Executive Director of Nursing, Allied Health and Social Care Professionals	38%	62%
Executive Medical Director	25%	75%
Associate Director of People and OD	20%	80%
Head of corporate Affairs	No direct reports	





Rt Hon Caroline Flint
Chair

Michele Moran
Chief Executive

Remuneration Report

Non-Executive Director Remuneration Policy

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

Details of salaries and allowances paid to the Chair and Non-Executive Directors during 2024/25 are provided in table 1. The information included in this table is subject to audit.

A responsibility allowance of £2,100 is paid to Stuart McKinnon Evans and Dean Royles for their roles as Audit Chair and Senior Independent Director (SID) respectively.

Non-Executive Directors, Associate Non-Executive Directors, and the Trust Chair were not considered for a pay award in 2024/25 and therefore table1 represents remuneration unchanged since 2023/24 rates.

Non-Executive Director Pay

	Basic Pay	**Supplementary Payments**	**Pay with 2023/24 5% CoL increase**
SID	£13,000	£2,000	£15,750 (with allowance uplift) £15,650 (allowance uplift excluded)
Audit Chair	£13,000	£2,000	£15,750 (with allowance uplift) £15,650 (allowance uplift excluded)
NED (x 3)	£13,000	N/A	£13,650
ANEDs (x2	£6,500	N/A	£6,825
Chair	£47,100	N/A	£49,455

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

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

Executive Director Remuneration Policy

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

Further information on staff policies is included on page 92.

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

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

Directors do not receive any bonus-related payments. The Chief Executive's contract incorporates the potential to earn an annual non-consolidated performance-related bonus. A bonus payment was made in 2024/25 for work undertaken in 2023/24. Details of the salaries and allowances of the Chief Executive and other Executive Directors during 2024/25 are shown in the Remuneration tables below.

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

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

A summary of Executive Director Remuneration Policies is tabled below:

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

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

Executive Directors (subject to audit)

2024/2025						
Name & Title	**Salary and Fees (Bands of £5k)**	**Taxable Benefits (Nearest £100)**	**Annual Performance-related bonuses (Bands of £5k)**	**Long-term Performance Benefits (Bands of £5k)**	***Pension-related Benefits (Bands of 2.5k)**	**Total (Bands of £5k)**
Michele Moran (Chief Executive)	200-205	0	0	0	0	200-205
Kwame Opoku-Fofie (Medical Director)	190-195	0	0	5-10	67.5-70	270-275
Sarah Smyth (Executive Director of Nursing, AHP and Social Care)	10-15	0	0	0	30-32.5	40-45
Karen Phillips (Associate Director of People and Organisational Development)	120-125	0	0	0	115-117.5	240-245
Lynn Parkinson (Chief Operating Officer)	140-145	0	0	0	7.5-10	145-150
Hilary Gledhill (Director of Nursing, Allied Health and Social Care Professionals)	120-125	0	0	0	0	120-125
Peter Beckwith (Executive Director of Finance)	155-160	0	0	0	0	155-160

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

Chair and Non-Executive Directors (subject to audit)

2024/2025						
	Salary and Fees (Bands of £5k)	**Taxable Benefits (Nearest £100)**	**Annual Performance-related bonuses (Bands of £5k)**	**Long-term Performance Benefits (Bands of £5k)**	****Pension-related Benefits (Bands of 2.5k)**	**Total (Bands of £5k)**
Dean Royles - Non-Executive Director	10-15					10-15
Mike Smith - Non-Executive Director (Left 31/08/2024)	5-10					5-10
Caroline Flint - Chair	45-50					45-50
Mr Keith Nurcombe, Non-Executive Director (Started 1 September 2024)	5-10					5-10

Stephanie Poole, Non-Executive Director (Started 1 September 2024)	5-10					5-10
Stuart Mckinnon-Evans – Non- Executive Director	15-20					15-20
Phillip Earnshaw - Non-Executive Director	10-15					10-15
David Smith – Associate Non-Executive Director (Left 30/09/2024)	0-5					0-5
Priyanka Perera – Associate Non-Executive Director	5-10					5-10
Francis Patton - Non-Executive Director (Left 31/08/2024)	5-10					5-10

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

* Pension Related benefits are calculated based on a central calculation of the Real Increase in the total value of accrued pension related benefits. This is not the expenditure that has been incurred in the Trusts expenditure accounts for employer related pension contributions.

The Benefits in Kind covers the monetary value of the provision of a car. The 2024-25 pension related benefits figures have been adjusted for employee pension contributions.
Reporting bodies are required to disclose relationship between the remuneration of the highest-paid director (including hosted posts) in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest-paid director in Humber Teaching NHS Foundation Trust in the financial year 2024/25 was £200,000 – £205,000. This was 6.3 times the median remuneration of the workforce, which was £32,342

In accordance with the Government Accounting Manual the salaries of Apprentices reduces the lower end of the reported range.

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

Fair pay disclosures

Pay Ratio

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

The banded remuneration of the highest-paid director in the organisation in the financial year 2024-25 was £200,000-£205,000 (2023-24, £205,000-£210,000). This is a change between years of 2.4% (decrease).

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

For employees of the Trust as a whole, the range of remuneration in 2024-25 was from £16,816 to £199,343 (2023-24 £14,645 to £188,059).

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

2024/2025	25th Percentile	Median	75th Percentile
Salary Component of Pay	£24,071	£29,970	£44,962
Total Pay and Benefits Excluding Pension Benefits	£26,303	£32,342	£45,988
Pay and Benefits excluding Pension: Pay Ratio for Highest Paid Director	7.70	6.26	4.40

2023/2024	25th Percentile	Median	75th Percentile
Salary Component of Pay	£22,394	£28,407	£42,618
Total Pay and Benefits Excluding Pension Benefits	£26,119	£34,513	£46,094
Pay and Benefits excluding Pension: Pay Ratio for Highest Paid Director	7.94	6.01	4.50

Name and Title	Real Increase in pension at pension age	Real increase in pension lump sum at pension age	Total accrued pension at pension age at 31 March 2025	Lump sum at pension age related to accrued pension at 31st March 2025	Cash Equivalent Transfer Value at 1 April 2024	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2025
	bands of £2500	bands of £2500	bands of £5000	bands of £5000	£000	£000	£000
M Moran (Chief Executive)	0	0	0	0	0	0	0
Sarah Smyth - Executive Director of Nursing, AHP and Social Care	0-2.5	0	40-45	100-105	780	32	864
Karen Phillips - Associate Director of People and Organisational Development	5-7.5	0	5-10	0	0	78	78
L Parkinson (Chief Operating Officer)	0-2.5	0	75-80	210-215	1,797	44	1,962
H Gledhill (Director of Nursing, Allied Health and Social Care Professionals)	0	0	40-45	100-105	87	81	174
Kwame Opoku-Fofie (Medical Director)	2.5-5	2.5-5	60-65	155-160	1,332	103	1,524
P Beckwith (Executive Director of Finance)	0	0	60-65	0	1,331	0	1,238

Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the

members' accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme. CETVs are calculated in accordance with SI 2008 No.1050 Occupational Pension Schemes (Transfer Values) Regulations 2008.

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

Real increase in CETV reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement)

Current CPI applied to Pensions is 6.7%

Remuneration and Nomination Committee

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

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

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

Nationally, the representation of an ethnically diverse membership on NHS trust boards is

reported in the national Workforce Race Equality Standard (WRES) which demonstrates an improvement year on year, from 7.1% in 2016 to 15.6% in 2023. Similarly, through initiatives such as the Associate NED roles, the work of the Committee has led the improvement of diverse representation on our Trust Board to 12.5%. When this figure is compared to our workforce representation of 7.17% and our local community demographics of 4.9%, it can be demonstrated that the Board is representative of the ethnically diverse community it serves.

Policy on Board Remuneration

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

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

The Trust does not have an internal policy on Board remuneration; however Executive Directors are appointed on permanent contracts with a six-month notice period and the Trust follows NHS England guidance when agreeing remuneration as well as for any termination with redundancy payments calculated in accordance with Agenda for Change.

Signed:  **Date:** 9th January 2026

Michele Moran, Chief Executive

Staff Report

Employees

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

Grade

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

Group

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

Employees (WTE basis) (Subject to Audit)

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

	Permanent	Other		Total		Total
	2024/25	2024/25		2024/25		2023/24
	No.	No.		No.		No.
Medical and dental	88	21		**109**		93
Ambulance staff	0	0		**0**		0
Administration and estates	843	18		**861**		849
Healthcare assistants and other support staff	339	17		**356**		332
Nursing, midwifery and health visiting staff	1,457	187		**1,644**		1,606
Nursing, midwifery and health visiting learners	0	0		**0**		0
Scientific, therapeutic and technical staff	322	1		**322**		297
Healthcare science staff	10	0		**10**		0
Social care staff	70	0		**70**		72
Other	0	0		**0**		0
Total average numbers	**3,128**	**244**		**3,372**		3,249
Of which:						
Number of employees (WTE) engaged on capital projects	13	-		13		16

Employee Benefits

Employee benefits (subject to Audit)

	2024/25		2023/24
	Total		Total
	£000		£000
Salaries and wages	134,201		122,718
Social security costs	13,701		12,913
Apprenticeship levy	647		620
Employer's contributions to NHS pensions *	27,758		21,576
Pension cost - other	465		533
Temporary staff (including agency)	5,463		7,801
Total gross staff costs	**182,235**		**166,161**
Recoveries in respect of seconded staff	-503		-175
Total staff costs	**181,732**		**165,986**
Of which			
Costs capitalised as part of assets	676		894

* Employer's contribution to NHS Pensions include additional costs related to the increase in the employer contribution rate for NHS Pensions from 14.3% (2019) to 23.7% from April 2024, the value is £10,971k for 2024/25 (£6,545k for 2023/24)

Staff sickness absence data

Figures Converted by DH to Best Estimates of Required Data Items			**Statistics Published by NHS Digital from ESR Data Warehouse**	
Average FTE 2024	Adjusted FTE days lost to Cabinet Office definitions	Average Sick Days per FTE	FTE-Days Available	FTE-Days recorded Sickness Absence
3,181	35,825	11.3	1,160,940	58,117

Source: NHS Digital - Sickness Absence Publication - based on data from the ESR Data Warehouse
Period covered: January to December 2024

ESR does not hold details of normal number of days worked by each employee. Data on days available and days recorded sick are based on a 365-day year.

Average Annual Sick Days per FTE has been estimated by dividing the estimated number of FTE-days sick by the average FTE, and multiplying by 225 (the typical number of working days per year).

Service	**Apr -24**	**May -24**	**Jun -24**	**Jul-24**	**Aug -24**	**Sep -24**	**Oct-24**	**Nov -24**	**Dec-24**	**Jan-25**	**Feb -25**	**Mar -25**	**Rolling 12M**
338 Children and Learning Disability (Division)	6.04 %	6.10 %	5.88 %	6.00 %	5.83 %	5.55 %	5.17 %	5.91 %	6.27 %	5.95 %	5.69 %	4.14 %	**5.70 %**
338 Commissioning (Division)	2.31 %	4.78 %	2.34 %	0.00 %	0.25 %	0.00 %	0.00 %	0.76 %	2.59 %	0.49 %	0.00 %	1.56 %	**1.26 %**
338 Community and Primary Care (Division)	3.17 %	3.46 %	4.49 %	5.39 %	4.76 %	4.81 %	5.96 %	4.25 %	4.55 %	4.96 %	5.68 %	5.51 %	**4.75 %**
338 Corporate (Division)	3.18 %	2.95 %	2.75 %	3.40 %	3.43 %	3.47 %	3.86 %	3.83 %	3.93 %	4.38 %	3.73 %	3.11 %	**3.51 %**
338 Forensic Services (Division)	6.56 %	6.85 %	7.05 %	6.33 %	6.24 %	8.36 %	7.13 %	8.47 %	8.46 %	7.89 %	6.26 %	6.51 %	**7.18 %**
338 Mental Health Planned Care (Division)	4.91 %	4.96 %	7.26 %	7.51 %	6.29 %	6.54 %	8.21 %	6.68 %	6.52 %	6.02 %	7.45 %	6.92 %	**6.60 %**
338 Mental Health Services Central (Division)	0.00 %	0.00 %	0.00 %	0.00 %	0.63 %	5.29 %	6.10 %	9.62 %	10.43%	10.08%	7.36 %	5.21 %	**4.54 %**
338 Mental Health Unplanned Care (Division)	5.77 %	6.67 %	6.55 %	7.22 %	6.36 %	6.33 %	6.69 %	6.15 %	7.46 %	7.34 %	6.85 %	6.36 %	**6.65 %**
Total	**4.84 %**	**5.06 %**	**5.41 %**	**5.79 %**	**5.33 %**	**5.50 %**	**5.86 %**	**5.61 %**	**5.99 %**	**5.91 %**	**5.79 %**	**5.09 %**	**5.52 %**

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

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

2024/25

	2024/2025			2023/2024		
	Governors	**Directors**	**Total**	Governors	Directors	Total
The total number in office	27	17	**44**	29	15	44
The number receiving expenses in the reporting period	4	13	**17**	6	12	18
The aggregate sum of expenses paid in the reporting period	£910	£8,325	**£9,236**	£1,649	£6,146	£5,773

Policies

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

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

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

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

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

In 2024 we relaunched the Your Leave Plus offer alongside Your Flex and Wellbeing Plus. All three initiatives have familiar branding that champions our offer of enhanced paid leave options,

flexible working options and our exemplar level wellbeing offer.

We continue to maintain a positive position with regards to reasonable adjustments and in the National Staff Survey 2024 we saw a positive increase against the 2023 score in the percentage of staff with a long-lasting health condition or illness who say the Trust has made adequate adjustment(s) to enable them to carry out their work. In 2024 the Trust scored 85.79% and in 2023 the score was 83.84% this also compares favourably with the benchmark comparator figure of 79.60% and the national comparator figure of 74.97% Furthermore, it contributes to a three-year upward trend.

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

Our Equality, Diversity & Inclusion policy applies to all our employees. Similarly, our Trust offers an EDI e-learning course as a mandatory requirement which at year end shows compliance at 97.58%.

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

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

We have a leadership development programme in place, which enhances the leadership capabilities of those people in management roles. The programme is available to all those Bands 3-7 and who meet the criteria for participation. The PROUD Leadership Development Programme has been accessed by 86 people leaders across our Trust in the past year, of those 12.32% declared to have a disability.

In addition, 20 staff members Bands 8+ accessed the PROUD Senior Leadership Programme in January & February 2024.

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

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

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

Regular management and clinical supervision are expected and there are policies in place to support the sharing of information with staff on a 1:1 basis as well as via team meetings. More

recently, Microsoft team channels have been utilised to enable specific groups to share and disseminate information, specifically relating to certain topics, such as leadership.

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

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

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

A Senior Leadership Forum is well established which provides managers with updates and information in relation to developments at the Trust.

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

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

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

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

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

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

Information on health and safety and occupational health performance

Our Occupational Health service ensures the health and wellbeing of our staff at Humber NHS Trust is priority. We undertake pre-employment assessments of new staff; ensure we meet vaccination

requirements for job roles and continue to ensure any health issues impacting upon our staff fitness for work is addressed.

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

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

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

  A total of 1386 management referrals were completed between April 2024 – March 2025. 1079 of these referrals were for Humber staff and the remaining 307 were for customers outside of our Trust (income generation work) compared to 1293 management referrals in 2023 – 2024.

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

Immunisation of staff against work related infectious disease

The current immunisations offered to staff on a risk assessment basis include Hepatitis B, MMR, VZIG. During the 2024 – 2025 reporting period, 620 immunisation/serological interventions were undertaken by the occupational health service.

In line with Government guidance from April 2025 we will be rolling out the Pertussis vaccination program for staff considered in the at-risk groups. This is mainly focused on our Health Visiting staff who work with newborns.

Occupational Immunisation Screen	**47**	**55**	**55**	**78**	**48**	**83**	**60**	**32**	**30**	**34**	**44**	**54**	**620**
Humber	33	40	38	61	33	57	49	22	16	18	34	40	441
Other	14	15	17	17	15	26	11	10	14	16	10	14	179
Vaccines	**156**	**104**	**110**	**88**	**110**	**208**	**152**	**97**	**47**	**66**	**99**	**94**	**1331**
Humber	115	81	72	26	71	98	111	70	27	32	70	65	838
Other	41	23	38	62	39	110	41	27	20	34	29	29	493
Bloods	**270**	**218**	**196**	**95**	**137**	**144**	**129**	**145**	**120**	**126**	**97**	**133**	**1810**
Humber	178	113	140	50	79	30	84	102	85	57	62	102	1082
Other	92	105	56	45	58	114	45	43	35	69	35	31	728
Varicella Status Check	**59**	**53**	**57**	**30**	**62**	**64**	**71**	**35**	**27**	**32**	**46**	**50**	**586**
Humber	42	41	37	18	44	40	54	20	15	16	32	36	395
Other	17	12	20	12	18	24	17	15	12	16	14	14	191
BCG Scar Check	**43**	**40**	**46**	**30**	**45**	**61**	**58**	**30**	**24**	**27**	**39**	**47**	**490**
Humber	31	30	31	19	31	42	43	19	14	14	26	36	336
Other	12	10	15	11	14	19	15	11	10	13	13	11	154
NSI	**10**	**11**	**11**	**9**	**8**	**10**	**13**	**4**	**8**	**10**	**9**	**6**	**109**
Humber	4	6	1	4	3	4	3	2	3	4	4	2	40
Other	6	5	10	5	5	6	10	2	5	6	5	4	69

Serology Testing

A total of 1810 blood tests were taken over the course of 2024/2025, 1082 of these being related to Humber staff. Most routine serology checks are to ensure that staff have developed a good level of immunity following a course of hepatitis B vaccinations. However we can also screen for immunity to measles, mumps and rubella if there is doubt over the person having two documented doses of the MMR vaccine. We can also screen for immunity to varicella (checkenpox) if there is doubt over any history of chickenpox in the past.

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

A total of 145 referrals were made to the outsourced physiotherapy company, PhysioMed.

From December 2024 we have appointed a part time Specialist Physiotherapist into the department. Their role is to focus on musculoskeletal occupational health referrals, providing management reports with advice on workplace adjustments and support. We are also looking to trial the use of a rehab service within the team for musculoskeletal (MSK) health issues within the Hull area to see if bringing this service partially inhouse reduces the cost to the department of the outsourced provision.

The Specialist Physiotherapist has taken over the role of the Back Care Adviser and can provide specialist ergonomic and DSE advice to staff with an MSK.

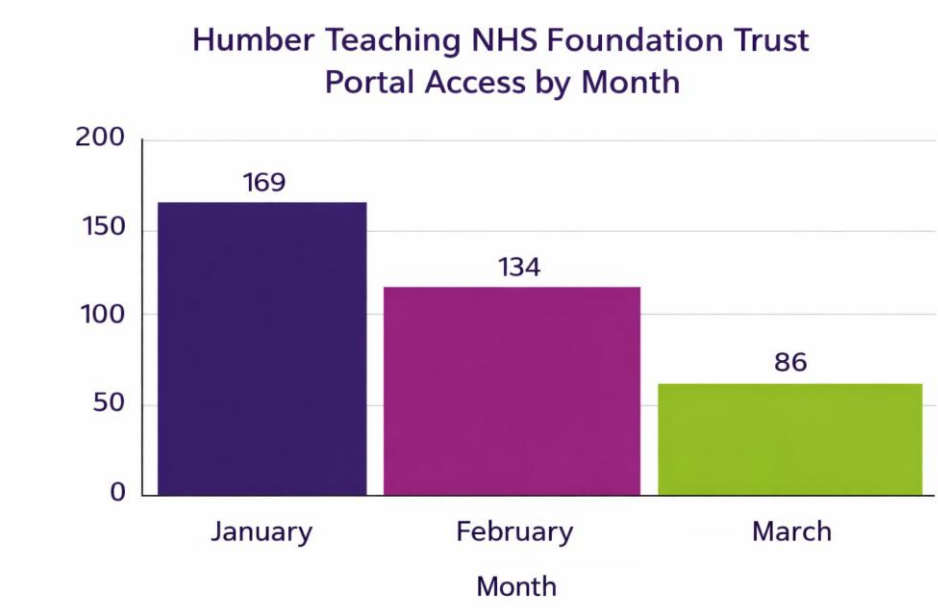
	April	May	June	July	August	September	October	November	December	January	February	March	Total
Physio Referrals	8	8	9	17	12	10	10	13	12	20	11	16	146

Employee Assistance Programme (EAP) (VIV UP)

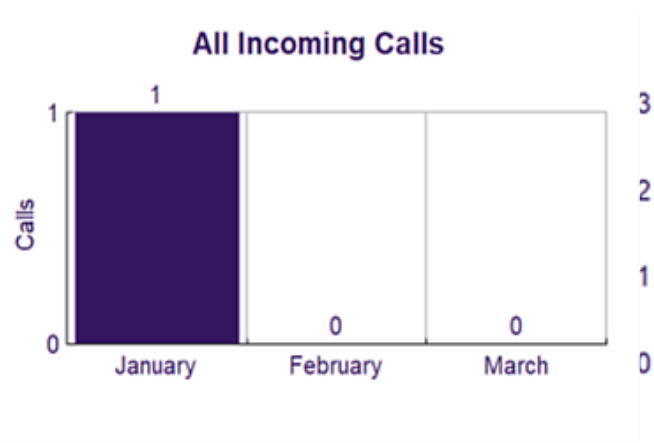
Usage of the EAP continued to remain at low levels with most people accessing our Independent Counselling service through the Occupational Health Department. VIVUP does continue to report large volumes of staff accessing their online services (last six-month figures below). There was a total of 544 referrals made to counselling via the occupational health team, with a total of 445 of these referrals being Humber employees. Each member of staff referred received a standard six sessions of counselling. However, in some circumstances there has been an agreement with the counsellor to deliver additional sessions. This is reviewed on a case-by-case basis.

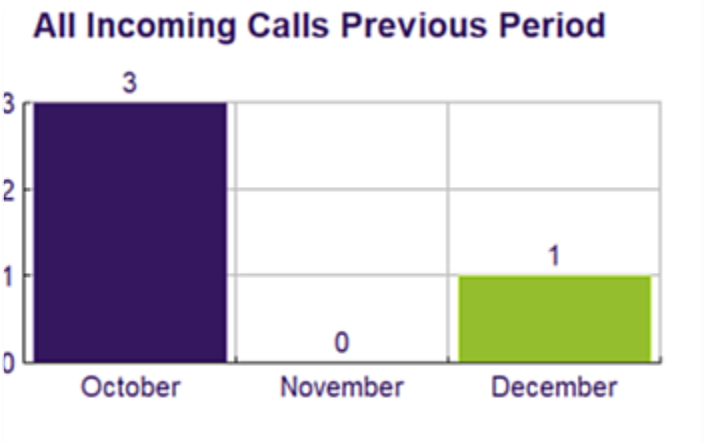
This is in comparison to 393 referrals for counselling made in 2023/24. The increase in counselling referrals within the department has been expedited since the closure of the Resilience Hub in May 2024. We also continue to see very low uptake figures of counselling via VIVUP (please see below)

VIVUP portal access figures:



VIVUP counselling calls in the last 6 months (Oct 24-March 25)





Number of counselling referrals via the occupational health team:

Counselling Referrals	**36**	**46**	**44**	**33**	**35**	**47**	**51**	**55**	**54**	**48**	**55**	**40**	**544**
Humber	30	41	37	29	27	38	47	37	36	43	45	35	445
Other	6	5	7	4	8	9	4	18	18	5	10	5	99

Other Occupational Health duties

NSI	**10**	**11**	**11**	**9**	**8**	**10**	**13**	**4**	**8**	**10**	**9**	**6**	**109**
Humber	4	6	1	4	3	4	3	2	3	4	4	2	40
Other	6	5	10	5	5	6	10	2	5	6	5	4	69
Workplace Assessments	**29**	**25**	**32**	**33**	**8**	**18**	**13**	**24**	**19**	**35**	**12**	**4**	**252**
Humber	23	18	25	28	7	17	11	19	14	26	9	3	200
Other	6	7	7	5	1	1	2	5	5	9	3	1	52
PPQ Further Information	**61**	**50**	**56**	**63**	**49**	**46**	**32**	**32**	**29**	**46**	**44**	**41**	**549**
Humber	44	42	48	45	41	39	24	21	26	35	34	35	434
Other	17	8	8	18	8	7	8	11	3	11	10	6	115
Case Conference	**0**	**0**	**0**	**1**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**2**
Humber	0	0	0	1	0	0	1	0	0	0	0	0	2
Other	0	0	0	0	0	0	0	0	0	0	0	0	0
Night Worker Further Information								**3**	**1**	**3**	**7**	**18**	32
Skin Worker Furhter Information									**3**		**6**	**22**	31

During the 2024/25 reporting period Occupational Health carried out several duties to ensure the health and wellbeing of the employees in the workplace. This list is not exhaustive:

SEQOHS Accreditation

The Occupational Health Department successfully renewed its SEQOHS (Safe Effective Quality

Occupational Health Services) five-year reaccreditation on 1st August 2024. We will now provide yearly evidence to SEQOSH to ensure that our annual accreditation remains consistent. This includes evidence of our continued quality service such as providing evidence of clinical audit, training and maintaining competencies within the department.

Staff Turnover

Measure	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Target	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%
Rolling 12 Month	11.98%	11.84%	11.62%	11.34%	11.34%	11.82%	11.52%	11.46%	11.28%	10.93%	10.65%	10.96%
Excluding Exceptions	10.64%	10.48%	10.24%	9.90%	9.93%	10.18%	9.94%	9.87%	9.59%	9.27%	9.01%	9.15%

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

Staff Survey

Statement of approach to Staff engagement

Throughout 2024/25 we have continued our focus on staff engagement with engagement scores remaining consistently good in the staff survey ratings improving year on year between 2017 – 2024 and higher than the benchmark group average and the national average score since 2021.

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

Mechanisms in place include the annual staff survey and quarterly pulse surveys as well as exit questionnaires for staff leaving the organisation which was embedded throughout 2024.

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

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

We have continued to enhance the appraisal process. We run an appraisal window from 1st April to 30th June each year to drive up compliance and resources, and support is in place to improve the quality of appraisal conversations and to ensure a meaningful health and wellbeing conversation is embedded within the discussion.

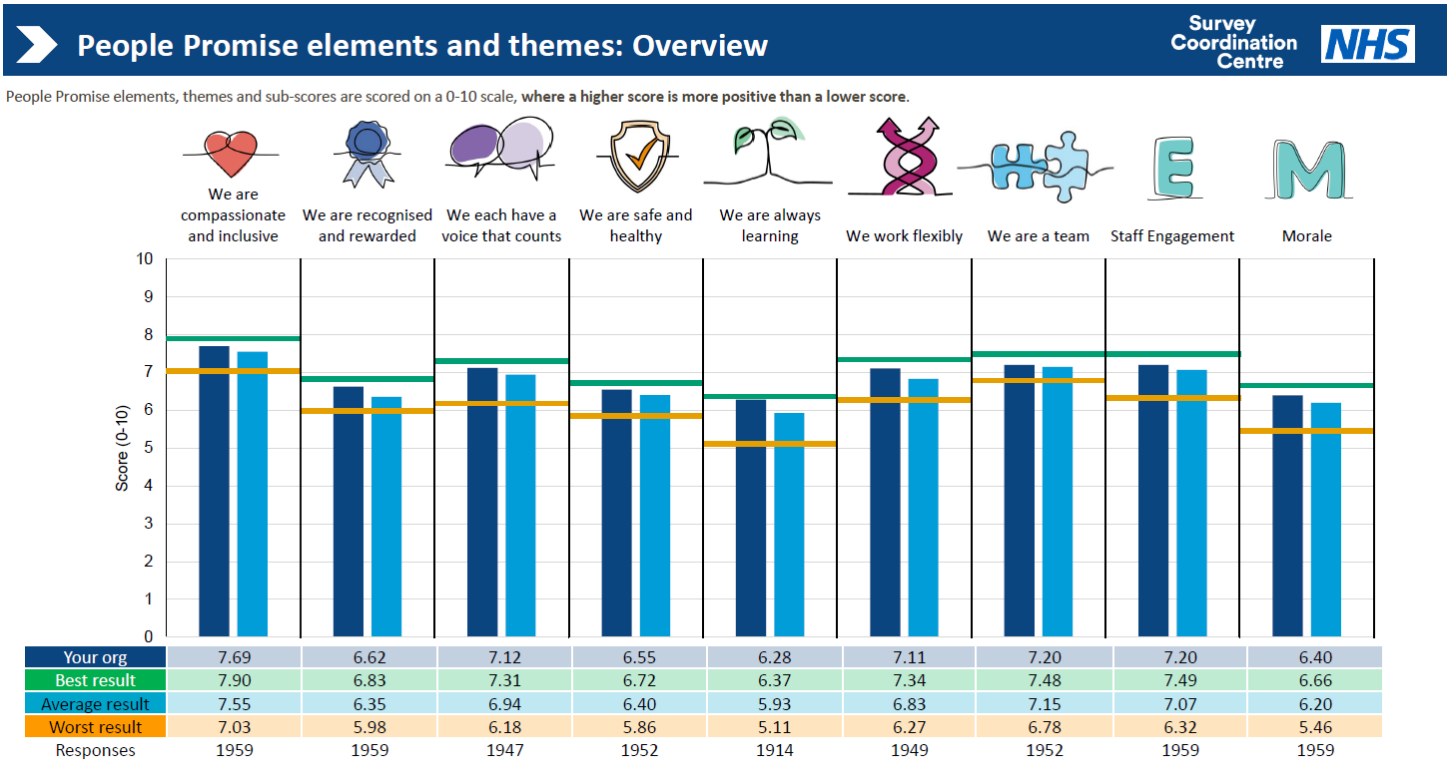
Summary of performance

The Trust achieved a response rate of 56.23% in the 2024 staff survey overall which represented 1959 responses. The overall response rate for Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts is 54% (50 Trusts).

The above represents a 0.61% increase in the response rate in comparison to the 2024 survey.

The NHS Staff Survey 2021 In line with the commitment in the 2020/21 People Plan, was redeveloped to align with the People Promise. On that basis the results of the NHS Staff Survey are now measured against the seven People Promise elements and against two of the themes reported in previous years (Staff Engagement and Morale).

2024 National Staff Survey scores against the People Promise theme areas



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.69	6.62	7.12	6.55	6.28	7.11	7.20	7.20	6.40
Best result	7.90	6.83	7.31	6.72	6.37	7.34	7.48	7.49	6.66
Average result	7.55	6.35	6.94	6.40	5.93	6.83	7.15	7.07	6.20
Worst result	7.03	5.98	6.18	5.86	5.11	6.27	6.78	6.32	5.46
Responses	1959	1959	1947	1952	1914	1949	1952	1959	1959

In 2024 the Trust has improved across all People Promise themes compared to 2023. The Trust has scored higher across all People Promise themes when comparing to the average responses in the benchmark group and compared to the national average.

The Trust performs better than the average (compared to 50 Trusts in our benchmark group) in all people promise themes.

The Trust also performs better than the national average scores across all people promise themes.

Each people promise theme is split into sub themes (of which there are 21 across the people

promise categories), with the Trust performing better than the benchmark average in all sub themes.

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

- **Respect**—Launched in November 2023, the original Respect campaign aimed to increase staff reporting of bullying and harassment based on feedback from our networks. Our recent staff survey indicates a significant improvement (6.89%) in response to whether incidents of bullying, harassment, or discrimination were reported. Notably, ethnically diverse staff are reporting these issues at higher rates than their white counterparts. Our work on Respect is evident in the survey results, as we have addressed under-reporting and increased issue resolution.
- **No Excuse for Abuse** - In December 2024, the Trust launched the No Excuse for Abuse toolkit and widely consulted with stakeholders to support staff facing abuse from service users. Since then, it has been recognised as QI Charter of the Month and endorsed by UNISON for its comprehensiveness. Moving forward, we will focus on post-incident support for staff and are analysing Datix data to identify areas with a higher frequency of incidents. Collaboration with the OD team aims to provide tailored support. Additionally, we are working with stakeholders to empower ward managers to address abuse incidents proactively.
- **NHS England EDI Improvement Plan —** The Trust Board implemented the six NHSE EDI Improvement Plan actions, agreed upon during a Strategic Board Development meeting. All board members have EDI objectives in their appraisals. An Ethnicity Pay Gap analysis was undertaken for the first time, along with operationalising the Respect and No Excuse for Abuse frameworks to combat bullying and discrimination. The biannual EDI Assurance report regularly updates the EMT and Board, outlining progress on the improvement plan. Following an NHS Providers EDI Roundtable evaluating the implementation experience, the EDI Policy Development Principal Lead from NHS England conducted a Best Practice Interview with the Trust's EDI Lead for an EDI Best Practice Case Study on our NHSE EDI Improvement Plan approach.
- **Royal College of Psychiatrists -** Act Against Racism Charter - The Trust committed to the charter, overseen by our Executive Medical Director and EDI lead. This multiyear plan tackles bullying, harassment, and discrimination against diverse medical staff. The Trust has met 9 of 15 actions, supported by EDI workstreams like the Respect and No Excuse for Abuse framework and the PCREF framework implementation.
- **Workforce Data Accuracy -** We focus on the accuracy of workforce equality data and have reduced unspecified entries in ESR for ethnicity, disability, or sexual orientation. During onboarding, the recruitment team ensures EDI data is collected. The importance of this data is covered at Corporate Induction, and employees can update their ESR records, receiving annual reminders to do so. New starters also receive emails to provide this information. While employees can choose not to declare their data, these measures aim to enhance data quality and reduce unspecified records.
- **Changes in staff composition:** EDI workstreams, including a recruitment analysis and initiatives to reduce unspecified entries in ESR, have improved workforce representation year-on-year:
    - Ethnically diverse representation increased from 3.5% in 2019 to 8.76% in January 2025.
    - Disability representation rose from 3% in 2019 to 9.9% in January 2025.
    - LGBTQ+ representation grew from 0.5% in 2019 to 4.75% in January 2025.

- Our WRES and WDES analysis identified barriers for ethnically diverse staff in Band 7 roles and for staff with disabilities in Band 8c roles. Through collaboration and targeted analysis, the Trust has seen:
    - 11% increase in ethnically diverse staff in Band 7 roles over 12 months.
    - 14% increase in staff with disabilities in Band 8c roles over 12 months.

These changes have improved our capacity to capture and represent workforce diversity accurately.

Exit Packages

In line with reporting requirements, we confirm that no exit packages were paid to staff during this financial year.

Off Payroll Arrangements

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

2024/5

For all off-payroll engagements as of 31 Mar 2024, for more than £245 * per day:	**Number of engagements**
Number of existing engagements as of 31 Mar 2025	6
Of which:	
for less than one year at the time of reporting	4
for between one and two years at the time of reporting	2
between two and three years at the time of reporting	0
for between three and four years at the time of reporting	0
for four or more years at the time of reporting	0

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

Number of temporary off-payroll workers engaged between 01 Apr 2024 and 31 Mar 2025	**Number of engagements**
Of which:	**-**
Number not subject to off-payroll legislation	-
Number subject to off-payroll legislation and determined as in-scope of IR35 **	-
Number subject to off-payroll legislation and determined as out of scope of IR35 **	6
Number of engagements reassessed for compliance or assurance purposes during the year	-
Of which : number of engagements that saw a change to IR35 status following review	-

** A worker that provides their services through their own limited company or another type of intermediary to the client will be subject to off-payroll legislation and the Department must undertake an assessment to determine whether that worker is in-scope of Intermediaries legislation (IR35) or out-of-scope for tax purposes.

Trade Union Time

Disclosures on trade union facility time is reported on the tables below
Information for the period 1 April 2024 to 31 March 2025

Table 1: Relevant union officials

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
19 Trade Union Representatives	17.84 FTE

Table 2: Percentage of time spent on facility time

Percentage of time	Number of employees
0%	8
1-50%	11
51%-99%	0
100%	0

Table 3: Percentage of pay bill spent on facility time

First Column	*Figures*
Provide the total cost of facility time	£13,250.99
Provide the total pay bill	£181,056,000
Provide the percentage of the total pay bill spent on facility time, calculated as: (Total cost of facility time ÷ total pay bill) x 100	0.01%

Table 4: Paid trade union activities

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (Total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100	12.97**%**

Code of Governance

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

The Code of Governance provides that trusts are required to make a specific set of disclosures (as part of their annual report) to meet the requirements of the Code of Governance. Schedule A to the Code of Governance sets out the disclosures required, and these are detailed in the table below where an explanation is included, or a reference is made to the relevant section in the Annual Report.

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

Code of Governance Reference	**Requirement**
A.2.1	The board of directors should assess the basis on which the trust ensures its effectiveness, efficiency, and economy, as well as the quality of its healthcare delivery over the long term, and contribution to the objectives of the ICP and ICB, and place-based partnerships. The board of directors should ensure the trust actively addresses opportunities to work with other providers to tackle shared challenges through entering partnership arrangements such as provider collaboratives. The trust should describe in its annual report how opportunities and risks to future sustainability have been considered and addressed, and how its governance is contributing to the delivery of its strategy. Comply – Annual Governance Statement
A.2.3	The board of directors should assess and monitor culture. Where it is not satisfied that policy, practices or behaviour throughout the business are aligned with the trust's vision, values, and strategy, it should seek assurance that management has taken corrective action. The annual report should explain the board's activities and any action taken, and the trust's approach to investing in, rewarding, and promoting the wellbeing of its workforce. Comply: Quality Account – page 215 People and Organisational Development Committee - page 111 Equality and Diversity – page 146 Health Inequalities – page 55

A.2.8	The board of directors should describe in the annual report how the interests of stakeholders, including system and place-based partners, have been considered in their discussions and decision-making, and set out the key partnerships for collaboration with other providers into which the trust has entered. The board of directors should keep engagement mechanisms under review so that they remain effective. The board should set out how the organisation's governance processes oversee its collaboration with other organisations and any associated risk management arrangements. Comply: Annual Quality Account and Quality Priorities – page 215 Risk and Control Framework – page 136 Health Inequalities – page 55
B.2.6	The board of directors should identify in the annual report each non-executive director it considers to be independent. Comply - Board of Directors – page 115
B.2.13	The annual report should give the number of times the board and its committees met, and individual director attendance. Comply – Board of Directors – page 115
B.2.17	The schedule of matters reserved for the board of directors should include a clear statement detailing the roles and responsibilities of the council of governors. This statement should also describe how any disagreements between the council of governors and the board of directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the board of directors and the council of governors operate, including a summary of the types of decisions to be taken by each of the boards and which are delegated to the executive management of the board of directors. Comply: Scheme of Matters Reserved to the Trust Board and Scheme of Delegation Board of Directors – page 115 Council of Governors **–** page 124
C.2.5	If an external consultancy is engaged (in the appointment of the Chair and Non-Executive Directors), it should be identified in the annual report alongside a statement about any other connection it has with the trust or individual directors. Comply – Appointments, Terms and Conditions Committee – page125

C.2.8	The annual report should describe the process followed by the council of governors to appoint the chair and non-executive directors. The main role and responsibilities of the nominations committee should be set out in publicly available written terms of reference. Comply: Council of Governors pages 124 Trust Standing Orders
C.4.2	The board of directors should include in the annual report a description of each director's skills, expertise, and experience. Comply - Board of Directors – page 115
C.4.7	All trusts are strongly encouraged to carry out externally facilitated developmental reviews of their leadership and governance using the Well-led framework every three to five years, according to their circumstances. The external reviewer should be identified in the annual report and a statement made about any connection it has with the trust or individual directors. No external reviews took place in 2024/25. A well led review of Governance was undertaken by Grant Thornton in the 2021/22 financial year Comply as required – Board of Directors page 115
C.4.13	The annual report should describe the work of the nominations committee(s), including: • the process used in relation to appointments, its approach to succession planning and how both support the development of a diverse pipeline • how the board has been evaluated, the nature and extent of an external evaluator's contact with the board of directors and individual directors, the outcomes and actions taken, and how these have or will influence board composition • the policy on diversity and inclusion including in relation to disability, its objectives and linkage to trust vision, how it has been implemented and progress on achieving the objectives • the ethnic diversity of the board and senior managers, with reference to indicator nine of the NHS Workforce Race Equality Standard and how far the board reflects the ethnic diversity of the trust's workforce and communities served • the gender balance of senior management and their direct reports. Comply – Remunerations and Nominations Committee, page 76

C.5.15	Foundation trust governors should canvass the opinion of the trust's members and the public, and for appointed governors the body they represent, on the NHS foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the board of directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied. Comply – Council of Governors (Governor other activities), page 125
D.2.4	The annual report should include: • the significant issues relating to the financial statements that the audit committee considered, and how these issues were addressed • an explanation of how the audit committee (and/or auditor panel for an NHS trust) has assessed the independence and effectiveness of the external audit process and its approach to the appointment or reappointment of the external auditor; length of tenure of the current audit firm, when a tender was last conducted and advance notice of any retendering plans • where there is no internal audit function, an explanation for the absence, how internal assurance is achieved and how this affects the external audit • an explanation of how auditor independence and objectivity are safeguarded if the external auditor provides non-audit services. Comply – Audit Committee – page 109 Annual Accounts – page pages 160-215
D.2.6	The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, are fair, balanced, and understandable and provide the information necessary for stakeholders to assess the NHS foundation trust's performance, business model and strategy. Comply – Board of Directors – page 115 External Auditors responsibilities page 114 Annual Governance Statement pages 135-145
D.2.7	The board of directors should carry out a robust assessment of the trust's emerging and principal risks. The relevant reporting manuals will prescribe associated disclosure requirements for the annual report. Comply – Annual Governance Statement page 135-145
D.2.8	The board of directors should monitor the trust's risk management and internal control systems and, at least annually, review their effectiveness and report on that review in the annual report. The monitoring and review should cover all material controls, including financial, operational and

	compliance controls. The board should report on internal control through the annual governance statement in the annual report. Comply – Annual Governance Statement
D.2.9	In the annual accounts, the board of directors should state whether it considered it appropriate to adopt the going concern basis of accounting when preparing them and identify any material uncertainties regarding going concern. Comply – Annual Accounts
E.2.3	Where a trust releases an executive director, e.g., to serve as a non-executive director elsewhere, the remuneration disclosures in the annual report should include a statement as to whether or not the director will retain such earnings. Comply – not applicable
Appendix B, para 2.3 (not in Schedule A)	The annual report should identify the members of the council of governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead governor. Comply – Council of Governors – page 124
Appendix B, para 2.14 (not in Schedule A)	The board of directors should ensure that the NHS foundation trust provides effective mechanisms for communication between governors and members from its constituencies. Contact procedures for members who wish to communicate with governors and/or directors should be clear and made available to members on the NHS foundation trust's website and in the annual report. Comply – Council of Governors – page124
Appendix B, para 2.15 (not in Schedule A)	The board of directors should state in the annual report the steps it has taken to ensure that the members of the board, and in particular the non-executive directors, develop an understanding of the views of governors and members about the NHS foundation trust, e.g., through attendance at meetings of the council of governors, direct face-to-face contact, surveys of members' opinions and consultations. Comply – Board of Directors – page 124
Additional requirement of FT Annual Reporting Manual (ARM) resulting from legislation	Information should be included in the Annual Report if, during the financial year, the Governors have exercised their power to require one or more of the directors to attend a governors' meeting for the purpose of obtaining information about the foundation trust's performance of its functions or the directors' performance of their duties (and deciding whether to propose a vote on the foundation trust's or directors' performance). This did not occur

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

External Reviews – Well-Led

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

In February 2025, Audit Yorkshire gave a presentation to the Board regarding the Care Quality Commission Well-Led framework and paid particular attention to the quality statements underpinning each of the Well-Led domains. The sub-committees of the Board will be reviewing these in more depth during 2025 in order to gain a better understanding regarding any potential gaps in assurance.

Board of Directors Sub-Committees

During 2024/25, the Board of Directors had eight sub-committees. Assurance reports from each committee are presented to the Board. The Chief Executive has a standing invitation to attend any committee but is not a member of these. The Chair attends and observes each of the committee meetings usually on one occasion each year.

Remuneration and Nomination Committee

Details regarding the role of this Committee can be found on page 76 of this report.

Audit Committee

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

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

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

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

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

Charitable Funds Committee

The Charitable Funds Committee oversaw the administration of the charitable funds on behalf of the Trust (charity number 1052727). The Committee met quarterly and provided advice to the Trust Board as Corporate Trustee. The Committee was chaired by Stuart McKinnon-Evans, Non-Executive Director and comprised of the Committee Chair, another Non-Executive Director, the Director of Finance (acting as executive lead for the charity) the Associate Director of People and Organisational Development, the Charitable Funds Manager and the Financial Services Manager.

Following a review of governance arrangements surrounding the charity, the decision was taken in August 2024 to stand this Committee down. The Charitable Funds Group now oversees the administration of the charitable funds at its monthly meetings. Meetings of the Corporate Trustees are called if, and when required to approve those matters which are reserved to the Trustee.

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

Finance Committee

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

The Committee was chaired by Francis Patton, Non-Executive Director until his term of office concluded in August 2024, following which Keith Nurcombe, Non-Executive Director was appointed Committee Chair. Other core members of the Committee are two other Non-Executive Directors, Chief Operating Officer and the Director of Finance. The Deputy Director of Finance, Head of Financial Control and a Clinical Director also attend the meetings.

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

Mental Health Legislation Committee

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

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

The Committee was chaired by Mike Smith, Non-Executive Director and Designated Associate Hospital Manager until August 2024, following which Stephanie Poole, Non-Executive Director was appointed Committee Chair. The Committee comprises of at least two other Non-Executive Directors, Medical Director, Chief Operating Officer and Director of Nursing, Allied Health and Social Care Professionals. The Clinical Director, Mental Health Act Clinical Manager, Mental Health Legislation Manager, Safeguarding and Mental Capacity Act Lead, Hull AMHP Lead, and a Local Authority representative also attended the meetings.

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

Quality Committee

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

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

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

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

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

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

People and Organisational Development Committee

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

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

The chair of the Committee in year was Dean Royles, Non-Executive Director.

The Committee has a core membership of another two Non-Executive Directors, Associate Director of People and Organisational Development, Chief Operating Officer, Medical Director, and the Director of Nursing.

Attendance of directors at the People and Organisational Development Committee meeting is presented in the Board of Directors' attendance table.

Collaborative Committee

The Collaborative Committee is the Board Committee established by the Trust as the Host Provider within the Humber and North Yorkshire (HNY) Specialised Provider Collaborative. The Committee holds delegated responsibility to provide commissioning leadership and monitoring functions. On behalf of the Specialised Provider Collaborative and Host Provider, the Collaborative Committee considers and ratifies any significant service proposals to ensure service development proposals are in line with the assessed population needs and can be met from within the resources available within the Specialised Provider Collaborative budget allocation. The Committee reports to the Trust Board after each meeting.

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

The Committee has a core membership of the Chief Executive, Executive Director of Finance, Executive Director of Nursing, Allied Health and Social Care Professionals, Non-Executive Directors and both the Planning Director and Clinical and Quality Assurance Director who lead the Specialised Provider Collaborative Planning and Quality Team.

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

There were a number of Board of Directors and sub-committee meetings held during the period of this report. The table below shows the attendance by members of the Board of Directors.

Some members of the Board of Directors were not members of some of the committees but attended by request if there was a specific item to be discussed where their contribution was required. This is highlighted through an asterisk (*).

The Chair and the Chief Executive have a standing invitation to attend all sub committees.

Name & Position	Board	Remuneration and Nomination Committee	Mental Health Legislation Committee	Charitable Funds Committee	Audit Committee	Quality Committee	Finance Committee	People & Organisational Development Committee	Collaborative Committee	Council of Governors (The Chair and Chief Executive also attended the Private meetings)
Caroline Flint Chair	6/6	4/4	N/A	N/A	N/A	N/A	N/A	N/A	1/1 (observer)	5/5
Michele Moran Chief Executive	6/6	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	4/5
Phillip Earnshaw Non-Executive Director	6/6	4/4	4/4	N/A	N/A	5/5	N/A	4/5	N/A	2/4
Stuart McKinnon-Evans Non-Executive Director	5/6	3/4	N/A	2/2	5/5	N/A	5/5	N/A	3/4	3/4

Keith Nurcombe Non-Executive Director (from 01.09.24)	4/4	3/3	N/A	N/A	1/2	1/2	1/2	2/2	N/A	1/2
Stephanie Poole Non-Executive Director (from 01.09.24)	4/4	3/3	2/2	N/A	2/2	N/A	N/A	N/A	3/3	1/2
Dean Royles Non-Executive Director	5/6	3/4	4/4	N/A	N/A	5/5	3/5	5/5	N/A	3/4
Priyanka Perera, Associate Non-Executive Director	5/6	N/A	N/A	N/A	N/A	N/A	3/5	N/A	N/A	3/4
Francis Patton Non-Executive Director (until 31.08.24)	2/2	1/1	N/A	2/2	3/3	N/A	3/5	2/3	N/A	2/2
David Smith, Associate Non-Executive Director (until 30.09.24)	3/3	N/A	N/A	N/A	N/A	N/A	1/3	N/A	N/A	2/2
Mike Smith Non-Executive Director (until 31.08.24)	2/2	1/1	1/2	N/A	3/3	2/2	N/A	N/A	1/1	2/2
Peter Beckwith Director of Finance	6/6	N/A	N/A	2/2	5/5	N/A	5/5	2/2	4/4	2/4
Kwame Fofie Medical Director	6/6	N/A	3/4	N/A	N/A	3/5	N/A	4/5	N/A	N/A
Hilary Gledhill Director of Nursing, Allied Health and Social Care Professionals	6/6	N/A	2/4	N/A	N/A	4/5	N/A	4/5	3/4	N/A
Lynn Parkinson Chief Operating Officer and Deputy Chief Executive	6/6	N/A	3/4	N/A	0/1	5/5	4/5	5/5	N/A	4/4
Karen Phillips Associate Director of People and Organisational Development	5/6	3*	N/A	2/2	1/2	N/A	2/2	5/5	N/A	N/A

* attended as requested

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

External Audit

For 2024/25, the Trust's external auditors continued to be Forvis Mazars who did not undertake any non-audit work during the year.

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

Appointment of the External Auditors is approved by the Council of Governors, the Director of Finance has Executive responsibility for the external audit process. The Trust's existing contract with Mazars commenced on 1 November 2024 and will expire on 31 October 2027. The contract was made as a direct contract award under the Statutory Audit and Multi-Specialty Audit Services & Advisory Consultancy Services framework (OJEU Reference Number: 2019/S 153-377590). The contract was approved by the Council of Governors in October 2023.

Prior to the existing contract, the Trust held a contract with Mazars which covered the period 1/11/2019 to 31/10/2024.

Internal Audit

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

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

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

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

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

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

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

Board of Directors: Expertise and Experience

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

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

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

Caroline is Chair of the Government's Advisory Committee on Fuel Poverty and was a member of the UK Commission on COVID Commemoration looking at how we should remember our collective experiences of the pandemic. Caroline is also an Honorary Fellow of the Royal College of GPs for her work as a Public Health Minister.

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

Caroline chairs the Trust Board and Council of Governors meetings and the Remuneration and Nominations sub-committee. Caroline can also attend the following Board Sub-Committees to observe: Finance & Investment Committee, Audit Committee, Collaborative Committee, Quality Committee, Charitable Funds Committee, Mental Health Legislation Committee and People and Organisational Development Committee.

Mike Smith, Non-Executive Director (term of office expired on 31 August 2024)

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

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

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

Mike chaired the Mental Health Legislation Committee until August 2024 and was interim Chair of the Quality Committee. Mike also attended the Audit Committee, Collaborative Committee and

Remuneration & Nomination Committee Board Sub-Committees and the Associate Hospital Managers' Forum.

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

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

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

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

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

Francis was the Senior Independent Director and chaired the Finance & Investment Committee Board sub-committee and was a member of the Audit Committee, the Charity Committee, the Remuneration & Nomination Committee and the People and Organisational Development Committee until his term of office ended on 31 August 2024.

Francis was also the Trust lead for Cyber Security.

Dean Royles, Non-Executive Director (term of office expires 31 August 2026)

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

Dean has an MSc in Human Resources. He is former national Chair of the Board of the Chartered Institute of Personnel and Development (CIPD) and was awarded Companionship of the CIPD in 2015. He has an Honorary Doctorate from the University of Bradford for his contribution to health services management.
Dean is a regular conference speaker, has published works in a number of journals, is on the editorial board of HRMJ and the International Journal of Human Resources Development, and

provides expert opinion in the national media. His easy style, expertise and high energy approach to HR ensured he was voted UK's Most Influential HR Practitioner three years running. His book, with Oxford University Press on Human Resource Management was published in February 2018.

Dean is the Senior Independent Director, chairs the People and Organisational Development Board sub-committee and is a member of the Quality Committee, Finance Committee, Mental Health Legislation Committee and the Remuneration and Nomination Committee. He is also the Wellbeing Guardian and the Freedom to Speak Up NED Champion

Keith Nurcombe, Non-Executive Director (term of office expires on 31 August 2027)

Keith was appointed as a Non-Executive Director (NED) of the Trust in September 2024. He is also a NED for Chesterfield Royal Hospital NHS Trust and sits on the Board of West Midlands 5G which helps businesses, public bodies and health organisations realise benefits from new technology and is part of the Combined Authority in the West Midlands.

Keith is the Chair of The Avalon Group (a charity which supports adults with disabilities, mental health needs, autism and dementia) and is a Crown Representative working for the Cabinet Office focusing on supporting the NHS and key strategic suppliers. He has had a thirty-year executive career working in healthcare markets in the UK, Europe and globally for the likes of GlaxoSmithKline and Telefonica.

Keith has specialised in digital delivery and transformation including rolling out Shared Care Record systems and Electronic Patient Record (EPR) programmes within the NHS. Keith has a degree in Climatology and Meteorology and when not working, enjoys spending time with the family, skiing and sailing.

Keith became the chair of the Finance Committee from September 2024 and is a member of the Audit Committee, the Quality Committee, the Remuneration and Nomination Committee and the People and Organisational Development Committee. He is also the Security Management (including Cyber Security) NED Champion

Stuart McKinnon-Evans, Non-Executive Director (term of office expires 31 January 2026)

Stuart has over 35 years' experience in financial management, 20 of which have been at Board level. He has experience in local and central government, further and higher education, health, charities, capital markets, and management consulting.

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

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

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

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

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

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

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

Phillip was appointed to the Board as the Clinical Non-Executive Director from July 2022. He was a GP partner In the Wakefield District for over 30 years up until retirement in July 2023. He is passionate about ensuring that people receive the best care possible. He has led continuous innovation in his practice and has been involved in developing primary care regionally.

He has a broad range of experience at board level both inside and outside the NHS. Recently he has been appointed as a non-executive member of NHS Lincolnshire ICB. He was formerly Chair of Wakefield CCG and used to be the Vice Chair of a large Housing Association. He remains a Trustee of his local Hospice.

Phillip is chair of the Quality Committee and is a member of the Mental Health Legislation Committee, People and Organisational Development Committee and Remuneration and Nomination Committee. He is also the Doctors Disciplinary NED Champion/ Independent Member.

Stephanie Poole, Non-Executive Director (term of office expires 31 August 2027)

Stephanie has substantial and varied experience in senior and non-executive positions in the charity sector, social enterprise, the NHS and criminal justice.

She began her career in a metropolitan local authority as an accountant and economic development officer before going on to lead several national and international social finance organisations, supporting social enterprises and credit unions.

In 1999, Stephanie became the Managing Director of Shared Interest, an award winning £30 million social investment business which tackles poverty in developing countries through fair trade.

In 2005, she was appointed Chief Executive of Seachange Community Trust which supports communities on the North Yorkshire coast, working in partnership with local groups and charities.

She joined Charities Aid Foundation in 2012 as Director of Social Investment, using her experience to deliver new products and publish research in the field. She served as a Non-Executive Director of NHS North Yorkshire and York until 2012.

Latterly, Stephanie has served in front line roles with North Yorkshire Police. This experience has given her insight into service delivery to the most vulnerable in society and a real understanding of the safeguarding and resourcing issues for people working in criminal justice and the health and social care sector.

Stephanie became the chair of the Mental Health Legislation Committee from September 2024 and is a member of the Audit Committee and Collaborative Committee. She is also the NED champion for Emergency Preparedness.

Priyanka Perera, Associate Non-Executive Director (term of office expires 30.9.25)

Priyanka is the Managing Director of B. Cooke & Son Ltd., Established 1863 in Hull. She oversees the management and operations of the company which distributes Navigational Publications and Manufactures Nautical Instruments. With 22 years of service to the Company, of which 13 as MD, Priyanka together with her team provides an essential service to Mariners locally, nationally, and internationally, winning the Outstanding Contribution to the City award, and The Longevity Award from Hull BID. She is the current Vice Chair of the Chart & Nautical Instrument Trade Association (CNITA).

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

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

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

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

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

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

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

Michele Moran, Chief Executive appointed January 2017.

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

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

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

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

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

Peter Beckwith, Executive Director of Finance appointed 10 March 2017

Peter joined the Trust in December 2015 as Deputy Director of Finance and Contracting and was promoted to the role of Executive Director of Finance in April 2017. Peter has accumulated 16 years senior NHS finance experience holding senior roles with local NHS organisations include NHS England and NHS Hull.

Prior to joining the NHS, Peter accumulated 19 years' finance experience in local government across several different local authorities.

Peter is a chartered accountant and a fellow of the Association of Chartered Certified Accountants (ACCA)

Peter is responsible for Finance, Performance and Contracting, Information Management and Technology, Estates and Facilities, Partnerships and Strategy and is also the Executive Lead for the Specialist Mental Health Collaborative.

Dr Kwame Fofie, Medical Director appointed 1 October 2022

Kwame brings nearly three decades of experience as a medical doctor and more than 15 years in management and leadership roles. He joined the Trust in 2006 as a consultant psychiatrist and has since held a range of influential leadership and management positions, including Clinical Lead, Clinical Director, Associate Medical Director and Acting Executive Medical Director.

Highly respected for his clinical expertise, Kwame is a passionate advocate for delivering high-quality patient care. He has been instrumental in driving service development and innovation, collaborating with multidisciplinary teams and service users to implement meaningful change.

With a strong commitment to education, Kwame is an Honorary Senior Clinical Tutor at Hull York Medical School, where he shares his knowledge and experience with the next generation of healthcare professionals.

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

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

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

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

Lynn Parkinson, Chief Operating Officer (and Deputy Chief Executive) appointed 1 October 2018

Lynn spent a significant proportion of her career working in mental health in Leeds and York. Lynn started as a student nurse and worked her way up management positions working as Deputy and then Interim Chief Operating Officer in Leeds and York NHS Foundation Trust before joining our Trust in February 2018. Since qualifying as a registered mental health nurse, Lynn has gained a wealth of experience in a wide variety of clinical services including acute inpatients, community and for a number of years within the Eating Disorder Service. Lynn has a background in Service and Quality Improvement and expertise in applying improvement methodology such as lean six sigma in clinical settings. Lynn was appointed as Deputy Chief Executive Officer in November 2020.

Karen Phillips, Associate Director of People and Organisational Development appointed 1 April 2024 on a temporary basis

Karen has worked for the Trust since 2019, having previously navigated a number of People related roles including Strategic HR Business Partner, Head of Workforce Services and more recently Deputy Director of Workforce and Organisational Development.

Karen has enjoyed a 16-year career in HR working for much of this time within healthcare and most specifically Mental Health Services. Prior to her role at the Trust, Karen worked at Navigo Health and Social Care CIC, Northeast Lincolnshire Care Trust Plus and North East Lincolnshire Council, whilst also gaining experience in the Education Sector within Further Education colleges.

Karen is a member of the Chartered Institute of Personnel and Development and actively engages is a vast range of professional development with a special interest in the Equality, Diversity and Inclusion and the Health and Wellbeing agendas.

Register of Directors' Interests

The Register of Directors' Interests is held by the Board Support Unit. It is a public document which can be accessed by contacting the Head of Corporate Affairs or through the Board papers section of the website. Directors' interests have been fully considered and it has been concluded that there are no such interests which may conflict with their management responsibilities as per the requirements of the NHS Code of Governance for NHS Provider Trusts.
It is reported that the Chair had no other significant commitments that affected her ability to carry out her duties to the full and was able to allow sufficient time to undertake those duties.

The Board of Directors works as a unitary board and members have been selected to ensure the success of the organisation as a foundation trust, with an appropriate balance of clinical, financial, business and management backgrounds and skills. Should it be necessary to remove either the Chair or any non-executive director, this shall be undertaken by the Council of Governors in accordance with the Trust's constitution.

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

Council of Governors

A message from the Lead Governor Marilyn Foster (Lead Governor from 1 February 2024)

It was a privilege to be appointed Lead Governor at Humber Teaching NHS Foundation Trust and to give my support to the Trust and particularly other Governors. I am a Service User/Carer Governor, and my background involves working with Patient Participation groups in Primary Care.

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

During the 2024-25 financial year, the Trust said farewell (and thank you) to a number of retiring governors who had made a significant contribution to the work of the Council of Governors, and it welcomed others. Work has and continues to take place to support new governors to understand their roles and to be able to fulfil their statutory duties. The Appointments, Terms and Conditions Committee and Engaging with Members Group continued to undertake the work they were established to deliver, including the appointment of two Non-Executive Directors and the development and delivery of a Membership Engagement Plan.

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

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

The Council of Governors is keen to hear the views of local people about the Trust's services and plans. I would like to encourage anyone living in the area that Humber NHS Teaching Foundation Trust serves to contact their constituency governor should they have any comments regarding the Trust's services and plans. Information regarding the Trust's governors can be found on the website at: Meet the Governors (humber.nhs.uk)

Council of Governors

The Council of Governors is made up of individuals who have been elected by local people and staff who represent our constituencies. The Council also includes representatives who are nominated from a range of partner organisations. The Council of Governors meeting is chaired by the Trust Chair who ensures that there is effective communication between the Board of Directors and the Council of Governors, and that, where appropriate, the views of the governors are obtained and considered by the Board of Directors. Executive and Non-Executive Directors attend the Council of Governors' meetings and the Governor Development meetings throughout the year. The Chair, supported by the Senior Independent Director, also seeks to foster a strong, engaging relationship between the Board of Directors and the Council of Governors. There is regular attendance at the Board of Directors' meetings by governors and further details of governors' involvement at the Trust are provided on page 124-129.

NHS England requires foundation trusts to appoint a Lead Governor. Marilyn Foster is the Trust's Lead Governor.

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

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

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

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

During the year, the Council of Governors approved the appointment of Keith Nurcombe, Non-Executive Director and Stephanie Poole, Non-Executive Director. It also agreed a further term of office of one year for Dean Royles (to support succession planning for the Non-Executive Directors), a further term of office of one year for Stuart McKinnon-Evans and the extension of the term of office of Priyanka Perera, Associate Non-Executive Director, until 30 September 2024.

The recruitment of the two Non-Executive Directors (Keith Nurcombe and Stephanie Poole) was undertaken through an external agency (Nurole). Stakeholder groups were involved in the selection process and involved Governors and Board members. Feedback from these groups was provided to the interview panel. This company had no connection with the Trust or individual directors.

The Council of Governors comprises 25 Governors consisting of Public, Staff and Appointed Governors.

A review of the constitution was undertaken during the year and no further changes were proposed to those made during the last financial year.

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

Composition of the Council of Governors	
Public - 14 Governors	6 East Riding of Yorkshire
	4 Hull
	1 Whitby, Ryedale and Scarborough
	2 Service User and Carer
	1 Rest of England
Staff - 5 Governors	2 non-clinical 2 clinical 1 clinical or non-clinical
Partner Organisations - 6 Governors	University of Hull
	Humberside Police
	Voluntary Partner
	Hull Local Authority
	East Riding of Yorkshire Local Authority
	Humberside Fire and Rescue

Council of Governors' Meetings

The Council of Governors held meetings in April, July and October 2024, and two meetings were held in January 2025. The meetings were held either remotely via Microsoft Teams or in person. An Annual Members' Meeting/Annual General Meeting was also held in September 2024. Council of Governors' public meetings are open to members of the public to attend, and the meeting dates and papers are published on the Trust's website. For the online meetings in July 2024 and January 2025, a livestream of the meeting was provided. Governor attendance at these meetings is provided in the table later in this section. Governors are involved in setting the agenda for the Council's meetings. Each meeting began with a `spotlight on a service' story which involved a presentation by a service area team where they provided information regarding the service, including key successes and challenges as well as feedback from service users or carers.

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

Council of Governors' Sub Committee/Groups

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

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

Appointments, Terms and Conditions Committee

The Appointments, Terms and Conditions Committee (ATC) met four times during 2024/25. The Committee was chaired by Marilyn Foster, Service User and Carer Governor. The Committee was attended by the Trust Chair and consisted of a team of governors and valued support and guidance from Senior Independent Director, Francis Patton until his term of office ended in August 2024. Dean Royles succeeded Francis as the Senior Independent Director and will be attending future meetings. The Associate Director of People and Organisational Development attended, as required, as did other members of staff who shared their expertise and specialist knowledge. Any decisions made by this Committee were presented to the full Council of Governors for its approval.

During the financial year, the Committee recommended to the Council of Governors the appointment of Keith Nurcombe, Non-Executive Director and Stephanie, Poole, Non-Executive Director. In considering these appointments, the Committee considered the views of the Board of Directors regarding the skills, experience and qualifications required for these roles. A recruitment agency, Nurole, was used for the recruitment of the two Non-Executive Directors.

The ATC recommended a further term of office of one year for Dean Royles (to support succession planning for the Non-Executive Directors), a further term of office of one year for Stuart McKinnon-Evans and three years for Phillip Earnshaw. The development programme for Priyanka Perera, Associate Non-Executive Director was extended until March 2025 and then October 2025.

The Committee also considered succession planning for the Non-Executive Directors and the next round of Non-Executive Director recruitment in 2025.

Engaging with Members Governor Group

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

Governors' other activities

In contributing to the development of the Operational Plan, Governors drew on their personal experiences/expertise, liaison with the members that they represent and local people they met through their engagement activities. Governors have continued to participate in a programme of development opportunities over the last 12 months. They have also engaged with members of their constituencies and attended meetings/events or taken part in activities including:

- Annual Members' Meeting
- Governor briefing sessions with the Chair
- Governor Development meetings (including with the Trust Board)
- Public Board of Directors' meetings

- Developing an understanding of the strategic priorities/activities of the Trust
- Developing professional relationships with other Governors through networking at meetings and events
- Involved in Chair and Non-executive Director appraisals
- Non-executive Director recruitment/reappointment
- Involved in the Patient and Carer Experience forums.
- Meeting prospective/new Governors to explain the role
- Attending Governwell courses

Governors will also be invited to attend the Patient Led Assessments of the Care Environment (PLACE) visits during 2025.

The Governor Development meetings focussed on the following key areas:

- Getting to know one another
- Significant Transactions
- The Performance Report
- Delayed Transfers of Care
- How we collect feedback from our patients and service users
- How we handle complaints
- Work of the Quality Committee
- Work of the People & Organisational Development Committee
- Work of the Mental Health Legislation Committee

In August 2024, a facilitated Governor/Board Development session took place regarding the respective roles of the Board and Governors regarding the approval of significant transactions. This gave an opportunity for Board and Governor colleagues to learn together regarding this key responsibility.

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

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

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

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

Governors are invited to attend the Trust's public Board of Directors meetings as these meetings provide them with an opportunity to experience the Non-Executive Directors asking assurance seeking questions regarding the Trust's services, strategy, performance, and plans. The Board of Directors met monthly with every other meeting held in public. All meetings were held remotely and livestreamed. The agenda and supporting papers for the public meetings are published on our website.

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

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

Council of Governors Members and their Attendance in 2024/25.

Name/Start Date	**Constituency**	No of Council Meetings attended / possible total	Term of Office end date
Current Governors			
Patrick Hargreaves (elected uncontested on 1 February 2022)	Hull Public	2/5	31 Jan 2025
Brian Swallow (elected uncontested on 1 June 2022)	Hull Public	4/5	31 May 2025
Isabel Carrick (elected uncontested on 1 February 2024)	Hull Public	5/5	31 Jan 2027
Julian Barnard (elected uncontested on 1 February 2025)	Hull Public	_	31 Jan 2028
Dominic Kelly (elected contested on 1 February 2023)	East Riding Public	0/1	31 Jan 2026 Resigned 18 July 2024
John Morton (replaced Soraya Hutchinson whose term of office began on 1 February 2022)	East Riding Public	2/5	31 Jan 2028
John Arthur (elected contested 1 February 2025)	East Riding Public	_	31 Jan 2028
Francis Odukwe (elected contested 1 February 2025)	East Riding Public	_	31 Jan 2028

Simon Blackburn (elected uncontested on 1 February 2025)	Whitby Scarborough & Ryedale Public	_	31 Jan 2028
Tim Durkin (elected uncontested on 1 February 2023 2nd term of office)	Rest of England	3/5	31 Jan 2026
Antony Douglas (elected contested 1 February 2022)	East Riding Public	5/5	31 Jan 2028
Ruth Marsden (elected contested 1 February 2022)	East Riding Public	0/1	31 Jan 2025 Resigned 31 May 2024
Ted Burnside (elected contested 1 February 2024)	East Riding Public	5/5	31 Jan 2027
Kimberley Harmer (elected contested 1 February 2024)	East Riding Public	4/5	31 Jan 2027
Anthony Houfe (elected uncontested on1 June 2025)	Service User & Carer	3/5	31 May 2025
Marilyn Foster (elected uncontested on1 June 2025)	Service User & carer	4/5	31 May 2025
Will Taylor (elected uncontested on1 June 2022)	Staff Clinical	4/5	31 May 2025
Sharon Nobbs (elected uncontested on 1 February 2022)	Staff non-clinical	2/5	31 Jan 2025
Dan Laughton (elected uncontested on 1 February 2025)	Staff non-clinical	_	31 Jan 2028
John Duncan (elected contested on 1 February 2024	Staff non-clinical	4/5	31 Jan 2027
Sara Bennett (elected uncontested 1 February 2025)	Staff Clinical	_	31 Jan 2028
Cllr Linda Chambers (appointed June 2022)	Kingston upon Hull City Council	1/5	June 2025
Emma Dallimore (appointed January 2024)	HEY MIND	4/5	January 2027

Cllr David Tucker (appointed July 2023	East Riding Council	0/1	July 2026 Resigned May 2024
Jacquie White (appointed November 2018)	Hull University	1/5	November 2026
Jonathan Henderson (appointed September 2022)	Humberside Fire and Rescue	1/2	September 2025 Resigned 30 September 2024
Alex Weeks (appointed October 2024)	Humberside Police	0/3	30/09/2027
Dominic Purchon (appointed October 2024)	Humberside Fire and Rescue	2/3	30/09/2027
Cllr Jonathan Owen appointed June 2024	East Riding Council	1/4	31 May 2027
Governors who retired/stood down during 2024/25			
Gary Foster (appointed) Replaced by Alex Weeks (appointed)	Humberside Police	Stood down	
Cllr David Tucker (appointed) Replaced by Cllr Jonathan Owen (appointed)	East Riding Council	Stood Down	
Jonathan Henderson (appointed) Replaced by Dominic Purchon	Humberside Fire and Rescue	Stood down	
Patrick Hargreaves (elected uncontested on 1 February 2022)	Hull Public	End of term of office	
Dominic Kelly	East Riding Public Governor	Resigned 18 July 2024	
Ruth Marsden	East Riding Public Governor	Resigned 31 July 2024	

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

Governors receive no remuneration for their role. However, the Trust provides appropriate reimbursement, for example to cover travel expenses for governors who participate in events or activities arranged by the Trust. During the period 1 April 2024 to 31 March 2025, four Governors claimed reimbursement for expenses. The cost last year was £1773.00.

R**egister of Interests**

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

Governor Elections

One election campaign was held during October to December 2024 for a total of seven Governor seats covering four constituencies as follows:

- Public – Hull: two seats were available – one seat was filled uncontested, and one vacancy remains in this constituency.
- Public – East Riding of Yorkshire: two seats were available, and both these seats were filled following an election.
- Staff: two seats available, one non-clinical and one clinical – The non-clinical seat was contested and filled through election. The clinical seat was not filled.

A further election campaign began in March 2025 for two Public Governors from Hull, two Service User and Carer Governors and one Clinical or Non-Clinical Staff Governor. The new Governors will take up their roles from 1 June 2025.

Membership

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

Membership Representativeness

At its meeting in August 2024, the Engaging with Members' Group received a report regarding the representativeness of the membership. This outlined how many of the members lived in which constituency, their age, their gender and their ethnicity.

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

The Trust aims to develop its membership to reflect the diversity of services provided and to ensure it is representative of the people it serves. One of the greatest benefits of being a foundation trust is

having a vibrant membership that is passionate about the people we care for and the services we provide.

As of 31 March 2025, the Trust had 1,777 public members in the East Riding constituency, 1,710 in the Hull constituency, 285 in the Rest of England constituency, 113 in the Whitby, Scarborough and Ryedale constituency, 97 patient and service user members and 3622 staff members. Our Trust membership is fairly static, and Governors are encouraged to invite people they meet to become a member of the Trust, should they have an interest in healthcare.

Trust members must be at least 14 years of age in order to be a member of the Trust. Our membership constituencies comprise of: Hull; East Riding of Yorkshire; Whitby, Scarborough, and Ryedale; Rest of England; Service User and Carer; Clinical or Non-Clinical (staff) and Appointed governors.

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

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

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

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

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

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

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

Contact details

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

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

Tel. 01482 389132

Email. HNF-TR.governors@nhs.net

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

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

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS England.

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

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

- Observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- Make judgements and estimates on a reasonable basis
- State whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health and Social Care Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements
- Ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance
- Confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust’s performance, business model and strategy and
- Prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

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

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

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

Signed  **Date:** 9th January 2026

Michele Moran, Chief Executive

Annual Governance Statement

Scope of responsibility

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

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Humber Teaching NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively, and economically. The system of internal control has been in place in Humber Teaching NHS Foundation Trust for the year ended 31 March 2025 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

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

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

As the Chief Executive, I am accountable for having effective risk management systems and internal controls in place and for achieving statutory requirements. I have delegated overall duty to ensure risk management is discharged appropriately to the Director of Nursing, Allied Health, and Social

Care Professionals, who is responsible for the implementation of the Risk Management Strategy. Financial risk management has been delegated to the Director of Finance.

All Executive Directors, Divisional General Managers, Divisional Clinical Leads and Managers are responsible for identifying, communicating, and managing the risks associated with their portfolios in accordance with the Trust's risk management framework. They are responsible for understanding the approach towards risk management of all key clients, contractors, suppliers, and partners and mitigate where necessary, where gaps are found. They are responsible for identifying risks that should be escalated to and from the Trust-wide Risk Register.

Guidance on populating risk registers and managing risk is available to all staff electronically via the Trust intranet. Roles and responsibilities in terms of risk management are incorporated into the Trust Risk Management Policy and Strategy and are also displayed via the intranet on the dedicated Risk Management pages. All staff employed by the Trust are required to attend the mandatory and statutory training that is relevant to their role and to ensure they meet their own continuous professional development requirements. Training covers mandatory requirements and elements that are dependent on the job role and are determined appropriately based on the authority and duties associated with these roles and the level of risk that staff may be exposed to in the delivery of their duties. All staff employed by the Trust are introduced to risk management as part of the organisation's corporate induction process, and further training relevant to role and professional development requirements is offered to ensure that staff are appropriately trained and equipped with the tools and knowledge to manage risk in line with their authority and duties for their role.

The risk and control framework

Humber Teaching NHS Foundation Trust is committed to embedding an integrated approach to managing risk and recognises that the proactive and continuous management of risk is essential to the efficient and effective delivery of services. The Trust Board has in place a Risk Management Strategy which sets out the Trust's commitment to embedding an integrated approach to managing risk.

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

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

Innovating for quality and patient safety
Quality and patient safety underpins all that we do. Failure to innovate for quality improvement and patient safety could result in service delivery not meeting required quality standards resulting in substandard care which could impact on patient safety and outcomes, the Trust's reputation and CQC rating.

Enhancing prevention, wellbeing, and recovery

Failing to enhance prevention, wellbeing and recovery could result in patients not accessing support and services that will address their health and care needs leading to poorer health outcomes and adversely widening health inequalities for our populations.

Fostering integration, partnerships, and alliances
Failure to foster integration, partnerships and alliance could result in the Trust not being able to influence the delivery of health and social care regionally, which could impact on the development of system-wide solutions that enhance the ability to deliver excellent services.

Promoting people, communities, and social values
Failure to promote people, communities and social values may result in Trust services not having a measurable social impact which could affect the health of our population and cause increased demand for services.

Developing an effective and empowered workforce
Failure to recruit and retain a high-quality workforce could result in service delivery not meeting national and local quality standards resulting in substandard care being delivered which could impact on patient safety and outcomes.

Optimising an efficient and sustainable organisation
Failure to optimise efficiencies in finances, technology and estates will inhibit the longer-term efficiency and sustainability of the Trust which will reduce any opportunities to invest in services where appropriate and put at risk the ability to meet financial targets set by our regulators.

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

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

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

The Trust must ensure that its risk management arrangements meet the requirements of NHS Improvement and the Care Quality Commission (CQC). The Trust also adheres to standards and guidance from NHS Resolution (NHSR) and Health and Safety Executive (HSE), to ensure good risk management practice. This strategy and associated processes apply to all directly employed, agency staff and contractors engaged on Humber Teaching NHS Foundation Trust business in respect of that work. This includes staff on honorary contracts, students and volunteers. All staff in

the Trust have a responsibility in relation to risk management.

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

A review was undertaken in 2024/25 by the Trust Board to review the definition of the Trust's risk appetite or the level of risk that it is prepared to accept, tolerate, or be exposed to. A revised risk appetite statement was developed following agreement by the Trust Board which defines the level of risk that can be accepted against the Trust's strategic goals. This updated appetite statement has been included in the Trust Risk Management Strategy.

The Trust's continued ambition is to have excellent systems and processes fully embedded across the organisation that support the delivery of the Trust's strategic aims.

This requires that we support robust decision making through a good understanding of our potential risks and their likely impact. This strategy is based on achieving the ambitions identified below:

1. To further support greater devolution of decision-making and accountability for the recognition and management of risk across the organisation from Trust Board to point of delivery (Board to Ward) in system and partnership working.

2. To continually refine existing systems and processes throughout the Trust to ensure they remain aligned to service delivery and support effective risk management, ensuring the management of risk is dynamic and integral to the day-to-day activities of Trust services including its commissioning responsibilities.

3. To support the Trust Board in being able to receive and provide assurance that the Trust is meeting all external compliance targets and legislation responsibilities, including standards of clinical quality and compliance requirements.

4. To confirm that the Trust's risk management arrangements are robust, and that excellent systems and processes, which support the delivery of the Trust's strategic goals through the annual Trust's Risk Maturity assessment process, are fully embedded.

5. To work in partnership across the Integrated Care System (ICS) sharing information in relation to our risk profile and improvement work to inform and support system wide improvement.

The management of risks is a key factor in achieving the provision of the highest quality of care, requiring the identification, management and minimising of activities or events which could result in unnecessary risks to service users, staff and visitors/members of the public. All staff are expected to identify, manage and reduce risk as one of their fundamental duties in an environment of honesty and openness, where mistakes and untoward incidents are identified quickly and dealt with in a positive and responsive way.

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

individual basis or as a group are taken account of in the risk assessment process.

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

Work has been undertaken within the Trust to consider applicable new and emerging system risks. Regular review and mapping of Trust risks to the current risks held on system level risk registers by the Executive Management Team has allowed the Trust to identify cross-organisational risks for inclusion on the Trust risk register that may impact on the achievement of the Trust's strategic goals.

The Trust has not identified any risks to compliance with the NHS provider licence section 4 (governance). The Trust maintains an effective board and committee governance structure, with clear responsibilities for its Board, its committees for reporting to the Board, as well as clear responsibilities for Trust staff reporting to the Board or its committees. The Trust has established clear lines of reporting and accountabilities through the organisation and all Executive Directors, Divisional General Managers, Divisional Clinical Leads and Managers are responsible for identifying, communicating, and managing the risks associated with their portfolios in accordance with the Trust's Risk Management Framework.

Internal Risk Review Process

Services delivered by the Trust are divided into four clinical divisions namely: Mental Health Planned / Unplanned, Forensic Services, Children's and Learning Disabilities and Community and Primary Care Services.

Each of the Trust divisions undergo a six-monthly process by which the safe staffing establishment for each unit/ward is assessed utilising the triangulated methods outlined by National Quality Board (NQB 2018) including the use of evidence-based tools; professional judgement; and identified quality, efficiency, and safety outcome indicators at a unit/ward level. Costs are then calculated for the required establishment and any discrepancies with the budgeted establishment are identified and flagged as a future financial commitment for the Trust. The evidence-based tool used to assess the safe staffing by each division varies dependent on the function of the unit, the acuity of the patients/service users, the agreed bed base, expected length of stay, usual occupancy levels and percentage of headroom included in order to appropriately cover annual leave, sickness, and training. The identified tools licensed for this purpose by the Shelford Group include the Mental Health Optimal Staffing Tool (MHOST). The Trust also uses a modified version of the Safer Nursing Care tool for our community wards (with the permission of the author) and the Learning Disability Optimal Staffing Tool (again with the permission of the author). Training for trainers on the use of the MHOST tool was delivered by the NHS England team to Matrons; Clinical leads; Professional Nurse Educators and Safer Staffing leads in May 2023 and this allowed the cascade of training to all staff involved in dependency data collection.

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

Board through the six-monthly safer staffing report both in relation to the current safer staffing position and any gaps in the budgeted establishment.

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

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

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

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

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

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

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

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

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

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

The Trust has undertaken risk assessments on the effects of climate change and severe weather and has developed a Green Plan following the guidance of the Greener NHS programme. The Green Plan is monitored by the Trust's Sustainable Development Steering Group, which reports to the Operational Delivery Group. The Trust's updated Green Plan will be developed in 2025, which will be aligned to NHS England Green Plan Guidance, published in February 2025. The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

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

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

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

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

The Remuneration and Nominations Committee make recommendations regarding the remuneration allowances and terms of service for Executive Board members. The Charitable Funds Committee oversaw the use of charitable funds on behalf of the Trust during 2024/25.

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

basis to consider the financial reports and seeks assurance regarding the management of finance related risks.

Performance against key indicators is reported via the Board Performance report which provides data with clinical and workforce key indicators alongside national or local targets and objectives. Any areas of concern or poor performance are highlighted, and mitigating actions are determined as appropriate by the Board of Directors. Specific reporting of service waiting times and regular updates for the Trust's Divisions are also considered through the Trust Board to ensure that resources are being used effectively within the Trust and that any areas of concerns can be addressed quickly.

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

Information governance

In September 2024, the CAF-aligned Data Security and Protection Toolkit (DSPT) changed to adopt the National Cyber Security Centre's Cyber Assessment Framework (CAF) as its basis for cyber security and information governance (IG) assurance.

The CAF-aligned DSPT submission date for 2024/25 is 30 June 2025 and an independent audit of the submission will take place in April 2025. For the 2024/25 submission, the DSPT will be split into a number of contributing outcomes, each of which are supported by indicators of good practice grouped into levels of achievement – 'Not Achieved', 'Partially Achieved' or 'Achieved'. Overall, the assessment of these outcomes will result in a toolkit status for the year which is expected to be 'Standards Met'.

The Trust demonstrates its accountability by ensuring its policies and procedures are UK GDPR and DPA 2018 compliant, Data Protection Impact Assessments are undertaken ensuring that privacy concerns are considered and addressed. Privacy Notices are reviewed and updated regularly; taking account of any changes of data use to ensure transparency. New contracts are checked to ensure appropriate data protection clauses are in place and IG due diligence is performed on service providers prior to entering a new contract. Records of processing activities have been undertaken and maintained, providing a comprehensive overview of personal data processing activities within the Trust.

To provide assurance that information governance practices are compliant with Trust policy, legal and regulatory requirements are embedded in the Trust culture, and a programme of audits is conducted throughout the Trust. The services are chosen based on a range of criteria including those asking the most queries, reporting the most incidents, and taking into account any new teams, restructures or significant personnel changes. This ensures that information governance policies, processes and operational activities are effective on the ground and compliant with Information Governance Toolkit requirements and CQC outcomes 2 and 21. If this is not the case, corrective action is recommended by the Information Governance department. The results of the 2024/25 audits confirm that Information Governance practices are well established and are compliant with Trust policy, legal and regulatory requirements.

Cyber threats are constantly evolving, and increasingly digital health and care organisations must remain prepared. The Trust has encrypted laptops, data devices and desktop computers and has

reviewed the security of all bulk data in transit. Personal identifiable data flows have been identified and any risks have been mitigated against. The Trust has scoped essential functions of Trust business and mapped all information, systems and networks that support these functions. A review of business critical assets has been carried out and the Trust's key information assets have been identified and approved by the IG Group during the year and each has an Information Asset Owner assigned. Each asset has been updated in the Information Asset Register which has been approved by the Information Governance Group. All data classified incidents were reviewed and none were deemed to be significant. The Trust has a qualified Chief Information Officer who is up to date with the training required by the Information Authority. The Trust has appointed a Non-Executive Director as a Security Champion and this role is currently held by Keith Nurcombe.

Seven incidents were declared during 2024/25 by the Trust in relation to data protection breaches and all have been closed with no further action taken. Any recommendations from the ICO are followed up with Information Governance Group oversight to ensure they are implemented.

Data quality and governance

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

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

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

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

The Trust has a Digital and Data Group which is responsible for ensuring performance against data quality standards, audits, and the oversight of all Trust digital developments. The Finance Committee and Audit Committee (in respect of audits) receive a range of Data Quality reports.These

are also available for services to review and the information within them can be used to inform any system amendments.

Quality Account

On an annual basis the Trust publishes the Annual Quality Accounts, as required under legislation. This report describes the quality of services offered via the Trust, considering patient safety, effectiveness of care and treatment and patient feedback. The report also outlines the quality priorities identified each year and the progress made against these. A copy of the report can be found on the Trust website, humber.nhs.uk.

Review of effectiveness

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

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

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

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

The outcomes of the ten audits undertaken by Audit Yorkshire in 2024/25 were:

- 2 provided High Assurance
- 3 provided significant assurance
- 1 provided limited assurance
- 2 provided low assurance
- 2 completed audits were classed at `Not Applicable' as an assurance level wasn't required

The Audit Committee has provided the Board of Directors with an independent and objective review of controls in place within the organisation based on assurance it has received from Internal Audit and External Audit, and from management. Internal and external audit have reviewed and reported on control, governance, and risk management processes, based on audit plans approved by the

Committee. Where scope for improvement was found, recommendations were made, and appropriate action plans agreed with management. This includes specific action plans overseen by the Executive Management Team for the audits classified as low and limited. The Trust has a mechanism in place to track progress in implementing agreed recommendations and the results of re-audit are fed back to the Audit Committee. The Trust's Finance, People and Organisational Development and Quality committees provide the board with assurance that effective controls are in place with regards to Trust finances, workforce, and the quality of services the organisation delivers to its users.

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

Conclusion

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

The system of internal control has been in place in Humber Teaching NHS Foundation Trust for the year ended 31 March 2025 and up to the date of approval of the Annual Report and Accounts.

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

Signed:  **Date:** 9th January 2026

Michele Moran, Chief Executive

Equality and Diversity

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

We have successfully achieved our goal of promoting workforce diversity and inclusion. This success is largely attributed to the Trust's efforts in developing local actions for its individual directorates. The new NHS England EDI Improvement Plan, which the Trust has successfully implemented, influenced our work. Additionally, we have collaborated with staff members to co-produce EDI workstreams such as Respect and No Excuse for Abuse.

Equality, diversity, and inclusion are woven throughout the Trust People Strategy, which was implemented in 2024. Furthermore, we refreshed policies around grievance, bullying and harassment, and EDI. We offer in-house training on recruitment and Selection, Bullying and Harassment, and Difficult Conversations. This helps the Trust to deliver our commitment to the Public Sector Equality Duty (PSED) with regard to the Equality Act 2010 and the national NHS Equality Delivery System (EDS22).

As part of our business-as-usual reporting, the Trust has developed action plans for the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES), which have been documented accordingly. We have also published a report on our gender pay gap and completed an ethnicity Pay Gap analysis for the first time.

Progress against these reports is provided through quarterly updates to the EDI Steering group. These measures demonstrate our commitment to fostering a workforce that values diversity and inclusivity.

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

Respect

The objective for the original respect campaign – launched in November 2023 - was in response to anecdotal feedback from our staff networks, with the key aim of driving up the reporting of bullying and harassment between staff. This has subsequently become business as usual in reporting. Our most recent staff survey results show that the most statistically significant improvement (6.89%) in the survey is for the question ‘the last time I or a colleague received bullying, harassment or discrimination, I or a colleague reported it’. If we look in more detail, we can also see that staff from ethnically diverse communities are reporting at higher rates than their white peers. As such, we can see the impact of our work on Respect in the staff survey, where we have addressed under-reporting and driven up the reporting of these incidents.

Further work is planned, including working with the Trust's graphic designer and commissioning four new Respect posters based on the protected characteristics. This will lead to a refresh of the Respect framework across the organisation.

No Excuse for Abuse

In December 2024, the Trust launched the No Excuse for Abuse Framework toolkit. This was widely consulted with stakeholders and designed to support managers and staff when subjected to abuse by service users in their care. Since the launch, the toolkit was recognised as QI Charter of the Month in December 2024 and subsequently reviewed and endorsed by UNISON, who found it to be very comprehensive and proactive, and we are adding their logo to associated posters and documentation.

Moving forward, we recognise that No Excuse for Abuse is focused on post-incident support for staff, and work is underway to understand the Datix data better, so we can see which areas have a higher prevalence of such incidents and look to work with colleagues such as the Organisational Development team to provide bespoke support for those areas.

Also, in collaboration with stakeholders, work is underway to equip ward managers to be more proactive where they know there is a prevalence of abuse towards staff. We are also reaching out to understand how often the police are called and what the response is. This insight will allow us to understand the scale of the problem and allow senior colleagues to present an accurate picture in discussions with the police.

NHS England Equality, Diversity and Inclusion Improvement Plan

The Trust Board implemented the requirements of the six high-level NHSE EDI Improvement Plan actions. Actions to address the high impact were agreed upon through a Board development day and associated EMT papers. This is demonstrated by all board members having EDI objectives in their annual appraisals. We are implementing an Ethnicity Pay Gap analysis. Further embedding and operationalising the Respect and No Excuse for Abuse frameworks to address bullying, harassment, and discrimination. Regular assurance is provided to EMT and the Board through a biannual EDI Assurance report, which identifies progress made on the improvement plan. Following on from an EDI Roundtable led by NHS Providers that examined experiences of implementing the improvement plan, the EDI Policy Development Principal Lead from NHS England has undertaken a Best Practice Interview with the Trust's EDI Lead to develop an EDI Best Practice Case Study regarding our approach to implementing the NHSE EDI Improvement Plan.

Royal College of Psychiatrists - Act Against Racism Charter

The Trust signed up to the charter which is overseen by our Executive Medical Director in collaboration with our EDI lead. The charter is a multiyear commitment to addressing bullying, harassment, and discrimination against ethnically diverse medical staff. The Trust has already met 9 of the 15 actions, and our EDI workstreams, such as the Respect and No Excuse for Abuse framework, support achieving these actions, as will as the implementation of the PCREF framework.

Giving Staff a Voice Through Staff-Led Networks

The Trust listens to the voices of its underrepresented staff through the staff networks. The Trust has in place a Race Equality Network, an LGBTQ+ network, and Disability network. The Race

Equality Network supports the development of the Workforce Race Equality Standard (WRES), whilst the Disability Network supports the development of the Workforce Disability Equality Standard (WDES). The LGBTQ+ network has supported the Trust's work towards the NHS Rainbow Badge Accreditation. To further the Trust's aims of community inclusion and collaboration with underrepresented staff groups, the Trust has further strengthened its staff networks with refreshed terms of reference and the addition of an executive sponsor drawn from the Executive Management Team. This gives the networks the recognition and resources they need to reach maturity.

Accuracy of Workforce Data

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

Developing Our Leaders

Our PROUD Leadership development programme aims to:

- Grow a community of leaders and managers across Humber with the capability, confidence and values to create a highly engaged, high performing and continually improving culture.
- Develop a culture of learning, high engagement, continuous improvement, and high performance that builds on our values and enables us to realise our people's potential.

The PROUD Leadership Programme was introduced in 2020, and since then, we have seen 265 staff complete our programme for band 3 – 7 staff, 54 are currently undertaking the programme, and 100 staff are awaiting a place in the next cohort. Similarly, our PROUD Senior Leadership Programme for those above band 8a has seen 93 of our senior leaders complete the programme, with 30 awaiting a place in the next cohort.

The Trust has introduced a PROUD Alumni Programme to support continuous professional development. With 265 alumni staff members, a series of workshops is planned for the year, culminating in a Leadership Conference in November 2025.

Policy Refresh to ensure Best Practice

We have enhanced inclusiveness in the workforce by introducing or revising policies such as the Sexual Misconduct Policy, Support for Trans Patients Policy, Bullying and Harassment Policy, and initiatives like the Reducing Avoidable Harm Working Group. The Your Leave Plus toolkit provides improved support for employees and serves as a single point of reference for taking time off when needed. It encompasses all types of leave, including maternity, special leave, holiday of a lifetime, terminal care leave, fertility treatment leave, and religious observance.

Barriers

Attendance from operational areas at the Trust EDI Steering Group has been challenging but hasn't hindered progress in addressing strategic and local equality issues.

The Trust EDI Steering Group Chair has communicated with the divisions to improve attendance, requesting that they send a nominated deputy if staff cannot attend.

Changes in staff composition

Through EDI workstreams, such as a deep dive analysis of recruitment by area through an EDI lens and initiatives to reduce 'unspecified' entries to equality data in ESR, the Trust has seen year-on-year improvement in workforce representation:

- Ethnically diverse representation was 3.5% in 2019, rising to 8.76% in January 2025.
- Disability and long-term condition representation was 3% in 2019, rising to 9.9% in January 2025.
- LGBTQ+ representation was 0.5% in 2019, rising to 4.75% in January 2025.

Also, through our WRES and WDES analysis, we identified barriers to ethnically diverse staff representation in clinical and non-clinical roles of Band 7 and above and for staff with a disability or long-term condition working in clinical or non-clinical roles of Band 8c and above. Through collaborative work and the deep dive analysis of recruitment by areas through an EDI lens, the Trust HRBPs have worked with the areas to examine and target underrepresentation.

- Over the past 12 months, we have seen an 11% Improvement in ethnically diverse staff representation in clinical and non-clinical roles of Band 7 and above.
- Over the past 12 months, we have seen a 14% improvement in the number of staff with a disability or long-term condition working in clinical or non-clinical roles of Band 8c and above.

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

Performance against targets - Workforce Equality Objectives 2024/25

The Trust's Equality, Diversity, and Inclusion Annual Report for 2024 can be accessed here. The Trust Workforce Race Equality Standard (WRES) Report can be accessed here. The Trust Workforce Disability Equality Standard (WDES) Report can be accessed here.

The following workforce equality actions have been developed through analysis of Trust data and reporting of the Gender Pay Gap, the Workforce Race Equality Standard (WRES), the Workforce Disability Standard (WDES), and the Staff Survey.

Nº	2024/25 Objective	Driver	Progress
1	Fulfil the requirements of the NHSE EDI Improvement plan and support the board to realise high impact action 1.	NHSE EDI Improvement Plan	**Complete**
2	Utilise the July 2024 Trust Non-Executive Director recruitment window as an opportunity to diversify the Board further. The EDI Lead will represent staff (in the capacity of Staff Governor) on the NED recruitment stakeholder panel.	WRES/WDES/Gender Pay Gap	**Complete**
3	Following the success of the Respect campaign, embed the Respect framework as a business-as-usual practice, raising the profile for the ambitions of the work and further driving up a safe reporting culture.	Staff Survey/ WRES/WDES/Gender Pay Gap/ NHSE EDI Improvement Plan	**Complete**
4	Consult with stakeholders on the 'No Excuse for Abuse' task and finish group on the guidance framework that seeks to address patient to staff bullying, harassment and aggression from patients. Further, see this launched and embedded by March 2025.	Staff Survey/ WRES/WDES	**Complete**
5	EDI Lead will attend the newly established People & OD working group to examine harm caused by formal investigations process and implement proportionate actions to address via multi stakeholder involvement.	Staff Survey/ WRES/WDES	**Complete**
6	EDI Lead to attend the newly established People & OD staff experience working group which will examine issues of belonging and implement proportionate actions to address via multi stakeholder involvement.	Staff Survey/ WRES/WDES	**Complete**
7	EDI lead to work with the Executive Medical Director to realise the ambitions of the Act Against Racism Charter and embed inclusive practice across the organisation, providing regular assurance to EMT and the Board.	WRES/ NHSE EDI Improvement Plan	**Complete**
8	Realise the ambitions of the Rainbow Badge Accreditation action plan provided as by the LGBT Foundation and embedded across the organisation by March 2025.	Staff Survey/Rainbow Badge Accreditation Scheme	**Complete**
9	Implement the requirements of the Disability Confident Leader programme by March 2025, with a view to being awarded improved status.	WDES/ Staff Survey	**Ongoing**

Gender Pay Gap

The gender pay gap trend for Humber Teaching NHS Foundation Trust is decreasing. The mean gender pay gap was 12.42%, an improvement from 13.2% the previous year. The median gender pay gap has reduced to 5.17% from 6% the previous year. This represents an improving trend from 2020 when the mean figure was 13.3%. The Trust gender pay gap is considerably better than that of other Trusts in our system, some of which are reporting pay gaps of over 20%.

Since 2020, the Trusts reported a gender pay gap of 13.3% in 2020, 12.9% in 2021, 13.2% in 2022, and 12.42% in 2023.

Overall, women occupied 74.80% of the highest-paid jobs (upper quartile). According to the ONS Census 2021, the national population of women in England and Wales is 51%.
However, most (80.75%) of employees in lower-quartile (lowest-paid) jobs were women, reflecting that male employees were more highly represented in higher-paid jobs.

Comparing these quartiles suggests that the lower proportion of men in lower pay bands relative to their share of the population (20.41%) was a key driver of the gender pay gap at the Trust.

Gender Bonus Pay Gap

These two calculations show the proportion of male employees who were paid bonus pay and the proportion of female employees who were paid bonus pay.

Male -This calculation is undertaken by dividing the number of male employees who were paid bonus pay in the qualifying period by the total number of male employees and multiplying by 100.

Female—This calculation is undertaken by dividing the number of female employees who were paid bonus pay in the qualifying period by the total number of female employees and multiplying by 100.

- The proportion of males receiving a bonus payment is 0.93%, down from the previous year's figure, which was 1.26%
- The proportion of females receiving a bonus payment is 0.14%, down from the previous year's figure of 0.26%

The difference in the figures can be explained by the high proportion of females in the organisation compared to men in senior roles who are eligible for bonuses. However, the number of staff receiving bonuses is still very low.

Addressing the Gender Pay Gap

For 2024/25, we plan to take further action to reduce our pay gap by:

1	Progress the Trusts Equality in Action plan - Breaking barriers for women's advancement - a gender equality initiative
2	Develop a Big Conversation for International Women's Day on March 8th, 2025 that provides staff experience of the Trust's coaching, mentoring, and Leadership development programmes
3	Roll out the planned structured programme that builds on the existing PROUD developments and provides people leaders across the Trust with a platform for continuing professional development (CPD)

4	Development of a PROUD Alumni where leaders are recognised for their achievements, receive a graduation pack after completing the PROUD leadership programme, and access further learning and development.
5.	Embed and build upon the succession planning model to balance the promotion, succession planning, and development opportunities for female leaders.

2024 Workforce Race Equality Standard (WRES)

In 2024, we published our Workforce Race Equality Standard (WRES) report and analysis.

Key Findings:

- The relative likelihood of white staff being appointed from shortlisting compared to staff from diverse backgrounds is 0.76 (less than 1 is a positive metric) which is an improvement on the previous year's figure of 0.78. which demonstrates the continued trend of equality and fairness in our recruitment processes.
- During the period, we have seen an improvement in ethnic diversity representation on the Trust Board. The Board representation is 12.5%, which compares to 7.17% in the Trust workforce and 4.9% in the communities we serve. This demonstrates that the Board is representative of the areas they serve.
- The Relative likelihood of staff accessing non-mandatory training and CPD - Employees Accessing Non-Mandatory Training is exactly equal and demonstrates equality and fairness in accessing non-mandatory training.
- The percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months is 20.62%, and whilst this is higher than for white colleagues at 16.13%, it is slightly better than the national figure at 20.98%. This also demonstrates a substantial improvement on the 2023 figure of 25.76% and demonstrates a continual downward trend since 2019, when the figure was 28.57%
- The percentage of staff believing that the organisation provides equal opportunities for career progression or promotion is 50%, which is substantially lower than for white colleagues at 65.21% and only marginally lower than the national figure at 50.50%. This represents an increase of just over 3% on the previous year but shows a downward trend since the 2019 figure of 60%.
- The percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months is 37.37%, which is substantially higher than for white colleagues at 20.74% and higher than the national figure at 31.43%. This is a substantial increase on the 2023 figure of 21.21% and an area of focus to be addressed.
- The percentage of staff experiencing discrimination at work from manager/team leader or other colleagues in the last 12 months is 16.16% which is substantially higher than for white colleagues at 4.43% and 2% higher than the national figure at 13.90%. However, this figure is a slight improvement on 2023 and demonstrates a downward trend since 2020 when the figure was 18.37%
- The relative likelihood of ethnically diverse staff entering the formal disciplinary process compared to White staff is 3, which represents a substantial gap on last year's figure of 1.08, which means the Trust will need to examine the formal disciplinary process to ensure ethnically diverse staff are not unfairly represented.

2024 Workforce Disability Equality Standard (WDES)

In 2024, we published our Workforce Disability Equality Standard (WDES) report and analysis.

Key findings:

- Up to 1295 colleagues with a disability or long-term condition responded to the WDES questions in the National Staff Survey, which demonstrates a year-on-year improvement from 780 in 2019.
- From 1291 colleagues with a disability or long-term condition responding to the question, the percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months is 27.52% which is substantially higher than for colleagues without a disability or long-term condition at 19.36%, but better than the comparison figure at 28.92%. This is an improvement on the 2023 figure of 32.16% and demonstrates a continuous improvement from the 2019 figure of 34.88%.
- From the 1289 colleagues with a disability or long-term condition responding to the question, the percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months is 17.90%. While this figure is over 7% higher than for colleagues without a disability or long-term condition at 10.24%, the figure does represent a significant improvement on the 2023 figure of 22.62%, and it is 1% better than the comparison figure.
- From the 1288 colleagues with a disability or long-term condition responding to the question, the percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion is 61.67%, compared to colleagues without a disability or a long-term condition where the figure is 65.06%. However, the figure is a significant improvement on the 2023 figure of 52.56% and is better than the comparison figure, which is 56.66%.
- From the 1295 colleagues with a disability or long-term condition responding to the question, the percentage of staff satisfied with the extent to which their organisation values their work is 46.62%. This compares to colleagues without a disability or long-term condition, where the figure is 57.37%. However, this represents a significant improvement on the 2023 figure of 41.78%, which is slightly better than the comparison figure of 45.36%, and demonstrates an improving trend since the 2019 figure of 36.45%.
- From the 328 colleagues with a disability or long-term condition responding to the question, the percentage of staff with a long-lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work is 83.84%. This figure is significantly better than the comparison figure of 79.32% and an improvement on the 2023 figure of 79.65%.
- The Staff engagement score for colleagues with a disability or long-term condition responding to the survey was 6.95, this compares to colleagues without a disability or long-term condition where the figure is 7.32. However, the comparison figure is 6.82, and the figure demonstrates an improving trend since the 2019 figure of 6.28.
- From 1286 colleagues with a disability or long-term condition responding to the question, the percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months is 12.43% which is substantially higher than for colleagues without a disability or long-term condition at 4.82% and 0.5% higher than the comparison figure at 11.87%. However, despite a slight increase on the previous year, this figure demonstrates a downward trend since 2019 when the figure was 20%.
- From 315 colleagues with a disability or long-term condition responding to the question, the percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it was 56.38%. This compares to 61.27% of colleagues without a disability or long-term condition reporting. This represents a steep decline on the 2023 figure when it was 70.47%. It is also below the comparison figure, which is 59.93%.

- From 580 colleagues with a disability or long-term condition responding to the question, the percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties is 20.63%, whereas colleagues without a disability or long-term condition the figure is 12.24%. This represents an increase on the 2023 figure of 17.34% and is slightly above the comparison figure at 19.35%.
- Up to 1295 colleagues who identify as having a disability or long-term condition responded to the WDES questions in the NSS. However, our workforce data suggests disability representation across the Trust is 9.14% (Source: December People Insight Report), which would give us approximately 311 staff with a disability. Given the substantial difference in numbers between those with a declared disability on ESR and those who identify as having a disability but have not declared on ESR, work is needed to understand why so many staff have not declared a disability on ESR, and what support is needed to improve our data.

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

Signed  **Date:** 9th January 2026

Michele Moran, Chief Executive

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 2025 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity , the Statement of Cash Flows and notes to the financial statements, including material accounting policy information. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual 2024/25 as contained in the Department of Health and Social Care Group Accounting Manual 2024/25, 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 2025 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 2024/25; and
- have been properly prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.
Based on the work we have performed, and taking into account the requirements of the Department of Health and Social Care Group Accounting Manual, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.
Our responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. The Directors are responsible for the other information.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work e 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 Chief Executive'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 2024/25 and prepare the financial statements on a going concern basis, unless the Trust is informed of the intention for dissolution without transfer of services or function to another public sector entity. The Accounting Officer is responsible for assessing each year whether or not it is appropriate for the Trust to prepare financial statements on the going concern basis and disclosing, as applicable, matters related to going concern.

Auditor's responsibilities for the audit of the financial statements
Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.
The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below.
Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. Based on our understanding of the Trust, we considered that non-compliance with the following laws and regulations might have a material effect on the financial statements: employment regulation, health and safety regulation, anti-money laundering regulation, data protection, environmental protection, corruption and anti-bribery.

To help us identify instances of non-compliance with these laws and regulations, and in identifying and assessing the risks of material misstatement in respect to non-compliance, our procedures included, but were not limited to:

- enquiring with management and the Audit Committee, as to whether the Trust is in compliance with laws and regulations, and discussing their policies and procedures regarding compliance with laws and regulations;
- inspecting correspondence, if any, with relevant regulatory authorities;

- communicating identified laws and regulations throughout our engagement team and remaining alert to any indications of non-compliance throughout our audit; and
- considering the risk of acts by the Trust which were contrary to applicable laws and regulations, including fraud.

We also considered those laws and regulations that have a direct effect on the preparation of the financial statements, such as the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012). In addition, 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 related to posting manual journal entries to manipulate financial performance, management bias through judgements and assumptions in significant accounting estimates and the risk of fraud in revenue and expenditure recognition in relation to the accuracy and valuation of year-end accruals.

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

- making enquiries of management and the Audit Committee on whether they had knowledge of any actual, suspected or alleged fraud;
- gaining an understanding of the internal controls established to mitigate risks related to fraud;
- discussing amongst the engagement team the risks of fraud; and
- addressing the risks of fraud through management override of controls by performing journal entry testing.

There are inherent limitations in the audit procedures described above and the primary responsibility for the prevention and detection of irregularities including fraud rests with management and the Audit Committee. As with any audit, there remained a risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal controls.

We are also required to conclude on whether the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate. We performed our work in accordance with Practice Note 10: Audit of financial statements and regularity of public sector bodies in the United Kingdom, and Supplementary Guidance Note 01, issued by the Comptroller and Auditor General in November 2024.

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 2025.

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 November 2024.

Report on other legal and regulatory requirements
Opinion on other matters prescribed by the Code of Audit Practice
In our opinion:

- the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2024/25; 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 2024/25; or
- the Annual Governance Statement is misleading or is not consistent with our knowledge of the Trust and other information of which we are aware from our audit of the financial statements; or
- we refer a matter to the regulator under Schedule 10(6) of the National Health Service Act 2006; or
- we issue a report in the public interest under Schedule 10(3) of the National Health Service Act 2006.

We have nothing to report in respect of these matters.

Use of the audit report
This report is made solely to the Council of Governors of Humber Teaching NHS Foundation Trust as a body in accordance with Schedule 10(4) of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the

Council of Governors of the Trust as a body for our audit work, for this report, or for the opinions we have formed.

Certificate

We certify that we have completed the audit of Humber Teaching NHS Foundation Trust in accordance with the requirements of chapter 5 of part 2 of the National Health Service Act 2006 and the Code of Audit Practice.



Gavin Barker Key Audit Partner
For and on behalf of Forvis Mazars LLP
The Corner Bank Chamber 26 Mosley Street Newcastle upon Tyne NE1 1DF
22 December 2025

Trust Annual Accounts 2024/25

Foreword to the accounts

These accounts, for the year ended 31 March 2025, have been prepared by Humber Teaching NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed

Name: Michele Moran
Job title: Chief Executive
Date: 9th January 2025

Statement of Comprehensive Income

	Note	2024/25 £000	2023/24 £000
Operating income from patient care activities	3	**262,188**	239,271
Other operating income	4	**15,747**	18,683
Operating expenses	7, 9	**(282,111)**	(267,368)
Operating surplus/(deficit) from continuing operations		**(4,176)**	(9,414)
Finance income	11	**2,323**	2,114
Finance expenses	12	**(838)**	(823)
PDC dividends payable	1.16	**(1,621)**	(1,966)
Net finance costs		**(136)**	(675)
Surplus / (deficit) for the year		(4,312)	(10,089)
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	8	**(363)**	(1,885)
Revaluations	17	**1,922**	656
Remeasurements of the net defined benefit pension scheme liability / asset	31	**(1,189)**	(2,731)
Other Reserve Movement		**(8)**	-
Total comprehensive income / (expense) for the period		**(3,950)**	(14,049)

Statement of Financial Position

	Note	31 March 2025 £000	31 March 2024 £000
Non-current assets			
Intangible assets	14	17,218	15,904
Property, plant and equipment	15	91,132	89,910
Right of use assets	18	11,810	9,398
Receivables	21	130	123
Other assets	22	-	791
Total non-current assets		**120,290**	116,126
Current assets			
Inventories	20	185	169
Receivables	21	10,011	12,064
Cash and cash equivalents	24	18,286	28,012
Total current assets		**28,482**	40,245
Current liabilities			
Trade and other payables	25	(26,342)	(32,522)
Borrowings	27	(2,010)	(1,325)
Provisions	28	(228)	(199)
Other liabilities	26	(4,349)	(7,758)
Total current liabilities		**(32,929)**	(41,804)
Total assets less current liabilities		**115,843**	114,567
Non-current liabilities			
Borrowings	27	(36,029)	(34,806)
Provisions	28	(1,290)	(1,449)
Other Liabilities	26	(178)	-
Total non-current liabilities		**(37,497)**	(36,255)
Total assets employed		**78,346**	78,312
Financed by			
Public dividend capital		87,066	83,082
Revaluation reserve		17,531	16,880
Other reserves		1,615	2,804
Income and expenditure reserve		(27,866)	(24,454)
Total taxpayers' equity		**78,346**	78,312

The notes on pages 4 to 54 form part of these accounts.

Michele Moran
Chief Executive

Date: 19/12/2025

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2025

	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2024 - brought forward	**83,082**	**16,881**	**2,804**	**(24,455)**	**78,312**
Surplus/(deficit) for the year	-	-	-	(4,312)	**(4,312)**
Other transfers between reserves	-	(900)	-	900	**-**
Impairments	-	(363)	-	-	**(363)**
Revaluations	-	1,922	-	-	**1,922**
Transfer to retained earnings on disposal of assets	-	(8)	-	8	**-**
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	(1,189)	-	**(1,189)**
Public dividend capital received	3,984	-	-	-	**3,984**
Other reserves movement	-	-	-	(8)	**(8)**
Taxpayers' and others' equity at 31 March 2025	**87,066**	**17,532**	**1,615**	**(27,867)**	**78,346**

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2024

	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2023 - brought forward	79,271	18,823	5,535	(15,078)	88,551
At start of period for new FTs	-	-	-	(10,089)	(10,089)
Surplus/(deficit) for the year	-	-	-	-	-
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits	-	(713)	-	713	-
Other transfers between reserves	-	(1,885)	-	-	(1,885)
Impairments	-	221	-	-	221
Revaluations	-	435	-	-	435
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	(2,731)	-	(2,731)
Public dividend capital received	3,811	-	-	-	3,811
Taxpayers' and others' equity at 31 March 2024	83,082	16,881	2,804	(24,455)	78,312

Information on reserves

Public dividend capital
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve
Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Financial assets reserve
This reserve comprises changes in the fair value of financial assets measured at fair value through other comprehensive income. When these instruments are derecognised, cumulative gains or losses previously recognised as other comprehensive income or expenditure are recycled to income or expenditure, unless the assets are equity instruments measured at fair value through other comprehensive income as a result of irrevocable election at recognition.

Other reserves
The balance on this reserve is the movement in the East Riding of Yorkshire Council Pension scheme relating to the membership of Humber Teaching NHS Foundation Trust.

Income and expenditure reserve
The balance of this reserve is the accumulated surpluses and deficits of the trust.

Statement of Cash Flows

	Note	2024/25 £000	2023/24 £000
Cash flows from operating activities			
Operating surplus / (deficit)		(4,176)	(9,414)
Non-cash income and expense:			
Depreciation and amortisation	7.1	7,685	6,683
Net impairments	8	5,305	11,284
Income recognised in respect of capital donations		(788)	(1,092)
Non-cash movements in on-SoFP pension liability		(220)	(120)
(Increase) / decrease in receivables and other assets		789	7,497
(Increase) / decrease in inventories		(16)	(17)
Increase / (decrease) in payables and other liabilities		(8,094)	(6,239)
Increase / (decrease) in provisions		(148)	(142)
Net cash flows from / (used in) operating activities		**337**	8,440
Cash flows from investing activities			
Interest received		2,323	2,114
Purchase of intangible assets		(3,092)	(5,771)
Purchase of PPE and investment property		(10,080)	(7,961)
Sales of PPE and investment property		-	-
Initial direct costs or up front payments in respect of new right of use assets (lessee)		(116)	(179)
Receipt of cash donations to purchase capital assets		788	1,092
Net cash flows from / (used in) investing activities		**(10,177)**	(10,705)
Cash flows from financing activities			
Public dividend capital received		3,984	3,811
Capital element of finance lease rental payments		(2,005)	(2,005)
Interest paid on finance lease liabilities		(358)	(354)
PDC dividend (paid) / refunded		(1,506)	(2,081)
Net cash flows from / (used in) financing activities		**115**	(629)
Increase / (decrease) in cash and cash equivalents		**(9,725)**	(2,894)
Cash and cash equivalents at 1 April - brought forward		**28,012**	30,906
Cash and cash equivalents at 31 March 2024	24.1	18,286	28,012

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 2024/25 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity’s services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

Note 1.3 Interests in other entities

Humber Teaching NHS Foundation Trust holds an interest in Humber Primary Care Limited. Humber Primary Care is a limited company, set up to hold General Medical Services (GMS) contracts for Humber Primary Care in Bridlington and such figures are included within the Trust's accounts.

Note 1.4 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under International Financial Reporting Standards (IFRS) 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS). The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare.

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner and accounted for as variable consideration under IFRS 15.

Where the relationship with a particular integrated care board is expected to be a low volume of activity (annual value below £0.5m), an annual fixed payment is received by the provider as determined in the NHSPS documentation. Such income is classified as 'other clinical income' in these accounts.

Mental health provider collaboratives

NHS led provider collaboratives for specialised mental health, learning disability and autism services involve a lead NHS provider taking responsibility for managing services, care pathways and specialised commissioning budgets for a population. As lead provider for Humber and North Yorkshire Specialist Provider Collaborative, the Trust is accountable to NHS England and as such recognises the income and expenditure associated with the commissioning of services from other providers in these accounts. Where the trust is the provider of commissioned services, this element of income is recognised in respect of the provision of services, after eliminating internal transactions.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of International Accounting Standards (IAS) 20 for government grants.

Note 1.5 Other forms of income

Grants and donations

Government grants are from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the Statement of Comprehensive Income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's apprenticeship service 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 Trust no longers carries an annual leave accrual within it's position.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

Local Government Pension Scheme

Since December 2016, some employees are members of the Local Government Pension Scheme which is a defined benefit pension scheme. The scheme assets and liabilities attributable to these employees can be identified and are recognised in the trust’s accounts. The assets are measured at fair value, and the liabilities at the present value of future obligations.

The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The net interest cost during the year arising from the unwinding of the discount on the net scheme liabilities is recognised within finance costs. Remeasurements of the defined benefit plan are recognised in the income and expenditure reserve and reported in the Statement of Comprehensive Income as an item of ‘other comprehensive income’.

Note 1.7 Expenditure on other goods and services

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

Note 1.8 Property, plant and equipment

Recognition

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

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

Subsequent expenditure

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

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.
Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

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

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

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. Specialised assets equates to 26 buidlings being valued at MEA, (13 non specilaist being land and buildings)

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

A desktop valuation exercise was carried out in February / March 2025 with a valuation date of 31st March 2025 and involved applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2022 ('Red Book')

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as ‘held for sale’ cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the trust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of ‘other comprehensive income’.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.
Other impairments are treated as revaluation losses. Reversals of ‘other impairments’ are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as ‘held for sale’ once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their ‘fair value less costs to sell’. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as ‘held for sale’ and instead is retained as an operational asset and the asset’s useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Useful lives of property, plant and equipment

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

	Min life Years	Max life Years
Land	-	-
Buildings, excluding dwellings	1	96
Plant & machinery	5	15
Transport equipment	2	7
Information technology	5	7
Furniture & fittings	7	10

Note 1.9 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance controlled by the Trust. They are capable of being sold separately from the rest of the trust's business or arise from contractual or other legal rights. Intangible assets 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. The Trust's policy states intagibles assets are measures at cost as a proxy for DRC.

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 where it meets recognition criteria.

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.

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	5	10
Other (purchased)	10	10

Note 1.10 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method.

Between 2020/21 and 2023/24 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. Distribution of inventories by the Department ceased in March 2024.

Note 1.11 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.12 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement

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

Financial assets and financial liabilities at amortised cost

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

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

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

Impairment of financial assets

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

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

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

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

Derecognition

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

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

Note 1.13 Leases

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

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

The Trust as a lessee

Recognition and initial measurement

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

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.
Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 4.72% applied to new leases commencing in 2024 and 4.81% to new leases commencing in 2025.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset. The desktop valuation exercise was carried out 31/03/2025

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.

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 2025:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	4.03%	4.26%
Medium-term	After 5 years up to 10 years	4.07%	4.03%
Long-term	After 10 years up to 40 years	4.81%	4.72%
Very long-term	Exceeding 40 years	4.55%	4.40%

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 2025:

	Inflation rate	Prior year rate
Year 1	2.60%	3.60%
Year 2	2.30%	1.80%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's post-employment benefits discount rate of 2.40% in real terms (prior year: 2.45%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at Note 28.2 but is not recognised in the Trust’s accounts.

Non-clinical risk pooling

The trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.15 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity’s control) are not recognised as assets, but are disclosed in Note 29 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in Note 29, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity’s control; or

• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.16 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts.

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

Note 1.17 Value added tax

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

Note 1.18 Corporation tax

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

Note 1.19 Climate change levy

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

Note 1.20 Third party assets

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

Note 1.21 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.22 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 1.23 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2024/25.

Note 1.24 Standards, amendments and interpretations in issue but not yet effective or adopted

The DHSC GAM does not require the following IFRS Standards to be applied in 2024/25:

IFRS 17 Insurance Contracts – The Standard is effective for accounting periods beginning on or after 1 January 2023. IFRS 17 has been adopted by the FReM from 1 April 2025. Adoption of the Standard for NHS bodies will therefore be in 2025/26. The Standard revises the accounting for insurance contracts for the issuers of insurance. The Trust is working through the assessment of the impact on any changes, which is yet to be quantified.

IFRS 18 Presentation and Disclosure in Financial Statements - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

Note 1.25 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

In the application of Humber Teaching NHS Fiundation Trust 's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not really apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates and the estimates, and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and the future periods if the revision affects both current and future periods.

Note 1.26 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 an 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
- segment liabilities should be reconciled to entity liabilities.

The Trust is primarily a provider of NHS healthcare services and from 1 October 2021 hosted a Provider Collaborative arrangement for commissioning adult eating disorders, adult secure mental health services, and child and inpatient children's and adolescent mental health services. The provider collaborative commissions services on behalf on NHS England.

The Humber and North Yorkshire Specialist Provider Collaborative develops all proposals for investment or disinvestment in services. Members of the provider collaborative, (i.e. NHS and non NHS healthcare providers providers), FT'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	46,656	233,602	280,258
Expenditure	(46,656)	(237,915)	(284,571)
Surplus / Deficit	-	(4,313)	(4,313)
Assets	2,662	146,110	148,772
Liabilities	2,873	67,553	70,426

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)	2024/25 £000	2023/24 £000
Mental health services		
Income from commissioners under API contracts*	114,932	111,017
Services delivered under a mental health collaborative	22,487	23,056
Income for commissioning services in a mental health collaborative	46,655	41,412
Other clinical income from mandatory services	5,106	3,773
Community services		
Income from commissioners under API contracts*	37,752	35,360
Income from other sources (e.g. local authorities)	10,349	9,647
All services		
National pay award central funding***	92	30
Additional pension contribution central funding**	10,971	6,545
Other clinical income ****	13,844	8,431
Total income from activities	**262,188**	239,271

*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2023/25 NHS Payment Scheme documentation.

https://www.england.nhs.uk/pay-syst/nhs-payment-scheme/

**Increases to the employer contribution rate for NHS pensions since 1 April 2019 have been funded by NHS England. NHS providers continue to pay at the former rate of 14.3% with the additional amount being paid over by NHS England on providers' behalf. The full cost of employer contributions (23.7%, 2023/24: 20.6%) and related NHS England funding (9.4%, 2023/24: 6.3%) have been recognised in these accounts.

***Additional funding was made available directly to providers by NHS England in 2024/25 and 2023/24 for implementing the backdated element of pay awards where government offers were finalised after the end of the financial year. NHS Payment Scheme prices and API contracts are updated for the weighted uplift in in-year pay costs when awards are finalised.

**** Mainly relating to Primary Care Income, EPR Project income and Interweave Project income.

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2024/25 £000	2023/24 £000
NHS England	81,006	72,325
Integrated care boards	155,853	144,823
Department of Health and Social Care	30	-
Other NHS providers	5,731	3,982
NHS other	-	-
Local authorities	18,204	17,907
Non NHS: other	1,364	234
Total income from activities	**262,188**	239,271

All income relates to continuing operations

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

Humber Teaching NHS Foundation Trust received no income from overseas visitors in 2024/25 (Nil return 2023/24)

Note 4 Other operating income

	2024/25			2023/24		
	Contract income	**Non-contract income**	**Total**	Contract income	Non-contract income	Total
	£000	**£000**	**£000**	£000	£000	£000
Research and development	-	881	**881**	905	-	905
Education and training	8,334	661	**8,995**	4,484	610	5,094
Non-patient care services to other bodies	2,266		**2,266**	5,677		5,677
Income in respect of employee benefits accounted on a gross basis	423		**423**	3,473		3,473
Receipt of capital grants and donations and peppercorn leases		788	**788**		1,092	1,092
Charitable and other contributions to expenditure		-	**-**		16	16
Revenue from operating leases		1,761	**1,761**		1,706	1,706
Other income	-	633	**633**	-	720	720
Total other operating income	**11,023**	**4,724**	**15,747**	14,539	4,144	18,683

All income relates to continuing operations

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

	2024/25	2023/24
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	7,758	7,610

This comprises of income that the Trust was paid in 2023/24 but relates to activities which was delivered in 2024/25 (£7,758k) and income the Trust was paid in 2022/23 but related to activities delivered in 2023/24, (£7,610k)

Note 5.2 Transaction price allocated to remaining performance obligations

	31 March 2025	31 March 2024
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:	**£000**	£000
within one year	4,349	7,758
after one year, not later than five years	-	-
after five years	-	-
Total revenue allocated to remaining performance obligations	**4,349**	7,758

The trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the trust recognises revenue directly corresponding to work done to date is not disclosed.

Note 5.3 Income from activities arising from commissioner requested services

The trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider licence and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2024/25	2023/24
	£000	£000
Income from services designated as commissioner requested services	237,281	224,265
Income from services not designated as commissioner requested services	24,907	15,006
Total	**262,188**	239,271

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

Humber Teaching NHS Foundation Trust has no disposal of assets in 2024/25 (Nil return 2023/24)

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

	2024/25	2023/24
	£000	£000
Lease receipts recognised as income in year:		
Minimum lease receipts	1,761	1,706
Total in-year operating lease income	**1,761**	1,706

Note 6.2 Future lease receipts

	31 March 2025	31 March 2024
	£000	£000
Future minimum lease receipts due in:		
- not later than one year	1,753	1,693
- later than one year and not later than two years	1,753	1,688
- later than two years and not later than three years	1,753	1,678
- later than three years and not later than four years	1,753	1,678
- later than four years and not later than five years	1,753	1,678
- later than five years	-	-
Total	**8,765**	8,415

Note 7.1 Operating expenses

	2024/25	2023/24
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	22,378	20,188
Purchase of healthcare from non-NHS and non-DHSC bodies	36,631	35,767
Staff and executive directors costs	179,500	163,502
Remuneration of non-executive directors	141	144
Supplies and services - clinical (excluding drugs costs)	5,980	6,211
Supplies and services - general	1,557	1,423
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	1,293	1,145
Establishment	3,360	3,797
Premises	10,107	10,738
Transport (including patient travel)	1,861	1,720
Depreciation on property, plant and equipment	5,907	5,464
Amortisation on intangible assets	1,778	1,219
Net impairments	5,305	11,284
Movement in credit loss allowance: contract receivables / contract assets	40	(1,672)
Fees payable to the external auditor		
audit services- statutory audit *	118	90
Internal audit costs	108	99
Clinical negligence	1,170	1,242
Legal fees	247	185
Insurance	138	106
Research and development	1,053	1,082
Education and training	2,387	2,040
Car parking & security	108	101
Hospitality	14	7
Losses, ex gratia & special payments	3	-
Other services	650	332
Other	277	1,154
Total	**282,111**	267,368
Of which:		
Related to continuing operations	282,111	267,368
Related to discontinued operations	-	-

* Amount includes VAT

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 2024/25 or 2023/24.

Note 8 Impairment of assets

	2024/25	2023/24
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	5,305	11,284
Total net impairments charged to operating surplus / deficit	**5,305**	11,284
Impairments charged to the revaluation reserve	363	1,885
Total net impairments	**5,668**	13,169

The carrying value of the Trust's land and buildings at 31 March 2025 were assessed by Valuers Cushman and Wakefield. For PPE this was the year 3 interim exercise in the quinquennial valuation cycle. The overall impact of their assessment was a decrease in value of £3.511m in respect of owned assets and a decrease in the value of right of use assets of £0.236m. For owned assets this reflects enhancements which do not impact the value of an equivalent asset.

Included in the overall impact of the change in owned assets was £1.681m of impairments charged to the revaluation reserve and £5.585m to the statement of comprehensive income. Reversals of previous impairments were £2.541m, with £1.142m charged the statement of comprehensive income and £1.445m charged to the revaluation reserve. The revaluation reserve was increased by £1.168m.

Included in the overall impact of the change in ROU assets was £0.127m of impairments charged to the revaluation reserve and £1.292m to the statement of comprehensive income. Reversals of previous impairments were £0.429m, all of which was charged the statement of comprehensive income. The revaluation reserve was increased by £0.754m.

Revaluation / Impairment Overview:

	Adjustments to Revaluation Reserve			***Adjustments to I&E***		
Asset	***Reverse Previous Impairments to Reserves***	***Increase Revaluation Reserve***	***Impairments to Revaluation Reserve***	***Reverse Previous Impairments to I&E***	***Impairment Charged to I&E***	***Net impact on asset value***
ROU Assets Valuation exercise	-	754	(127)	429	(1,292)	(236)
Owned Assets Valuation exercise	1,445	1,168	(1,681)	1,142	(5,585)	(3,511)
Total	**1,445**	**1,922**	**(1,808)**	**1,571**	**(6,877)**	**(3,747)**

Note 9 Employee benefits

	2024/25 Total £000	2023/24 Total £000
Salaries and wages	134,201	122,718
Social security costs	13,701	12,913
Apprenticeship levy	647	620
Employer's contributions to NHS pensions *	27,758	21,576
Pension cost - other	465	533
Agency staff	5,463	7,801
Total gross staff costs	**182,235**	166,161
Recoveries in respect of seconded staff	(503)	(175)
Total staff costs	**181,732**	165,986
Of which		
Costs capitalised as part of assets	676	894

* The bulk of this increase in the Employer's contribution to NHS Pensions relates to the additional costs related to the increase in the employer contribution rate for NHS Pensions from 14.3% (2019) to 23.7% from April 2024, the value is £10,971k for 2024/25 (£6,545k for 2023/24), an increase of £4,426k.

Note 9.1 Retirements due to ill-health

During 2024/25 there were 2 early retirements from the trust agreed on the grounds of ill-health (7 in the year ended 31 March 2024). The estimated additional pension liabilities of these ill-health retirements is £150k (£584k in 2023/24).

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 NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State 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 2025, is based on valuation data as at 31 March 2023, updated to 31 March 2025 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 Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and 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 (considering recent demographic experience), and to recommend the contribution rate payable by employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027.

Note 10.1 Local government Superannuation Scheme

East Riding of Yorkshire Council Penson Scheme.

Further disclosure of the East Riding of Yorkshire Council Pension Scheme relating to the Trust is shown in note 31

Note 10.2 NEST Pension Scheme

Some employees are members of the NEST Pension Scheme. NEST was set up by the Government especially for auto enrolement. The intention of the scheme is to ensure that all employees have access to a scheme that meets the requirements of the pension rules. Further disclosure can be found in Note 1.6 Employer contributions to the Scheme in 2024/2025 were £48k (2023/24 £73k)

Note 11 Finance income

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

	2024/25	2023/24
	£000	£000
Interest on bank accounts	1,637	1,505
Other finance income	686	609
Total finance income	**2,323**	2,114

Note 12.1 Finance expenditure

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

	2024/25	2023/24
	£000	£000
Interest expense:		
Interest on lease obligations	358	355
Total interest expense	**358**	355
Unwinding of discount on provisions	18	19
Other finance costs	462	449
Total finance costs	**838**	823

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

	2024/25	2023/24
	£000	£000
Total liability accruing in year under this legislation as a result of late payments	-	-

Note 13 Other gains / (losses)

	2024/25	2023/24
	£000	£000
Gains on disposal of assets	-	-
Losses on disposal of assets	-	-
Total other gains / (losses)	**-**	-

Note 14.1 Intangible assets - 2024/25

	Software licences	Intangible assets under construction	Other (including Interweave)	Total
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2024 - brought forward	**3,497**	**3,870**	**10,595**	**17,962**
Additions	-	3,092	-	**3,092**
Revaluation	214	-	(214)	**-**
Reclassifications	3,057	(5,297)	2,240	**-**
Disposals / derecognition	(403)	-	-	**(403)**
Valuation / gross cost at 31 March 2025	**6,365**	**1,665**	**12,621**	**20,651**
Amortisation at 1 April 2024 - brought forward	**1,164**	**-**	**894**	**2,058**
Provided during the year	621	-	1,157	**1,778**
Disposals / derecognition	(403)	-	-	**(403)**
Amortisation at 31 March 2025	**1,382**	**-**	**2,051**	**3,433**
Net book value at 31 March 2025	**4,983**	**1,665**	**10,570**	**17,218**
Net book value at 1 April 2024	**2,333**	**3,870**	**9,701**	**15,904**

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

Note 14.2 Intangible assets - 2023/24

	Software licences	Intangible assets under construction	Other (including Interweave)	Total
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023 - as previously stated	3,417	2,542	12,141	18,100
Additions	-	5,771	-	5,771
Revaluations	-	-	(4,275)	(4,275)
Reclassifications	1,740	(4,443)	2,729	26
Disposals / derecognition	(1,660)	-	-	(1,660)
Valuation / gross cost at 31 March 2024	3,497	3,870	10,595	17,962
Amortisation at 1 April 2023 - as previously stated	2,428	-	1,964	4,392
Provided during the year	396	-	823	1,219
Impairments	-	-	2,382	2,382
Revaluations	-	-	(4,275)	(4,275)
Disposals / derecognition	(1,660)	-	-	(1,660)
Amortisation at 31 March 2024	1,164	-	894	2,058
Net book value at 31 March 2024	2,333	3,870	9,701	15,904
Net book value at 1 April 2023	989	2,542	10,177	13,708

Note 15.1 Property, plant and equipment - 2024/25

	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 2024 - brought forward	**8,723**	**72,117**	**4,646**	**183**	**12**	**9,613**	**73**	**95,367**
Additions	-	-	9,282	-	-	-	-	**9,282**
Impairments	(107)	(1,574)	-	-	-	-	-	**(1,681)**
Reversals of impairments	135	1,310	-	-	-	-	-	**1,445**
Revaluations	99	(5,945)	-	-	-	-	-	**(5,846)**
Reclassifications	-	6,013	(7,396)	13	10	1,337	23	**-**
Disposals / derecognition	-	(36)	-	(15)	-	(381)	-	**(432)**
Valuation/gross cost at 31 March 2025	**8,850**	**71,885**	**6,532**	**181**	**22**	**10,569**	**96**	**98,135**
Accumulated depreciation at 1 April 2024 - brought forward	**-**	**712**	**-**	**162**	**4**	**4,532**	**47**	**5,457**
Provided during the year	-	2,833	-	10	2	1,696	8	**4,549**
Impairments	47	5,538	-	-	-	-	-	**5,585**
Reversals of impairments	(135)	(1,007)	-	-	-	-	-	**(1,142)**
Revaluations	89	(7,103)	-	-	-	-	-	**(7,014)**
Disposals / derecognition	-	(36)	-	(15)	-	(381)	-	**(432)**
Accumulated depreciation at 31 March 2025	**1**	**937**	**-**	**157**	**6**	**5,847**	**55**	**7,003**
Net book value at 31 March 2025	**8,849**	**70,948**	**6,532**	**24**	**16**	**4,722**	**41**	**91,132**
Net book value at 1 April 2024	**8,723**	**71,405**	**4,646**	**21**	**8**	**5,081**	**26**	**89,910**

Note 15.2 Property, plant and equipment - 2023/24

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023 - as previously stated	8,825	74,078	4,437	3,336	133	18,905	1,213	110,927
Additions	-	-	8,721	-	-	-	-	8,721
Impairments	(71)	(1,945)	-	-	-	-	-	(2,016)
Reversals of impairments	3	128	-	-	-	-	-	131
Revaluations	(55)	(5,691)	-	-	-	-	-	(5,746)
Reclassifications	21	6,823	(8,512)	-	-	1,642	-	(26)
Disposals / derecognition	-	(1,276)	-	(3,153)	(121)	(10,934)	(1,140)	(16,624)
								-
Valuation/gross cost at 31 March 2024	8,723	72,117	4,646	183	12	9,613	73	95,367
Accumulated depreciation at 1 April 2023 - as previously stated	-	1,702	-	3,268	123	14,022	1,179	20,294
Provided during the year	-	2,789	-	47	2	1,444	8	4,290
Impairments	57	3,594	-	-	-	-	-	3,651
Reversals of impairments	(1)	(186)	-	-	-	-	-	(187)
Revaluations	(56)	(5,911)	-	-	-	-	-	(5,967)
Disposals / derecognition	-	(1,276)	-	(3,153)	(121)	(10,934)	(1,140)	(16,624)
Accumulated depreciation at 31 March 2024	-	712	-	162	4	4,532	47	5,457
Net book value at 31 March 2024	8,723	71,405	4,646	21	8	5,081	26	89,910
Net book value at 1 April 2023	8,825	72,376	4,437	68	10	4,883	34	90,633

Note 15.3 Property, plant and equipment financing - 31 March 2025

	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	8,849	70,598	5,744	24	16	4,722	41	**89,994**
Owned - donated/granted *	-	350	788	-	-	-	-	**1,138**
Total net book value at 31 March 2025	**8,849**	**70,948**	**6,532**	**24**	**16**	**4,722**	**41**	**91,132**

* This includes grant monies recevied relating to Salix / Decarbonisation

Note 15.4 Property, plant and equipment financing - 31 March 2024

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	8,723	70,986	4,646	20	-	5,081	26	**89,482**
Owned - donated/granted	-	419	-	1	8	-	-	**428**
Total net book value at 31 March 2024	**8,723**	**71,405**	**4,646**	**21**	**8**	**5,081**	**26**	**89,910**

Note 15.5 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2025

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Subject to an operating lease	-	18,273	-	-	-	-	-	**18,273**
Not subject to an operating lease	8,849	52,675	6,532	24	16	4,722	41	**72,859**
Total net book value at 31 March 2025	**8,849**	**70,948**	**6,532**	**24**	**16**	**4,722**	**41**	**91,132**

Note 15.6 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2024

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Subject to an operating lease	-	18,733	-	-	-	-	-	**18,733**
Not subject to an operating lease	8,723	52,671	4,606	21	8	5,080	24	**71,133**
Total net book value at 31 March 2024	**8,723**	**71,404**	**4,606**	**21**	**8**	**5,080**	**24**	**89,866**

Note 16 Donations of property, plant and equipment

Humber Teaching NHS Foundation Trust has received no donated assets in this financial year.

Note 17 Revaluations of property, plant and equipment

Land and Buildings are included in the statement of financial position at their valuation on 31 March 2025. A desk top valuation was undertaken by an independent RICS valuer, Cushman and Wakefield, in accordance with RICS guidance .

The valuation took into account improvements undertaken during the year and took into account their current condition and an agreed level of obsolesence. The valuation methodology assumes that our buildings will be maintained to their current condition over their remaining lives. The valuation was undertaken on a modern equivelent asset basis and reflects the current service potential .

The impact of the valuation on land and property in full use was a net decrease in value of £3.511m (2023/24 £5.129m decrease.) £2.613m of this was an increase in Revaluation Reserve, £1.681m decrease reduced the revaluation reserve and £4.443m relates to net movements in impairments and reversal of impairments. Further details on the revaluation can be found in note 8.

Note 18 Leases - Humber Teaching NHS Foundation Trust as a lessee

The Trust leases a range of specialised and non specialised buildings from which it delivers clinical services and administration functions. The Trust also leases a fleet of pool vehicles used primarily to deliver Estate and facilities services accross the Trust.

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis.

Under IFRS16 where the Trust leases assets and enjoys substantial occupancy and control of them, they have been included in the Statement of Financial Position as a "right of use" asset. An associated "borrowing" has also been added to the Statement of Financial Positionto to reflect the lease payment obligation.

Note 18.1 Right of use assets - 2024/25

	Property (land and buildings) £000	Transport equipment £000	Total £000	Of which: leased from DHSC group bodies £000
Valuation / gross cost at 1 April 2024 - brought forward	**9,018**	**679**	**9,697**	**5,418**
Additions	2,275	343	**2,618**	-
Remeasurements of the lease liability	1,427	-	**1,427**	1,075
Impairments charged to the revaluation reserve	(127)	-	**(127)**	
Revaluations	(1,050)	-	**(1,050)**	(781)
Disposals / derecognition	(225)	(110)	**(335)**	-
Valuation/gross cost at 31 March 2025	**11,318**	**912**	**12,230**	**5,712**
Accumulated depreciation at 1 April 2024 - brought forward	**102**	**197**	**299**	**-**
Provided during the year	1,073	285	**1,358**	448
Impairments	1,292	-	**1,292**	1,034
Reversal of impairments	(430)	-	**(430)**	(11)
Revaluations	(1,804)	-	**(1,804)**	(1,471)
Disposals / derecognition	(185)	(110)	**(295)**	-
Accumulated depreciation at 31 March 2025	**48**	**372**	**420**	**-**
Net book value at 31 March 2025	**11,270**	**540**	**11,810**	**5,712**
Net book value at 1 April 2024	**8,916**	**482**	**9,398**	**5,418**
Net book value of right of use assets leased from other NHS providers				971
Net book value of right of use assets leased from other DHSC group bodies				4,741

Note 18.2 Right of use assets - 2023/24

	Property (land and buildings) £000	Transport equipment £000	Total £000	Of which: leased from DHSC group bodies £000
Valuation / gross cost at 1 April 2023 - brought forward	35,289	322	35,611	25,152
IFRS 16 implementation - adjustments for existing operating leases / subleases	-	-	-	-
Additions	110	463	573	-
Remeasurements of the lease liability	4,700	-	4,700	3,864
Revaluations	(31,081)	-	(31,081)	(23,598)
Disposals / derecognition	-	(106)	(106)	-
Valuation/gross cost at 31 March 2024	9,018	679	9,697	5,418
Accumulated depreciation at 1 April 2023 - brought forward	25,175	134	25,309	18,575
Provided during the year	1,005	169	1,174	378
Impairments	5,618	-	5,618	4,799
Reversal of impairments	(180)	-	(180)	(24)
Revaluations	(31,516)	-	(31,516)	(23,728)
Disposals / derecognition	-	(106)	(106)	-
Accumulated depreciation at 31 March 2024	102	197	299	-
Net book value at 31 March 2024	8,916	482	9,398	5,418
Net book value at 1 April 2023	10,114	188	10,302	6,577
Net book value of right of use assets leased from other NHS providers				520
Net book value of right of use assets leased from other DHSC group bodies				4,898

Note 18.3 Revaluations of right of use assets

Further and better market information became available in respect of the valuation of peppercorn right of used assets during the year and these have been reflected in the value of the asset. The overall impact was a decrease in value of £0.236m. This consisted of a £0.754m increase (to revaluation reserve), a £0.429m increase (reversing previous impairment), a £0.127m decrease (reversing previous revaluation reserve increase) and a £1.292m decrease (charged to I&E). The valuation was undertaken by Cushman and Wakefield.

This information can also be found under Note 8

Note 18.4 Reconciliation of the carrying value of lease liabilities

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

	2024/25	2023/24
	£000	£000
Carrying value at 31 March	**36,131**	33,063
IFRS 16 implementation - adjustments for existing operating leases		-
Lease additions	2,502	394
Lease liability remeasurements	1,427	4,700
Interest charge arising in year	358	355
Early terminations	(32)	(22)
Other changes	16	-
Lease payments (cash outflows)	(2,363)	(2,359)
Carrying value at 31 March	**38,039**	36,131

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.
These payments are disclosed in Note 7.1. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

There is no income generated from the sub-lease of right of use assets.

Note 18.5 Maturity analysis of future lease payments

	Total 31 March 2025 £000	**Of which leased from DHSC group bodies: 31 March 2025 £000**	Total 31 March 2024 £000	Of which leased from DHSC group bodies: 31 March 2024 £000
Undiscounted future lease payments payable in:				
- not later than one year;	2,449	1,098	1,662	1,163
- later than one year and not later than five years;	8,872	4,248	7,097	4,143
- later than five years.	32,747	27,089	33,047	27,064
Total gross future lease payments	**44,068**	**32,435**	41,806	32,370
Finance charges allocated to future periods	(6,029)	(4,975)	(5,675)	(5,051)
Net lease liabilities at 31 March 2025	**38,039**	**27,460**	36,131	27,319
Of which:				
Leased from other NHS providers		2,060		2,197
Leased from other DHSC group bodies		25,400		25,122

Note 19 Disclosure of interests in other entities

Humber Teaching NHS Foundation Trust holds an interest in Humber Primary Care Limited. Humber Primary Care is a limited company, set up to hold GMS contracts for Humber Primary Care in Bridlington. In 2024/25 the company suffered a loss of £566k (2023/24 £612k). As the income, expenditure, assets and liabilities of Humber Primary Care Limited are immaterial to the overall Trust's income, expenditure, assets and liabilities we have not disclosed the detail, as their income was £2,785k and expenditure £3,351k)

Note 20 Inventories

	31 March 2025 £000	31 March 2024 £000
Drugs	92	71
Consumables	93	98
Total inventories	**185**	169
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £3,493k (2023/24: £3,192k). Write-down of inventories recognised as expenses for the year were £0k (2023/24: £0k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2023/24 the Trust received £16k of items purchased by DHSC. Distribution of inventory by the Department ceased in March 2024.

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 2025	31 March 2024
	£000	£000
Current		
Contract receivables	6,478	7,656
Capital Receivables	(1,142)	-
Allowance for impaired contract receivables / assets	(896)	(863)
Prepayments (non-PFI)	802	912
PDC dividend receivable	-	115
VAT receivable	523	855
Other receivables	4,246	3,389
Total current receivables	**10,011**	12,064
Non-current		
Other receivables	130	123
Total non-current receivables	**130**	123
Of which receivable from NHS and DHSC group bodies:		
Current	1,782	4,825
Non-current	130	123

Note 21.2 Allowances for credit losses

	2024/25 Receivables	2023/24 Receivables
	£000	£000
Allowances as at 1 April - brought forward	**862**	2,535
Changes in the calculation of existing allowances	40	(1,672)
Utilisation of allowances (write offs)	(7)	(1)
Allowances as at 31 Mar 2025	**895**	862

Note 21.3 Exposure to credit risk

	2025	2024
	£000	£000
Non NHS Invoices	4,585	5,597
NHS Invoices	1,644	2,053
	6,229	**7,650**
Credit Risk	30%	30%
Loss Provision	(1,869)	(2,295)
Net Carrying amount	**4,360**	**5,355**

Note 22 Other assets

The Trust has a liability in respect of the Local Government Pension scheme of £0.178m. The valuation was determined by a qualified actuary and represents the asset ceiling value of the pension asset. In 2023/24 there was a pension scheme asset (ceiling) of £0.791m and no pension scheme liability.

Further details about the scheme and how these valuations have been obtained are contained in note 31

Note 23.1 Non-current assets held for sale and assets in disposal groups

	2024/25	2023/24
	£000	£000
NBV of non-current assets for sale and assets in disposal groups at 1 April	**-**	-
Assets sold in year	-	-
NBV of non-current assets for sale and assets in disposal groups at 31 March	**-**	-

Note 23.2 Liabilities in disposal groups

There are no liabilities held in disposal groups in 2024/25 or in 2023/24.

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.

	2024/25	2023/24
	£000	£000
At 1 April	**28,012**	30,906
Net change in year	(9,726)	(2,894)
At 31 March	**18,286**	**28,012**
Broken down into:		
Cash at commercial banks and in hand	278	168
Cash with the Government Banking Service	18,008	27,844
Total cash and cash equivalents as in SoFP	**18,286**	28,012
Total cash and cash equivalents as in SoCF	**18,286**	28,012

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 2025	31 March 2024
	£000	£000
Bank balances	31	5
Total third party assets	**31**	5

Note 25.1 Trade and other payables

	31 March 2025 £000	31 March 2024 £000
Current		
Trade payables	6,538	7,276
Capital payables	1,867	2,665
Accruals	9,534	13,910
Social security costs	1,685	1,665
VAT payable	1,512	-
Other taxes payable	-	1,375
Pension contributions payable	2,290	2,090
Other payables	2,916	3,541
Total current trade and other payables	**26,342**	32,522

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 2024/25 (2023/2024: £Nil)

Note 26 Other liabilities

	31 March 2025 £000	31 March 2024 £000
Current		
Deferred income: contract liabilities	4,349	7,758
Total other current liabilities	**4,349**	7,758
Non-current		
Net pension scheme liability	178	-
Total other non-current liabilities	**178**	**-**

Note 27.1 Borrowings

	31 March 2025 £000	31 March 2024 £000
Current		
Lease liabilities	2,010	1,325
Total current borrowings	**2,010**	1,325
Non-current		
Lease liabilities	36,029	34,806
Total non-current borrowings	**36,029**	34,806

Note 27.2 Reconciliation of liabilities arising from financing activities

	Lease Liabilities £000
Carrying value at 1 April 2024	**36,131**
Cash movements:	
Financing cash flows - payments and receipts of principal	(2,005)
Financing cash flows - payments of interest	(358)
Non-cash movements:	
Additions	2,502
Lease liability remeasurements	1,427
Application of effective interest rate	358
Early terminations	(32)
Other changes	16
Carrying value at 31 March 2025	**38,039**

	Lease Liabilities £000
Carrying value at 1 April 2023	33,063
Cash movements:	
Financing cash flows - payments and receipts of principal	(2,005)
Financing cash flows - payments of interest	(354)
Non-cash movements:	
Additions	394
Lease liability remeasurements	4,700
Application of effective interest rate	355
Early terminations	(22)
Carrying value at 31 March 2024	36,131

Note 28.1 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2024	**541**	**685**	**298**	**124**	**1,648**
Change in the discount rate	-	-	-	(1)	**(1)**
Arising during the year	-	-	-	2	**2**
Utilised during the year	(82)	(40)	(33)	-	**(155)**
Unwinding of discount	2	16	-	6	**24**
At 31 March 2025	**461**	**661**	**265**	**131**	**1,518**
Expected timing of cash flows:					
- not later than one year;	82	39	106	1	**228**
- later than one year and not later than five years;	326	154	159	11	**650**
- later than five years.	53	468	(0)	119	**640**
Total	**461**	**661**	**265**	**131**	**1,518**

Pensions early departure costs – these provisions relate to the expected pension payments to former employees. The total value is based upon a standard life expectancy of the former employee. Should this life expectancy be different the value and timings of the payments will be affected. The value of the pension payment is also affected by annual pension increases determined by the NHS Pensions Agency.

Legal claims – this provision relates to public and employer's liability claims. The value and timing of these claims is uncertain until the claims have been fully investigated and any settlements agreed.

Injury benefits are payable by the NHS Pensions Agency. The total value of the provision is based upon standard life expectancy of the former employees. Should this life expectancy not be achieved, the value and the timing of payments will be affected. The value of the pension payment is also affected by annual pension increases, determined by the NHS Pensions Agency.

Note 28.2 Clinical negligence liabilities

At 31 March 2025, £9,823k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Humber Teaching NHS Foundation Trust (31 March 2024: £8,272k).

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 29 Contractual capital commitments

	31 March 2025	31 March 2024
	£000	£000
Property, plant and equipment	-	306
Total	**-**	306

Note 30 Other financial commitments

The trust is committed to making payments under non-cancellable contracts (which are not leases, PFI contracts or other service concession arrangement), analysed by the period during which the payment is made:

	31 March 2025	31 March 2024
	£000	£000
not later than 1 year	-	47
after 1 year and not later than 5 years	-	-
paid thereafter	-	-
Total	**-**	47

Note 31 Defined benefit pension schemes

In 2015/16 49 members of staff transferred employment from Kingston upon Hull Council and in 2017/18 39 members of staff transferred employment from East Riding of Yorkshire Council. Both sets of transferring staff transferred with active membership of the Pension Fund, which is a defined benefits scheme.

Humber Teaching NHS Foundation Trust's obligations in respect of pension liabilities for the transferring staff is with effect from the respective dates of transfer and no obligation is included for the period of employment before the transfer.

The Trust commissioned Hymans Robinson to prepare an actuarial report to provide full pension details in accordance with IAS19 - Employee Benefits.

In the financial year 2024/25 Humber Teaching NHS Foundation Trust contributed £648k to the fund (2023/24: £698k).

A pension liability of £0.178m is included in the Statement of Financial Position as at 31 March 2025 (2023/24: asset of £0.791m)

Initial figures from our Independent Pension Advisors calculated the pension asset to be £6.366m, however, in accordance with IAS19 , an 'asset ceiling' is advised to be put in place. An 'asset ceiling' is the present value of those future benefits, when an entity has a surplus in a defined benefit plan, it should measure the net defined benefit of the asset at the lower of:

1.) the surplus in the defined benefit plan,

2.) the asset ceiling

	£'000
Initial figure (Net Asset unadjusted)	6,366
Net Liability (asset ceiling)	(178)
Effect of the asset ceiling on Net Asset	6,544

The adjustment to the liability value in the SoFP is matched with a reduction in the value of the 'Other Reserves'

Note 31.1 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

	2025	2024
Pension Increase Rate	2.75%	2.75%
Salary Increase Rate	2.75%	2.75%
Discount Rate	5.80%	4.85%

Note 31.2 The estimated Fund Asset allocation is as follows:

	2025	2024
Equities Securities	-	-
Debt Securities	1,151	1,103
Private Equity	922	882
Real Estate	1,228	1,176
Investment Funds & Unit Trusts	11,313	10,833
Cash & Cash Equivalents	163	156
	14,776	14,149

Note 31.3 Sensitivity Analysis

Change in assumptions at 31 March 2025	Approximate % increase to Defined Benefit Obligation	Approximate monetary amount £000
0.1% decrease in Real Discount Rate	2%	154
1 year increase in member life expectancy	4%	336
0.1% increase in the Salary Increase Rate	0%	12
0.1% increase in the Pension Increase Rate (CPI)	2%	146

Note 31.4 Projected Defined Benefit cost for the period 31 March 2026

Period Ended 31 March 2026	Assets £'000	Obligations £'000	Net (Liability)/Asset £'000
Projected Current Service cost	-	148	(148)
Total Service Cost	**0**	**148**	**(148)**
Interest income on plan assets	857	-	857
Interest cost on defined benefit obligation	-	487	(487)
Total Net Interest Cost	**857**	**487**	**370**
Total included in SoCI	**857**	**635**	**222**

Note 31.5 Changes in the defined benefit obligation and fair value of plan assets during the year

	2024/25	2023/24
	£000	£000
Present value of the defined benefit obligation at 1 April	**(9,535)**	(9,439)
Current service cost	(186)	(249)
Interest cost	(462)	(449)
Contribution by plan participants	(55)	(59)
Remeasurement of the net defined benefit (liability) / asset:		
- Actuarial (gains) / losses	1,601	369
Benefits paid	227	292
Present value of the defined benefit obligation at 31 March	**(8,410)**	(9,535)
Plan assets at fair value at 1 April	**10,326**	12,841
Interest income	686	609
Remeasurement of the net defined benefit (liability) / asset:		
- Return on plan assets	(69)	723
- Actuarial gain / (losses)	-	-
- Changes in the effect of limiting a net defined benefit asset to the asset ceiling	(2,721)	(3,823)
Contributions by the employer	182	209
Contributions by the plan participants	55	59
Benefits paid	(227)	(292)
Plan assets at fair value at 31 March	**8,232**	10,326
Plan surplus/(deficit) at 31 March	**(178)**	791

Note 31.6 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 2025	31 March 2024
	£000	£000
Present value of the defined benefit obligation	(8,410)	(9,535)
Plan assets at fair value	8,232	10,326
Net defined benefit (obligation) / asset recognised in the SoFP	**(178)**	791
Fair value of any reimbursement right	-	-
Net (liability) / asset after the impact of reimbursement rights	**(178)**	791

Note 31.7 Amounts recognised in the SoCI

	2024/25	2023/24
	£000	£000
Current service cost	(186)	(249)
Interest expense / income	224	160
Total net (charge) / gain recognised in SOCI	**38**	(89)

Note 32 Financial instruments

Note 32.1 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 2025 are in receivables from customers, as disclosed in the trade and other receivables note

Liquidity Risk

The Trust's operating costs are incurred under contracts with Intergrated Care Boards, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks

Note 32.2 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2025	**Total book value £000**
Trade and other receivables excluding non financial assets	**8,815**
Cash and cash equivalents	**18,286**
Total at 31 March 2025	**27,101**

Carrying values of financial assets as at 31 March 2024	Total book value £000
Trade and other receivables excluding non financial assets	10,191
Cash and cash equivalents	28,012
Total at 31 March 2024	38,203

Note 32.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2025	**Total book value £000**
Obligations under leases	**38,039**
Trade and other payables excluding non financial liabilities	**20,855**
Total at 31 March 2025	**58,894**

Carrying values of financial liabilities as at 31 March 2024	Total book value £000
Obligations under leases	36,131
Trade and other payables excluding non financial liabilities	24,734
Total at 31 March 2024	60,865

Note 32.4 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 2025 £000	2024 £000
In one year or less	23,304	26,396
In more than one year but not more than five years	8,872	7,097
In more than five years	32,747	33,047
Total	**64,923**	66,540

Note 32.5 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 2024 and 31 March 2025 reflect the ratio of payables to receivables held on the statement of financial position.

Note 33 Losses and special payments

	2024/25		2023/24	
	Total number of cases	**Total value of cases**	Total number of cases	Total value of cases
	Number	**£000**	Number	£000
Special payments				
Ex-gratia payments	6	2	4	0
Total special payments	**6**	**2**	4	0
Total losses and special payments	**6**	**2**	4	0

Compensation payments received

Note 34 Gifts

Disclosure of gifts given by the trust is only required if the total value of gifts made exceeds £300,000.

	2024/25		2023/24	
	Total number of cases	**Total value of cases**	Total number of cases	Total value of cases
	Number	**£000**	Number	£000
Gifts made	-	-	2	0

Note 35 Adjusted Financial Performance

	31 March 2025	31 March 2024
Adjusted financial performance (control total basis):		
Surplus / (deficit) for the period	**(4,312)**	(10,089)
Remove net impairments not scoring to the Departmental expenditure limit	**5,305**	11,284
Remove I&E impact of capital grants and donations	**(748)**	(1,069)
Remove non-cash element of on-SoFP pension costs	**(220)**	(120)
Adjusted financial performance surplus	**25**	6

Note 36 Related parties

This note now only includes related parties with transactions, which differes 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 finanical year between Humber Primary Care Limited and the Trust.

The Department of Health and Social Care is registrered as a related party and is the parent. During the period Humber Teaching NHS Foundation Trust has had significant number of material transactions with the Department, and with other entities for which the Department is registered as the parent Department. These entities are listed below:

LEEDS & YORK PARTNERSHIP NHS FOUNDATION TRUST
TEES ESK & WEAR VALLEYS NHS FOUNDATION TRUST
NHS HUMBER AND NORTH YORKSHIRE INTEGRATED CARE BOARD
NHS PROPERTY SERVICES LTD
SSC DD NHS LITIGATION AUTH
HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST
BIRMINGHAM WOMENS AND CHILDRENS NHS FOUNDATION TRUST
YORK AND SCARBOROUGH TEACHING HOSPITALS NHS FOUNDATION TRUST
ROTHERHAM DONCASTER & SOUTH HUMBER NHS FOUNDATION TRUST
NHS SUPPLY CHAIN
CUMBRIA NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST
NHS YORKSHIRE AND HUMBER CS
NHS BUSINESS SERVICES AUTHORITY
SHEFFIELD CHILDRENS NHS FOUNDATION TRUST
NOTTINGHAMSHIRE HEALTHCARE NHS TRUST
LEICESTERSHIRE PARTNERSHIP NHS TRUST
SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST
NHS WEST YORKSHIRE ICB
NHS HUMBER AND NORTH YORKSHIRE ICB

In addition, Humber Teaching NHS Foundation Trust has had a number of material transactions with other Government Departments and other central government bodies. Humber Teaching NHS Foundation Trust has had no other related party transactions.

Quality Accounts

Our 2024/25 Quality Account is available on our website
www.humber.nhs.uk

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