

Council of Governors Public Meeting – Thursday 17 April 2025

For a meeting to be held at 1.15pm – 3.45pm in the Lecture Theatre, Willerby HU10 6ED

<p>Quorum for business to be transacted – one third of those Governors occupying governor seats</p> <p>Key duties of the Council of Governors are outlined in the terms of reference and include:</p> <ul style="list-style-type: none"> • Hold the Non-Executive Directors individually and collectively to account for the performance of the Board • Represent the views of the Trust members and the interests of the public • Approve the appointments and remuneration of the Chair and Non-Executive Directors • Approve the appointment of the Chief Executive and Trust Auditor • Approve changes to the Trust Constitution, significant transactions and any proposed application for a merger, dissolution or separation • Receive the Annual Report

		Lead	Action	Report Format
	Standing Items			
1.	Apologies for Absence	CF	Note	verbal
2.	Declarations of Interest	CF	Note	√
3.	Minutes of the Meeting held on 16 January 2025	CF	Approve	√
4.	Actions Log, Workplan and Matters Arising	CF	Discuss	√
5.	Spotlight on a Service – Community Mental Health Team – Andy Sainty & Sarah Bradshaw	LP	Note	√
	Board Report Backs			
6.	Chair's Report	CF	Discuss	√
7.	Chief Executive's Report and Governors Questions to the Chief Executive	MM	Discuss	√
8.	Non-Executive Director Chairs of Sub Committees Assurance Reports & Feedback	NEDs	Discuss	√
9.	Patient Led Assessment of Care Environment Report (PLACE)	PB	Note	√
10.	Annual Effectiveness Review of the Council of Governors including Terms of reference	CF	Discuss	√

	Governor Items			
11.	Appointed Governor Focus Cllr Linda Chambers (Hull City Council)	LC	Note	verbal
12.	Council of Governor Sub-Groups Feedback inc Membership Engagement Activities		Note	√
13.	Governors Questions – topical issues not already covered or discussion re any questions received in advance	All	Discuss	verbal
	Performance & Delivery			
14.	Performance Report (available in the latest set of Board papers via this link: https://www.humber.nhs.uk/media/vnxbxqlt/public-board-papers-26-march-2025.pdf)	PB	Discuss	√
15.	Finance Report	PB	Discuss	√
16.	Annual Accounts 2023/24	PB	Note	√
	Corporate			
17.	Any Other Business	CF	Note	verbal
18.	Review of Meeting: <ul style="list-style-type: none"> Has the Council of Governors focused on the right areas? Did the quality of the papers enable Council of Governors members to perform their role effectively – did they enable the right level of discussion to occur? Was debate allowed to flow and were all Council of Governors members encouraged to contribute? Has the meeting been conducted in accordance with the Trust's cultural and behavioural standards framework (Being Humber) 	CF	Note	verbal
19.	Date, Time and Venue of Next Meeting			
	Thursday 17 July 2025, 1.15pm – 3.15pm via Microsoft Teams Thursday 16 October 2025, 1.15pm – 3.45pm Lecture Theatre Willerby Hill			

Agenda Item 2

Title & Date of Meeting:	Council of Governors Public Meeting – 17 April 2025																			
Title of Report:	Declarations of Interest																			
Author/s:	Caroline Flint Trust Chair																			
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>				To approve		To discuss		To note	✓	To ratify		For assurance							
To approve		To discuss																		
To note	✓	To ratify																		
For assurance																				
Purpose of Paper:	To provide the Council of Governors with an updated list of declarations. Declarations made by Governors are included on the publicly available register.																			
Key Issues within the report:																				
Positive Assurances to Provide: <ul style="list-style-type: none"> Governor declarations updated 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> N/A 																		
Key Risks/Areas of Focus: <ul style="list-style-type: none"> No matters to escalate 		Decisions Made: <ul style="list-style-type: none"> N/A 																		
Governance:	<table border="1"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Appointments, Terms & Conditions Committee</td> <td></td> <td>Engaging with Members Group</td> <td></td> </tr> <tr> <td>Finance, Audit, Strategy and Quality Governor Group</td> <td></td> <td>Other (please detail) Quarterly report to Council</td> <td>✓</td> </tr> <tr> <td>Trust Board</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Date		Date	Appointments, Terms & Conditions Committee		Engaging with Members Group		Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	✓	Trust Board			
	Date		Date																	
Appointments, Terms & Conditions Committee		Engaging with Members Group																		
Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	✓																	
Trust Board																				

Monitoring and assurance framework summary:

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

✓ Tick those that apply

Innovating Quality and Patient Safety

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

Governors' Declaration of Interests

Constituency	Governor	Interests Declared
Elected – Hull Public	Julian Barnard	<ul style="list-style-type: none"> • None
	Isabel Carrick	<ul style="list-style-type: none"> • Son is leading a project on use of AI in adult social care employed by Hull University and Connexin
	Brian Swallow	<ul style="list-style-type: none"> • Member of Hull and East Yorkshire Mind • Member of Campus Health Centre Patient Participation Group.
	Vacant	
Elected – East Riding Public	Ted Burnside	<ul style="list-style-type: none"> • Volunteer at the Market Weighton GP Practise and a committee member of the surgery's patient group
	John Arthur	<ul style="list-style-type: none"> •
	Anthony Douglas	<ul style="list-style-type: none"> • None.
	Kimberley Harmer	<ul style="list-style-type: none"> • Co/Founder & Chairman of Fuse Youth Services (Children and Young Peoples Charity that supports young people's mental health and wellbeing) • Trustee of Bridlington Health Forum • VCSE Youth Voice attendee at The Bridlington Strategy Steering Group of the HNY ICB. • VCSE Collaborative Member of HeySmile Humber & ERY • Governor Headlands Secondary School • Trustee/Director The Hinge Centre Ltd • Force IAG, ERIAG, VAWAG IAG Member Humberside Police • Clear Hold Build Strategy Member for Bridlington (VCSE Youth Voice) • Bridlington Youth Partnership Senior Member • Conservative Policy Forum Humber & Yorkshire Regional Ambassador • Bridlington and The Wolds Association Deputy Chair Fundraising and Event and CWO Representee • Furthermore, I own a property business M K Thomas Properties & a decorating firm Thomas Decorators, although we have no current NHS decorating work

		at present that may conflict. <ul style="list-style-type: none"> • My brother in law also works as a manager in the maintenance team at Bridlington hospital. • I currently work as a Senior Caseworker, for the Member of Parliament for the Bridlington and The Wolds Charlie Dewhirst
	John Morton	<ul style="list-style-type: none"> • None
	Dr Francis Odukwe	<ul style="list-style-type: none"> • None
Elected – Wider Yorkshire & Humber Public	Tim Durkin	<ul style="list-style-type: none"> • Member of Hull and East Yorkshire Mind • Member of (National) Mind • Associate Hospital Manager (AHM) for the Trust
Elected Whitby, Scarborough & Ryedale	Simon Blackburn	<ul style="list-style-type: none"> • None
Service User and Carer	Anthony Houfe	<ul style="list-style-type: none"> • Wife is the founder & Chair of Hidden Disabilities Charity
	Marilyn Foster	<ul style="list-style-type: none"> • Member of Patient and Carer Forum (Trust) • Member of the Quality Improvement Group (Trust) • Member of Innovation Hub
Elected - Staff	Sara Bennett	<ul style="list-style-type: none"> • None
	William Taylor (clinical)	<ul style="list-style-type: none"> • Member of Unite the Union • Wife is an employee of Humberside Police force
	Jon Duncan (non clinical)	<ul style="list-style-type: none"> • My partner Marie Dawson is employed by the Trust as Programme Manager
	Vacant (non clinical)	
	Dan Houghton (non clinical or Clinical)	<ul style="list-style-type: none"> • None
Appointed	Cllr Chambers (Hull City Council)	<ul style="list-style-type: none"> • None
	Councillor Jonathan Owen, East Riding of Yorkshire	<ul style="list-style-type: none"> • Cabinet Member of East Riding of Yorkshire Council • Partner Member of Humber & North Yorkshire ICB

	Council	<ul style="list-style-type: none"> • Vice Chair of Humber & North Yorkshire ICB • Chair of East Riding Health & Wellbeing Board
	Professor Jacquie White Hull University	<ul style="list-style-type: none"> • Employed by the University of Hull and a member of the Faculty of Health Sciences Leadership Team, leading all nursing and midwifery activity within my role as Head of the school of nursing and midwifery • lead research and knowledge exchange activity and write grants. Current activity includes working with the Chief Pharmacist to develop a research bid related to the role of Pharmacy Technicians across the Trust. • Trustee of the Warren Youth Project Hull • Member of the Labour Party • Within last 3 years I have received conference, consultancy and speaker fees from Janssen Pharmaceuticals Ltd. (part of the Johnson and Johnson family of companies).
	Emma Dallimore, Voluntary Sector	<ul style="list-style-type: none"> • Employee of Hull and East Yorkshire Mind which supplies various services to the Trust including Support Line, Crisis pad, Children's Safe Space, peer support workers, children's psychological wellbeing and counsellors. I also sit on the CMHT transformation partnership board and attend various other Trust meetings
	Alex Weeks, Humberside Fire & Rescue	<ul style="list-style-type: none"> •
	Dominic Purchon, Humberside Police	<ul style="list-style-type: none"> • None

**Minutes of the Council of Governors Public Meeting
held on Thursday 16 January 2025 at 1:40pm via MS Teams**

Present:

Rt Hon Caroline Flint, Trust Chair
 Michele Moran, Chief Executive
 John Duncan, Staff Governor
 Ted Burnside, East Riding Public Governor
 Tony Douglas, East Riding Public Governor
 Kimberley Harmer, East Riding Public Governor
 John Morton, East Riding Public Governor
 Brian Swallow, Hull Public Governor
 Patrick Hargreaves, Hull Public Governor
 Isabel Carrick, Hull Public Governor
 Marilyn Foster, Service User and Carer Governor
 Anthony Houfe, Service User and Carer Governor
 Cllr Jonathan Owen, Appointed Governor, East Riding of Yorkshire Council
 Dominic Purchon, Appointed Governor, Humberside Fire and Rescue Service
 Jacquie White, Appointed Governor, University of Hull
 Emma Dallimore, Appointed Governor, Voluntary Sector

In Attendance:

Stella Jackson, Head of Corporate Affairs (minute taker)
 Pete Beckwith, Director of Finance
 Lynn Parkinson, Chief Operating Officer
 Katie Colrein, Membership Officer
 Bekki Whisker, Clinical Lead, Forensic Community Services (for agenda item 6, Spotlight on a Service)
 Leonie Wright, Senior Administration Assistant
 Priyanka Perera, Associate Non-Executive Director
 Phillip Earnshaw, Non-Executive Director
 Stuart McKinnon-Evans, Non-Executive Director
 Keith Nurcombe, Non-Executive Director
 Stephanie Poole, Non-Executive Director

Apologies:

Will Taylor, Staff Governor
 Sharon Nobbs, Staff Governor
 Tim Durkin, Rest of England Public Governor
 Patrick Hargreaves, Hull Public Governor
 Cllr Linda Chambers, Appointed Governor, Hull City Council
 Alex Weeks, Appointed Governor, Humberside Fire and Rescue

The Chair welcomed everyone to the meeting.

1/15	<p>Declarations of Interest</p> <p>Governors are required to notify the Head of Corporate Affairs regarding any changes to their declarations of interest. If any items on the agenda present a potential conflict</p>
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	<p>of interest, the Governor(s) should declare the interest and remove themselves from the meeting for that item.</p> <p>There were no declarations made at the meeting.</p>
2/25	<p>Minutes of the Meeting held on 16 October 2024</p> <p>The minutes of the meeting held on 16 October 2024 were approved as a true and accurate record of the meeting, subject to the following amendment:</p> <ul style="list-style-type: none"> Paragraph 62/24: Quality Accounts – the first sentence of the second paragraph to be amended to: Tim <i>Durkin</i> asked why the neurodiversity waiting lists were not mentioned within the report.
3/25	<p>Minutes of the Annual Members Meeting/Annual General Meeting</p> <p>The minutes of the Annual Members Meeting/Annual General Meeting were approved as a true and accurate record of the meeting.</p>
4/25	<p>Actions Log, Workplan and Matters Arising</p> <p>The following changes to the action log were noted:</p> <ul style="list-style-type: none"> 17/10/24: 69/24 – Any Other Business – The Chair reported the Membership Officer had sent a survey to Governors asking which Trust services they were interested in hearing about. No responses had been received thus far. Brian Swallow requested a list of the services. Action: Membership Officer to circulate the list along with a repeat request for Governors to let her know whether there are any particular services they would like to hear from. Tony Douglas reported the Engaging with Members Group had had a number of discussions regarding visits to services and some Governors had expressed an interest in attending a service which was not on the current NED/Governor visits schedule. He would provide the Chair with a list of such services. The Chief Executive reminded Governors the Trust invited Governors to attend scheduled visits, despite this not being a requirement of the Governor role. 18/1/24: 12/24 – Results of the Membership Cleanse – the Chair reported this action had been closed at a previous meeting and requested its removal from the action list. Action: PA to the Chair/Chief Executive
5/25	<p>Spotlight on a Service – Developments for the Community Forensic Service – Bekki Whisker</p> <p>Bekki Whisker gave a presentation regarding the Community Forensic service. The presentation:</p> <ul style="list-style-type: none"> Gave an introduction to the team Outlined the work and key achievements of the team

	<ul style="list-style-type: none"> • Detailed the challenges faced by the service • Contained feedback received from agencies/stakeholders <p>Kimberley Harmer asked whether the Trust provided training to outside agencies regarding the Forensic service users and in particular, parliamentary staff who received regular emails from this community group. Bekki agreed to speak to Kimberley outside the meeting regarding this matter.</p> <p>Jacquie White asked whether the Trust published any of its work in this area and Bekki reported consideration was currently being given to this.</p> <p>Emma Dallimore asked whether the service had links with the voluntary sector. In response, Bekki reported the service had information sharing protocols in place with 'Working for Health' and other vocational providers. The service also worked closely with the housing providers. It was difficult to access community projects due to the risk posed with doing so.</p> <p>Stephanie Poole asked whether the Trust co-produced the service and outcomes with service users and whether the Trust employed the social workers. Bekki reported co-production took place where possible. Steps were being taken to re-establish Community Peer support worker roles. The Trust employed some social workers and the local authority employed others. This did not present a problem as they worked together as one team.</p> <p>Stuart McKinnon-Evans queried whether there were any capacity constraints in community settings which were impacting on the discharge of people who were clinically ready for discharge. In response, Bekki reported capacity issues mainly related to housing provision.</p> <p>Ted Burnside queried whether Humber Teaching NHS Foundation Trust was the only provider of Forensic services in the geographical patch it worked within. Bekki reported she was the Clinical Commission lead for some areas and the Trust worked in partnership with the York based team for services in that area.</p> <p><u>Resolved: The Council of Governors noted the presentation and thanked Bekki for attending the meeting.</u></p>
6/25	<p>Chairs Report</p> <p>The Chair introduced her report which was taken as read. She then reported this would be the last meeting for John Morton, Patrick Hargreaves and Sharon Nobbs and thanked them for contributions to the work of the Council of Governors.</p> <p><u>Resolved: The Chair's report was noted.</u></p>
7/25	<p>Chief Executive's Report and Governor Questions to the Chief Executive</p> <p>The Chief Executive introduced her report and highlighted the following key points:</p> <ul style="list-style-type: none"> • Winter demand was challenging due to capacity, demand, acuity and seasonal viruses. Lynn Parkinson added the winter pressures had been having a significant impact on the acute hospitals and ambulance services. A number of partners had been reporting at Opel 4. Mask wearing had been reinstated in in-

	<p>patient services and this was under regular review.</p> <ul style="list-style-type: none"> • The Trust was developing the PROUD leadership programme and had launched a graduate scheme. • System finances were challenging. • The Trust had developed a new Mental Health Maternity service. • Statutory mandatory training performance was good. • The report contained an update regarding the Mental Health Act Bill. <p>The Chair asked (on behalf of Tim Durkin) whether the Mental Health Maternity unit would be developed to include a Mother and Baby Unit. The Chief Executive, whilst supportive of this, reported the Trust would need to find a suitable location to provide such a service from. She added consideration was being given to the best use of capital monies to fund capital developments such as this. Brian Swallow then asked whether such a service would be able to care for mother's experiencing hyperemesis gravidarum (severe vomiting and nausea). The Chief Executive reported this would be taken into consideration.</p> <p>Ted Burns queried whether additional funds were likely to be forthcoming to respond to the current level of demand. The Chief Executive reported the Trust was not expecting to receive any additional resources and was working within its current resource envelope.</p> <p>Isobel Carrick asked whether the Trust was able to manage the increase in the number of clinical placements at the Trust. The Chief Executive informed Governors the demand for places fluctuated on a regular basis and the Trust worked hard to manage the demand levels.</p> <p><u>Resolved: The Chief Executive's report was noted.</u></p>
8/25	<p>Non-Executive Director Chairs of Sub Committees Assurance Reports & Feedback</p> <p>The respective Committee Chairs introduced the following reports and reiterated key points from within them.</p> <ul style="list-style-type: none"> • Quality and Safety Committee • Mental Health Legislation Committee • Audit Committee • Collaborative Committee <p>Governors did not raise any questions regarding the reports.</p> <p>The People and Organisational Development Committee report was taken as read.</p> <p><u>Resolved: The Non-Executive Director Chairs of Sub Committeess Assurance Reports were noted.</u></p>
9/25	<p>Appointed Governor Focus –Emma Dallimore (MIND)</p> <p>Emma Dallimore informed Governors about the work undertaken by Voluntary Sector partner, MIND. She highlighted the following key points:</p>

	<ul style="list-style-type: none"> • The charity supported 25,000 people per year and employed over 250 members of staff. • MIND also ran a housing charity. • Partnership working and collaboration had been key to the success of the charity and MIND was a key partner of the Trust. • The charity was agile and able to respond quickly to change. • The charity ran the Mental Health support line, taking over 100 calls each day, and had access to the Trust's Crisis team. <p>Emma then highlighted the different services provided by the charity.</p> <p>Jacquie White asked how Emma, as Appointed Voluntary Services Governor, would obtain views regarding the Trust from other voluntary organisations. Emma reported she attended the voluntary sector assemblies and anything raised in those forums regarding the work of the Trust was reported back to the Trust.</p> <p>Priyanka Perera asked whether different community groups accessed the charity's services. In response, Emma reported the charity welcomed people from all community backgrounds but some communities did not access the service as much as others. The charity was trying to understand the reasons for this.</p> <p>The Chief Executive encouraged Governors to link in with MIND the different communities they came into contact with.</p> <p><u>Resolved: The Appointed Governor Focus item was noted.</u></p>
10/25	<p>Council of Governor Sub-Groups Feedback inc Membership Engagement Activities</p> <p>The Chair of the Engaging with Members Group introduced his report and reiterated key points from within it.</p> <p><u>Resolved: The report was noted.</u></p>
11/25	<p>Governors Questions – topical issues not already covered or discussion regarding any questions received in advance</p> <p>On behalf of Patrick Hargreaves, the Chair asked whether the Trust employed Physician Associates and the Chief Executive reported it did not.</p> <p>Marilyn Foster asked how recent changes within the Integrated Care System (ICS) were likely to impact on the Trust. The Chief Executive informed Governors the Trust had not been informed about any major reconfiguration changes at present. Work was underway to understand how provider collaboratives worked with place. The Integrated Care Board (ICB) was looking to reduce its organisation size. None of these activities were currently impacting on the Trust.</p>
12/25	<p>Performance Report (available in the latest set of Board papers via this link: public-board-papers-27-november-2024.pdf link from last Board)</p> <p>The Director of Finance introduced the report and informed Governors training compliance and vacancy levels were good. Waiting times continued to be an area of</p>

	<p>focus.</p> <p>The Chair asked (on behalf of Tim Durkin) whether the Trust would consider increasing its statutory and mandatory training target. In response, the Chief Executive reported there was no national target for statutory and mandatory training. The Trust did perform above national average in this area and work was ongoing nationally regarding statutory and mandatory training. EMT would consider target levels once this work was complete.</p> <p><u>Resolved: The Council of Governors noted the Performance report.</u></p>
13/25	<p>Finance Update</p> <p>The Director of Finance introduced the report and highlighted the following key points:</p> <ul style="list-style-type: none"> • There were financial challenges across the Integrated Care System. • The Trust had recorded some variance regarding the pay award but continued to forecast a break-even position at the year end. • The cash position was strong. • Performance against the Better Payment Practice Code continued to be strong at over 92%. The Trust reported against value and would continue to include information regarding volume. The Trust paid the majority of its small suppliers on time. <p>The Chair reported Tim Durkin had expressed concern about the under and overspend in Community and Primary Care and had asked whether priority was being given to filling vacancies in Community and Primary Care (Tim assumed the underspend related to hard to fill vacancies). In response, the Director of Finance reported the overspend would be a key area of focus during the planning round. The Chief Executive informed Governors recruitment and retention within Primary Care had continued to improve following a successful recruitment campaign.</p> <p><u>Resolved: The Council of Governors noted the Finance report.</u></p>
14/25	<p>Any Other Business</p> <p><u>Governor Induction</u></p> <p>The Chair invited Governors to join the Induction session for new Governors being held on 22 January 2025.</p> <p><u>Resolved: There were no other items of business and the meeting concluded at 3.20 pm.</u></p>
15/25	<p>Review of the Meeting – Being Humber</p> <p>The Chair invited comments regarding the meeting. Governors agreed the meeting had been effective.</p>
16/25	<p>Date, Time and Venue of Next Meeting</p> <p>Thursday 17 April 2025, 1.15pm – 3.45pm Lecture Theatre Willerby Hill</p> <p>Thursday 17 July 2025, 1.15pm – 3.15pm via Microsoft Teams</p>

	Thursday 16 October 2025, 1.15pm – 3.45pm Lecture Theatre Willerby Hill
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Signed..... Date
Chair

Agenda Item 4

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

Summary of actions from January 2025 meeting and update report on earlier actions due for delivery in April 2025						
<i>Rows greyed out indicate action closed and update provided here</i>						
Date of Meeting	Minute No	Agenda Item	Action	Lead	Timescale	Update Report
16.01.25	04/25	Actions Log, Workplan and Matters Arising	Membership Officer to request for Governors to let her know whether there are any particular services they would like to hear from.	KC	February 2025	Sent email March 2025
17.10.24	69/24	Any Other Business	Governors to send areas of interest to Katie Colrein.	All	November 2024	Completed and superseded.
Outstanding Actions arising from previous Council meetings for feedback to a later meeting						
19.10.23	66/23(a)	Non-Executive Director Chairs of Sub Committees Assurance Reports and Feedback	Refresh on Countess of Chester report to be arranged for a Governor briefing session	CF	Cancelled for 25 April 2024 New date to be agreed once NHS inquiry completed	New date to be arranged as part of the Governor Briefing Session. No further update at this time.
A copy of the full action log recording actions reported back to the Council and confirmed as completed/closed is available from the Membership Officer						

Council of Governors Work Plan 2025/26 v2

Council of Governors Meeting Dates:	Frequency	LEAD	17 Apr 25	17 Jul 25	16 Oct 25	Jan 26
Reports:						
Standing Items						
Minutes of the Last Meeting	Every Mtg	CF	✓	✓	✓	✓
Actions Log	Every Mtg	CF	✓	✓	✓	✓
Chair's Report	Every Mtg	CF	✓	✓	✓	✓
Chief Executives Report inc updates from Directors	Every Mtg	MM	✓	✓	✓	✓
Spotlight on a Service	Every Mtg	KF/KP	✓	✓	✓	✓
NEDs Chairs of Sub Committees Assurance Reports & Feedback	Every Mtg	NEDs	✓	✓	✓	✓
Patient Led Assessment of Care Environment Report (PLACE)	Annually	PB	✓			
Feedback from Governor Groups/Governor Activity	Every Mtg	All	✓	✓	✓	✓
Governors Questions	Every Mtg	All	✓	✓	✓	✓
Review of Council of Governors Workplan	Every Mtg	CF	✓	✓	✓	✓
Appointed Governor Focus	Every Mtg	??	✓	✓	✓	✓
Performance & Delivery						
Finance Report	Every Mtg	PB	✓	✓	✓	✓
Performance Report	Every Mtg	PB	✓	✓	✓	✓
Annual Items						
Annual Effectiveness Review of the Council of Governors including Terms of reference	Annually	CF	✓			
Annual Effectiveness Review for Appointments, Terms and Conditions Committee including terms of reference	Annually	MF		✓		
Annual Effectiveness Review for Engaging with members group including Terms of Reference for approval	Annually	TDo		✓		
Formal Presentation of Accounts	Annually	PB	✓			✓

Council of Governors Meeting Dates:	Frequency	LEAD	17 Apr 25	17 Jul 25	16 Oct 25	Jan 26
Reports:						
Annual Report (AMM)	Annually	SJ			✓	
Annual Accounts– Audit findings and conclusions	Annually	PB	✓			
Review of Constitution	Annually	SJ		✓		
Outcome of the FPPT for Non-Executive Director Board members (including the Chair) will be presented to the Council of Governors for information	Annually	CF		✓		
Receive Feedback on the Trust Chair and Non-Executive Directors Appraisals	Annually	CF		✓		
Declarations for the Provider License (inc under Declarations item)	Annually	SJ				✓
AMM Minutes for approval	Annually	SJ				✓
Council of Governors: Other Statutory Duties						
Remuneration of the Chair and other Non-executive Directors (to ratify) Links to Appointments Terms and Conditions (ATC) Committee	As req	KP				
Approve the appointment of the Chief Executive (to approve – support)	As req					
Appointment of the external auditor (to ratify)	As req					
Approval of an application for a merger with or acquisition of another FT or NHS Trust	As req					
Approval of an application for the dissolution of the FT	As req					
Council of Governors Non-Statutory Duties						
Non-Executive Director and Governor Visits	As req					
Receive the Membership Plan	As req	SJ				
Agree with the Audit Committee the process for appointment /removal of the external auditor	As req					

Council of Governors Meeting Dates:	Frequency	LEAD	17 Apr 25	17 Jul 25	16 Oct 25	Jan 26
Reports:						
Be consulted on the appointment of the Senior Independent Director	As req	CF				
Agree the process for the appointment of the Chair of the Trust and the other NEDs (link to AT&C)	As req					
Added items						
Patient and Carer Experience Annual Report	Annual	KF/MD			✓	
Operating Plan	As req	PB		✓		
ICB – explanation regarding the ICB and Humber's Relationship with it – April 2025	Sue Symington		✓			
Trust response to the Nottingham Report		HG			✓	
Spotlight Items:						
ED Streaming						
Adult Mental Health Crisis Team					✓	
Primary Care Update						
Removed Items						

Agenda Item 5

Title & Date of Meeting:	Council of Governors Public Meeting 17 th April 2025															
Title of Report:	Mental Health Planned Care – Over View of the Hull Community Mental Health Team (CMHT)															
Author/s:	Sarah Bradshaw, General Manager Andy Sainty, Service Manager and Hannah Williamson, Clinical Lead															
Recommendation:	<table border="1"> <tr> <td>To approve</td><td></td><td>To discuss</td><td>x</td></tr> <tr> <td>To note</td><td></td><td>To ratify</td><td></td></tr> <tr> <td>For assurance</td><td></td><td></td><td></td></tr> </table>				To approve		To discuss	x	To note		To ratify		For assurance			
To approve		To discuss	x													
To note		To ratify														
For assurance																
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	<p>The purpose of this presentation is to provide oversight to the Council of Governors about the work of the Hull Community Mental Health Team, the range of clinical and support available, some challenges it faces and what work is being undertaken to address these in order to improve access for our mental health patients and partners.</p> <p>The presentation will cover the breadth of the service and its purpose, how it works collaboratively with system partners and patients and the development work that is currently underway which is integral to our CMHT Service Ambitions</p> <p>It will explain the introduction of a Hub Model (in line with the Trusts strategic objectives – see below) which is designed to support the service to achieve:</p> <ul style="list-style-type: none"> • Flexible working across the services to ensure continuity of care and consideration of patient's needs. • Allowing the clinician with the specialist skills to work with patients to offer the best patient care and to identify the need for ongoing support. • Peer support within the services and staff to develop a special interest in each clinical area and develop skills within these • Promoting networking with community and inpatient services to ensure patient pathways are well integrated and seamless from the patient's perspective. • Improving staff motivation as allocations are based on staff skill and interests. • Developing motivated staff and MDT's valuing roles and recognising the input offered. • Ensuring the right clinician is working with the right patients, streamlining the pathway with referrals being screened for appropriateness based on patient need. <p>The presentation will summarise the following areas of improvement:</p>															

	<ul style="list-style-type: none"> Increased accessibility and improved patient outcomes which focus on recovery, prevention and/or preventing need for admission to a hospital bed or presenting at the Emergency Department. CMHT Transformation Changes to the Core Model Reduced waiting Times Increase in patient safety and patient experience Supporting the management of risk and learning from patient safety incidents and complaints
--	--

Key Issues within the report:

Positive Assurances to Provide:

- Waiting times are reducing
- Reduction in complaints
- A Co-produced Mental Health Brochure describing what the services does, who works in the service and what to expect including contact with other services such as Crisis, inpatient,
- Data recording is improving and significant increase in activity.
- On-going recruitment taking place within the team including nurses, social workers etc
- Working in partnership with MIND who deliver Peer Support to our patient group
- Recent Introduction of a Hull based Advice and Guidance clinic supporting GPS to access for advice about patient care from the MDT
- Data recording is improving and significant increase in activity

Key Actions Commissioned/Work Underway:

- Introduction of streamlined pathways, process and reporting to monitor key pathway stages more robustly
- Working with the staff team to embed the changes and inform/address any concerns about the rationale for the changes
- A review of our social care delivery within the service and how we can support and develop our social care workforce in delivering quality statutory duties
- Developing our leadership team in developing skills and strategies to support the wider service, and utilising a diverse range of communication strategies
- Supporting the effectiveness of the MDT and how it delivers and supports practice and care delivery
- Review and change to the service model to respond to issues identified through divisions Quality Improvement Plan (QIP) and themed analysis of complaints and action plans
- Supporting our team with additional training and insight in System 1 and its capabilities.

Key Risks/Areas of Focus:

- Continued high demand of the service
- Achieving timely pathways for people referred to the service to meet the 4 week wait standard
- Likely changes to national requirements and service specification with the expected publication of National Core Standards due in Summer 2025
- Supporting our workforce and their wellbeing through a period of change and development

Decisions Made:

- The Council of Governors are asked to consider the on-going work to develop our Community Mental health Service.

Governance:

Please indicate which committee or group this paper has previously been presented to:

	Date		Date
Audit Committee		Remuneration & Nominations Committee	
Quality Committee		People & Organisational Development Committee	
Finance Committee		Executive Management Team	
Mental Health Legislation Committee		Operational Delivery Group	

	Collaborative Committee		Other – Quarterly report to Council of Governors	x
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Monitoring and assurance framework summary:

Links to Strategic Goals <i>(please indicate which strategic goal/s this paper relates to)</i>				
√ Tick those that apply				
√	Innovating Quality and Patient Safety - Flexible working across the services to ensure continuity of care and consideration of needs			
√	Enhancing prevention, wellbeing and recovery - Allowing the clinician with the specialist skills to work with patients to offer the best patient care and to identify the need for ongoing work.			
√	Fostering integration, partnership and alliances - Peer support within the services and staff development in special interest in each clinical area and develop skills within these. Promoting networking with community and inpatient services for staff support and relationship building.			
√	Developing an effective and empowered workforce - Improving staff motivation as allocations are based on staff skill and interests.			
√	Maximising an efficient and sustainable organisation - Improving staff motivation as allocations are based on staff skill and interests.			
√	Promoting people, communities and social values - Ensuring the right clinician is working with the right patients, reduced confines of the team and allowing referrals to be screened for appropriateness based on patient need.			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			To be advised of any future implications as and when required by the author
Quality Impact	√			
Risk	√			
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Agenda Item 6

Title & Date of Meeting:	Council of Governors Public Meeting – 17 April 2025																			
Title of Report:	Chair's Report																			
Author/s:	Rt Hon Caroline Flint Trust Chair																			
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>				To approve		To discuss		To note	✓	To ratify		For assurance							
To approve		To discuss																		
To note	✓	To ratify																		
For assurance																				
Purpose of Paper:	To provide updates on the Chair, Non-Executive and Governor activities since the last Council meeting.																			
Key Issues within the report:																				
Positive Assurances to Provide: <ul style="list-style-type: none"> Governor Development/Information Programme 2025 Elections 2025 Update 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> CQC Inspection Preparations HNY ICS Updates Place Visits including governors Chair/NED Appraisals 																		
Key Risks/Areas of Focus: Changes to NHS England, ICBs and impact		Decisions Made: <ul style="list-style-type: none"> N/A 																		
Governance:	<table border="1"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Appointments, Terms & Conditions Committee</td> <td></td> <td>Engaging with Members Group</td> <td></td> </tr> <tr> <td>Finance, Audit, Strategy and Quality Governor Group</td> <td></td> <td>Other (please detail) Quarterly report to Council</td> <td>18.1.24</td> </tr> <tr> <td>Trust Board</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Date		Date	Appointments, Terms & Conditions Committee		Engaging with Members Group		Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	18.1.24	Trust Board			
	Date		Date																	
Appointments, Terms & Conditions Committee		Engaging with Members Group																		
Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	18.1.24																	
Trust Board																				

Monitoring and assurance framework summary:

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

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

Trust Chair's Council of Governor's Report – 17 April 2025

Hilary Gledhill retired at the end of March, and we wish her all the best. Her hard work, dedication and leadership is evident throughout Humber. We welcome Sarah Smyth as the new Director of Nursing, Allied Health and Social Care Professionals.

Due to new Governor Patricia Reid-Hoggarth being unable to take up her role, John Morton having come second in the ballot will become a Public Governor for East Riding for a second term.

NHS England Update: There have been significant Senior Leadership changes at NHS England (NHSE) since we last met including Chief Executive Amanda Pritchard replaced by Jim Mackey. The new Chair is Dr Penny Dash. I attended an NHSE Leadership event with Michele Moran on 13 March where it was confirmed that the Government had decided that NHSE is to be absorbed into the Department of Health and Social Care over the next year with the combined staffing for both organisations being reduced to around 10,000 – a 50% reduction There will be a renewed focus on:

Productivity Getting best practice spread while developing new models of care.

Quality Closing the gap on variation in care

Integrated Care Boards (ICB) have been directed to reduce their costs by 50% as quickly as possible whilst still playing a critical role in the future as strategic commissioners.

Jim Mackey has written to NHS Trusts saying that with the publication of the 10 Year Health Plan and the outcome of the Spending Review in the next few months this will enable a shift to medium-term approach to planning. NHSE will be working with ICB and Trust Leaders between June and September to set out the parameters for 2026/27 leading to a smoother planning process for next year. We will see. Meantime Humber will work with any changes at regional and national level whilst maintaining our focus on quality outcomes for our patients enabling staff to deliver their best.

The CQC undertook an inspection of Inspire and the whole process worked effectively. Whilst the inspection report is awaited, initial feedback from the CQC has been positive. Congratulations to our staff who demonstrated confidence and capability throughout. Staff within the Trust have been provided with a suite of information (via the intranet) in preparation for a CQC inspection of their services and the Board have met to discuss our readiness and increase our learning about the new CQC inspection regime.

The **Strategic Board** held on 25 February 2025 focused on the new CQC inspection regime; developing an Insightful Board; Budget Reduction Strategy (BRS) and

2025/26 Planning Guidance and an update on the **Mental Health Host Provider**.
Over a sandwich lunch we met with Communications Team colleagues.

A free Digital Board Development Session provided by NHS Providers and delivered by Public Digital took place on 11 February. The session helped us to understand better the need to take collective and individual ownership of Humber's digital transformation, better understand what good looks like and confidence in assuring the delivery of digital programme and setting priorities. We will be working through the next steps identified on the day. I also attended a **webinar on the role of a Digital Non-Executive-Director**.

Chair's Activities Round Up

I attended and opened the **Equalities, Diversity and Inclusion (EDI) event at the Humber Centre** on 25 March which was inspired by a patient Nathan supported by Yvonne Flynn to look at how patients' voices could be better heard and supported. Key to this was providing more inclusive activities at Humber Centre and re-energising the Patients' Forum. The afternoon mainly brought patients, families and staff together with a marketplace of different services and activities for people to find out about and join in. Very popular is the redesigned shop which is needed and provides a good social space sited in the dining area which has been redecorated. I also had a look at the new gym which has replaced the swimming pool and is being well used.

As part of a Freedom to Speech Up (FTSU) internal audit 4 February I met with Kate Bisset Senior Auditor to discuss how the Board and myself seek assurance and promote FTSU.

At Humber's Caring Together in person event on 13 February we celebrated continuous improvement with our patients and carers, and I gave the closing speech. We heard some great case studies from Avondale Ward, Forensic Services Division, Humber Youth Action Group, Community and Primary Care, Mental Health Services Division and Children's Learning Disability Division and how much co-producing with service users and carers can achieve. A fantastic marketplace shows the huge diversity of innovative services and ways to get involved. Special recognition awards were given to a range of people who have made a difference. It was good to see so many people including governors who attended.

I and other Non-Executive Directors attended **the Humber North Yorkshire Discover and Develop Event on 20 February** where we had briefings on the development of the NHS App and take up as well as data collection on newborn babies as part of the BaBi project to support future child health.

Internal meetings included:

Freedom to Speak Up Quarterly Review 9 April

Finance Committee 15 April

External meetings included:

Humber and North Yorkshire (HNY) Provider Chairs
HNY System Chairs and CEO
HNY Discover and Develop Event
East Riding Health and Well Being Board
NHS Confederation Mental Health Chairs' Network
NHS Confederation Chairs' Network event for NEDs
NHS England Chairs/CEOs event

Board Director/NEDs Unannounced Visits**Townend Court**

Karen Phillips and Priyanka Perera

Avondale

Kwame Fofie and Steph Poole

Newbridges

Kwame Fofie and Dean Royles

1. Governors**Governor Elections 2025**

The Governor election process began on 6 March as nominations opened for 2 Hull Public, 2 Staff and 2 Service User and Carer vacancies. Nominations closed on 3 April.

Public Hull (2) Brian Swallow was re-elected as there were no further nominations leaving a Public Hull vacancy until the next election round this Autumn.

Service user & Carer (2) Marilyn Foster and Anthony Houfe were re-elected as there were no further nominations.

Staff Clinical (1) Ryan Cockell-Whitehead, Sian Johnson and Will Taylor were nominated, and an election will follow.

Staff Non-Clinical (1) Simon Mills and Pawel Szczurek were nominated, and an election will follow.

Contested elections will open on 29 April and close on Friday 23 May. We will move to annual elections every year from 2026.

Congratulations to Brian, Marilyn and Anthony.

Chair and NED Appraisals for the year 2024-25

Marilyn Foster as Chair of ATC and Dean Royles as Senior Independent Director (SID) will undertake my appraisal whilst Marilyn and I will carry out the NED appraisals in June. Governors' feedback will be sought in advance using the same

questionnaire as last year using a Microsoft Form link which should make it easier to complete and collate. I hope.

Appointments, Terms and Conditions Committee (ATC)

The committee met on 23 January and supported Governor Marilyn Foster to continue as Chair. It also recommended to the CoG that **Associate Non-Executive Director (ANED) Priyanka Perera's** term be extended for a further six months. This was approved at a CoG meeting on 30 January 2025.

Patient Led Assessment of the Care Environment (Place) Visits

In different ways we have tried to facilitate governors visiting services alongside a Non-Executive Director and/or Executive Director. This is not I understand available at most Trusts. However, having an advanced schedule of dates hasn't always worked for NEDs, Executive Directors and governors and some visits have had to be cancelled at short notice, usually due to unforeseen circumstances such as staff absence or acuity on the wards.

Unlike an acute trust which has a range of inpatient and outpatient services often on one or two sites, ours are spread across a much larger area. Many of our services are provided in a variety of changing community venues, in the home and some teams work out of small units or hubs. Some of our patients also access services for online sessions with a professional.

It is expected and important that the Board has visibility in person. Executive Directors visit services as part of their job and with NEDs on unannounced visits. For NEDs going forward they will individually arrange with the Board Support Unit knowledge visit dates to fit in with their schedules. I do the same. As a result, more NED visits should be possible gaining more assurance for themselves and for governors that these are happening.

However, I would like to support governors to have the opportunity to be part of a structured visit to our inpatient services through PLACE assessments.

Place assessments are the annual appraisal of the non-clinical aspects of NHS (and independent/private) healthcare settings undertaken by staff and members of the public (patient assessors) and in Humber registered volunteers. Going forward I have arranged with the operational lead that governors will form part of the team undertaking the assessments each year.

This will provide governors with an opportunity to visit our inpatient establishments and will take place I understand in September/October. As soon as dates are confirmed Katie Colrein will be asking for governor participation.

PLACE assessments provide a framework for assessing quality against common guidelines and standards. The environment is assessed using several structured questions dependent on the services provided. Questions are assessed (scored) against one or more domains which cover:

- ☐ Cleanliness
- ☐ Food
- ☐ Privacy, Dignity and Wellbeing

- ☐ Condition, Appearance and Maintenance
- ☐ Dementia
- ☐ Disability

A total score (as a percentage) is produced for each domain at site and organisational level, as well as national and regional results.

PLACE assessments are led and coordinated by Hotel Services with all findings reported to the Trusts Health and Safety Group, Estates and Capital Programme Group, Operational Delivery Group and Executive Management Team. Key stakeholders at each site are given advanced notice of PLACE assessments, once assessments have been completed the results are entered onto the NHS Digital Portal.

I think this provides a real opportunity for governors (alongside attending patient and carer experience events which are open to governors) to hear from our service users and see how our inpatients are cared for. The 'Spotlight on a Service' presentations will also continue to be delivered at CoG meetings.

Governor Development and Information

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

Governor Briefing 30 Jan - Governance and Liability for services we commission.
Governor Briefing 27 Feb – Yorkshire and Humber Care Record
Governor Briefing 27 Mar – How our Multi-Disciplinary Teams (MDT) work

Governor Briefing on 24 April will be a bitesize brief on how we recruit and ensure safe staffing levels.

The Governor Development session on 13 March covered how we collect feedback from our patients and service users and handle complaints. NEDs Dean Royles, Dr Phillip Earnshaw and Steph Poole talked about the assurance role of the Board Sub-Committees they chair.

The Governor Development Session on 10 July will cover the role of Board Sub Committees; **Audit, Collaborative and Finance led by NED Chairs Stuart McKinnon Evans and Keith Nurcombe; Health Inequalities and Humber Ministry of Justice Contracts /Prisons and Humber Centre Services.**

An updated schedule is attached as Appendix 1. It includes, subject to confirmation with the Executive Director Lead, some recent suggestions from governors. Governors will be informed about any changes to the schedule, and we continue to welcome further topic suggestions from governors.

Appendix 1

Governor Development/Briefing Schedule 2024-26

Chair of Council of Governors: Caroline Flint **Executive Lead:** Michele Moran

Title	Date	Presenter	GB or GDS
Our Community Services	27/11/2025	Matthew Handley	GB
Overview of Co-Production work across Humber Divisions and Experts by Experience	13/11/2025	Lynn Parkinson Kwame Fofie	GDS
Developing Place and Integrated Care Board	30/10/2025	Michele Moran Pete Beckwith	GB
Tom Nicklin and Peer Support Workers	25/9/2025	Lynn Parkinson	GB
What services do we provide for children.	31/7/2025	Justine Rooke	GB
Role of the Board Sub-Committees Audit, Collaborative & Finance	10/7/2025	NED Chairs Stuart McKinnon-Evans Keith Nurcombe	GDS
Humber Ministry of Justice (MoJ) Contracts/ Prisons and Humber Centre Services	10/7/2025	Lynn Parkinson Paula Phillips	GDS
Health Inequalities	10/7/2025	Kwame Fofie	GDS
What Learning Disabilities Services we provide.	26/6/2025	Justine Rooke	GB

Mental Health Team and Emergency Department Streaming at Hull Royal Infirmary	29/05/2025	Lynn Parkinson	GB
How we recruit and ensure safe staffing Recruitment Process and Safe Staffing levels.	24/04/2025	Karen Phillips	GB
How our Multi-Disciplinary Teams (MDTs) work	27/3/2025	Paul Johnson	GB
Role of the Sub-Committees Workforce, MHL & Quality	13/3/2025	NED Chairs	GDS
How we collect feedback from our patients and service users and how we handle complaints	13/3/2025	Mandy Dawley & David Napier	GDS
Yorkshire and Humber Care Record	27/2/2025	Lee Rickles & Ian	GB
Governance and liability for services we commission	30/1/2025	Pete Beckwith	GB
Improving our estates (any major developments, key priorities etc)	28/11/2024	Pete Beckwith & Rob Atkinson	GB
Delayed Transfers of Care – understanding the reasons for a patient’s discharge being delayed	14/11/2024	Lynn Parkinson & Claire Jenkinson	GDS
Interweave Connecting Care Information	7/11/2024	Caroline Flint	Email
EPR progress update	24/10/2024	Lynn Parkinson & Lee Rickles	GB
Significant Transactions	15/8/2024	Pete Beckwith	GDS
Understanding the respective roles of the CoG/Board/NEDs/Exec	13/3/2024	Susan Young	GDS

GB Governor Briefing

GDS Governor Development Session

Updated 08/4/2025

Agenda Item 7

Title & Date of Meeting:	Council of Governors Public Meeting – 17 April 2025															
Title of Report:	Chief Executive's Report															
Author/s:	Name: Michele Moran Title: Chief Executive															
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>✓</td> <td>To ratify</td> <td>✓</td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>				To approve		To discuss		To note	✓	To ratify	✓	For assurance			
To approve		To discuss														
To note	✓	To ratify	✓													
For assurance																
Purpose of Paper:	To provide the Council of Governor's with an update on local, regional and national issues.															
Key Issues within the report:																
Positive Assurances to Provide: <ul style="list-style-type: none"> Work contained within the report 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> Contained within the paper 														
Key Risks/Areas of Focus: <ul style="list-style-type: none"> Nothing to raise with the CoG 		Decisions Made: <ul style="list-style-type: none"> None with this paper. 														
Governance:		Date		Date												
	Audit Committee		Remuneration & Nominations Committee													
	Quality Committee		People & Organisational Development Committee													
	Finance Committee		Executive Management Team													
	Mental Health Legislation Committee		Operational Delivery Group													
	Collaborative Committee		Other (please detail) Monthly report to Board													

Monitoring and assurance framework summary:

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

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

Chief Executive's Report

1.2 Leadership Visibility

It has been another busy month with visits, including Newbridge and Westlands. I have also seen in person some of the Proud Cohorts. I continue to welcome staff to the programme, check in with them at the halfway mark and meet for their final evaluations of the programme. Consistently the programme is found to be of value and thoroughly enjoyed staff.

My team calls also continue and are well supported as was 'Meet Michele' an informal way for me to meet with staff.

The Long service awards took place this month and we had over 600yrs NHS employment in the room. Staff always making a difference.

The Patient and Carer conference took place during the month and was jointly lead with the Quality Assurance team. The hybrid event was well supported, and it was great to hear of the varied and excellent work taking place across the organisation.

Apprenticeship week was a huge success, and we will continue to fully support apprenticeship programmes across the organisation.

Face to face meeting and visits are varied throughout the month.s

1.2.1 Around the Trust

Staff Side AGM

The staff side AGM took place during the month and the following roles were appointed:

- Staff Side Chair: Ian Sommerville
- Staff Deputy Chair: Rona Gaffney
- Staff Side Sectary: Yvonne Hepworth
- Staff Side Deputy Sectary: Vanessa Newby Demetrius

Happy Birthday

Progressing our work to value staff we have developed a new birthday email. This will be sent to staff on their Birthday, thanking them for their work and reminding them of the extra 'Humber' annual leave day.

The team have secured an opt out to pick up on IG concerns which will allow you to opt out of future birthday emails (everyone will receive the first one).

These will be sent out weekly using a manual pull from ESR as there is no automatic option on our current email system.

<https://humberteachingnhsfoundationtrust.newsweaver.com/1u0t862adk/wt1i02d9i3n1hed y4jpwfk?email=true&lang=en&a=6&p=4609889&t=2115699>

Award

I am delighted to announce that our Interweave team have won an award in the Shared Care Record category at the Health Teach News (HTN) Now Awards 2025.

The awards celebrate digital teams, programmes, innovations, and suppliers that have made a difference throughout the year. Interweave won this award for their meaningful work with shared care records and digital maturity across the health and social care system.

Equality and Diversity

Following on from the NHS Employers roundtable about the EDI Improvement Plan, the EDI Policy Development Principal Lead at NHS England has asked if Humber want to be a part of a best practice EDI case study regarding Respect, No Excuse for Abuse and our approach to implementing the HNS EDI Improvement plan.

The team were impressed with our approach, and how we worked with the board on the Improvement plan.

Reporting Groups Update

EMT also took the opportunity to review which operational groups report into which Committees and the results are captured in Table 1 below. This shows that operational reporting groups report into half of the Board Committees, whilst no operational reporting groups report into the other half. EMT discussed this anomaly and agreed to propose to the Board that as the Committee's role is to seek assurance, the provision of reporting group minutes (which often focus on operational matters) should be forwarded to EMT (rather than Committees) in future, with any exceptions escalated to the relevant Committee through a paper in the usual way. EMT also proposed that the Committee Chairs should periodically observe a meeting of the reporting groups as appropriate in order to gain assurance whether those groups are focussing on the right areas.

This approach would have a number of benefits: only key issues are escalated to Committees, more time is given at Committee meetings to consider other matters as the number of papers would reduce and the operational issues arising from the reporting groups would be escalated to EMT and responded to in a timely manner.

Should Trust Board agree to this proposal, then the Committee terms of reference will be updated accordingly.

Table 1: Committee Reporting Groups

Audit Committee	Collaborative Committee	Finance Committee
None	<ul style="list-style-type: none">• Quality Assurance and Improvement Group <p>Workstreams which report to the Committee:</p> <ul style="list-style-type: none">• CAMHS• Adult Eating Disorders• Financial Risk and Gain Share	None

Mental Health Legislation Committee <ul style="list-style-type: none"> • Mental Health Legislation Steering Group • Reducing Restrictive Interventions Group • Associate Hospital Managers Forum 	Quality and Safety Committee QPaS	Remuneration and Nominations Committee None
People and Organisational Development Committee <ul style="list-style-type: none"> • Workforce, Equality and Diversity Inclusion Group • Medical Education Committee • Staff Health and Wellbeing Group 		

Sickness Absence Internal Audit Recommendation: Group Chair Reports

A recommendation arose from the Sickness Absence Internal Audit that consideration be given to Committees receiving Group Chair reports rather than minutes from reporting groups.

This recommendation was considered at the Formal EMT meetings in January where it was agreed that the provision of Reporting Group Chair reports rather than minutes would require additional work for the Group Chair. Consequently, minutes should be provided.

2 Around the System

Chair Role

Sue Symington, Chair of Number and North Yorkshire ICB has announced her leaving from the ICB. Mark Chamberlain, current Deputy Chair will take over in the in meantime.

The Hull and East Yorkshire Combined Authority

The Hull and East Yorkshire Combined Authority can now officially begin its work after the final steps were taken by the Government to create the new body.

The signing of the relevant order by the minister moves the area closer to unlocking a £400 million investment fund, alongside powers that will move from Westminster to local decision-makers.

The Combined Authority will be led by an elected Mayor, with voters going to the polls on Thursday, 1 May 2025.

Tees, Esk and Wear Valleys (TEWV)

Brent Kilmurray is moving to a new role and leaving TEWV, to take up the Chief Executive Officer (CEO) Post at Mid Yorkshire NHS Trust. The interim CEO for TEWV will be Patrick Scott, currently Deputy CEO.

Consultation Regarding York and Scarborough Teaching Hospitals NHS Foundation Trust's Draft Strategy

In December last year, we were invited to comment on York and Scarborough Teaching Hospitals NHS Foundation Trust's draft Strategy. They had refreshed this and realigned their priorities for the next five years. We were asked to provide any comments/feedback in January as they were looking to formally approve it at the January Board meeting.

We provided a number of comments as outlined below:

Thank you for giving our Trust the opportunity to provide comments on your Strategy. We provided the following key comments:

1. We welcomed the focus on Health Inequalities and the recognition of the deprivation across Scarborough and other coastal areas. We believed the commitment to working with other NHS providers around streamlined pathways could be strengthened.
2. We said we'd like to see more emphasis on collaborative working with partner organisations to address system issues including other community services providers, the VCSE and North Yorkshire Council.
3. There was a strong emphasis on reflection. We said we'd like to see the strategic objectives be the main focus of the document, providing a clearer picture of what the Trust was planning to do to achieve these ambitions and how they might evidence achievements to stakeholders.
4. We said we would welcome the opportunity to work with the Trust to ensure efficiency and effectiveness of pathways between our community services and the acute trust. We also said we'd like to work together with them on promoting health lifestyle choices and ill health prevention.
5. We felt it would be better if elements of the Strategy could be more visual
6. We believed the context section would be enhanced if it gave a summary of the workforce context, as this would help staff engage with the Strategy if they felt reflected in it.

2.1 National News

The Prime Minister has announced the abolition of NHS England (NHSE). Amanda Pritchard, Julian Kelly (Chief Finance Officer) Dame Emily Lawson (Chief Operating Officer) Steve Russell (Chief Delivery Officer) and Professor Sir Stephen Powis (Medical Director) will all be stepping down as the NHSE transitions into its new form. Sir Jim Mackey will be the Interim CEO from April and look at the transition arrangements for NHSE.

Integrated Care Boards (ICB) being told to reduce their running costs by a further 50%, in line with the recent proposals announced for NHSE.
50% reduction in NHSE and DHSC by start Q3.

50% reduction in ICB running and programme costs by start Q3.

50% reduction in corporate cost growth (e.g. corporate posts, clinical posts not patient facing) by start Q3.

50% reduction in Provider Collaborative, Operational Delivery Network and other costs by start Q3.

Judgement on staffing levels and any reviews that recommend cost growth/increased staffing.

Publish a model MARS/VR scheme and expect to open for Q1 (subject to HMT approval)

Expect all providers to have or use a Wholly Owned Subsidiary, publish a model and close down approval process.

NHS Providers

Daniel Elkeles will take over as the next chief executive of NHS Providers. Daniel, who is currently chief executive at the London Ambulance Service NHS Trust, will take up his new role with NHS Providers, in late May.

3 Director Updates

3.1 Chief Operating Officer Update

3.1.2 Leadership Visibility

The Chief Operating Officer and Director of Nursing are continuing to undertake a series of visits to in patient units, unannounced and out of hours. Current operational challenges are discussed, areas of transformational change work are considered and any barriers to making progress are picked up and addressed. Recent visits include Pine View and Hull Community Mental Health Team bases at The Grange and Waterloo Centre. Overall staff are motivated and committed to service improvement.

3.1.3 Operational, Service Planning and Winter

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

The Integrated Care System EPRR team continues to work with organisations to manage the collective action being undertaken by some GP practices and Primary Care Networks. Contractual discussions are taking place currently to address this and we expect this to resolve the issues with our shared care prescribing protocols. Our Tactical/Silver command will be stood up as necessary to continue to respond to any further industrial action and report to Strategic/Gold command via sitrep reports.

Our operational pressures continue to be monitored through our daily sitrep reporting processes to identify and respond to pressures quickly across services, ensuring we are clear what our level of pressures are, allowing us to communicate these to the wider system effectively and either respond with or receive mutual aid as necessary. New national, regional and ICS wide OPEL reporting arrangements came into effect last year with the introduction of national, regional and system coordination centres in line with the OPEL Framework 2023/24. Triggers and action cards associated with each level in the OPEL framework continue to be reviewed to ensure that the actions taken to prevent

escalation are robust. Triggers are now in place that stand up daily executive director level response when necessary. National work to develop a standard OPEL framework for acute hospitals, mental health and community services was implemented via a “soft launch” on 19th December and was fully implemented in February 2025. We are now reporting via the new framework onto the national UEC-RAIDR system (a web-based tool that provides real time information on capacity and pressures across providers within an integrated care system).

The Trust has followed our Winter preparedness plan for 2024/25. System mechanisms are now in place over the next month to review the effectiveness of the winter plans across the ICB and providers.

Operational service pressures have been challenged in some areas of the Trust in February and early March. The highest pressures were seen in our Adult Mental Health Division with a high demand and increased mental health presentations in the Emergency Department, this is a usual seasonal variation. Our Hospital Mental Liaison team dealt with the high level of demand and successfully avoided any significant ED delays occurring. The Trusts overall operational pressures in the last two months using the new UEC-RAIDR have been OPEL 2/3 for mental health and OPEL 3 for community services (community service metrics are still under review by the ICB). System pressures reduced in the Humber and North Yorkshire areas during February and early March. Acute hospital partners in all parts of our area have reported pressures at OPEL 4 during this period but have been predominantly OPEL 3.

Based on performance data and local insight methodology Humber and North Yorkshire was escalated to **Tier 1** oversight by NHS England. This reflected the increased challenge in achieving the UEC targets for this system, the distance from targets, together with a deterioration on the enabling metrics. As a Tier 1 system the highest level of support is being provided and overseen by the national Integrated Urgent and Emergency Care (IUEC) team, to help achieve improvements. Tier 1 site visits have taken place in recent weeks to Hull Royal Infirmary and York Hospital, we were invited to participate and support the York visit.

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

Waiting times for both children’s and adult neurodiversity services continues to be the most significant area of pressure and challenge for operational services.. In all these areas demand exceeds commissioned capacity. Dialogue is continuing with the ICB to agree a way forward on waiting times for 2025/26 and beyond. This continues to be an area of national challenge, but it does not receive priority for Mental Health Investment Standard (MHIS) funding. The national Operational Planning guidance for 2025/26 did not provide a solution as to how providers and ICB commissioners are expected to address this. ODG and EMT continue to oversee the position and work to reduce waiting times. Excessive waiting times for children and adult neurodiversity services are challenged across all areas within our ICB and nationally due to exponential rise in demand over recent years. Unfortunately, some children on the neurodiversity waiting lists are continuing to present with mental health needs, this is being monitored very closely. Occupancy and patient flow in our CAMHS inpatient beds continues to improve. Focus continues on our children’s

early intervention services, particularly embedding the support teams in schools which have received additional funding withing the Planning Guidance for 2025/26.

Nationally requirements are in place to eradicate the use of out of area mental health beds and our services are implementing plans to achieve this and our data demonstrates that whilst some fluctuation is taking place, overall reduction is being achieved. Our daily bed occupancy has been between 75.7 – 85.6%. Work has been undertaken to reduce the use of older peoples functional out of area bed use with plans now supported by Service Transformation Funding (STF) to expand the use of the Older Peoples Acute Community Service (intensive community support) and to provide the use of step up/step down community-based beds. Out of area placements for our Psychiatric Intensive Care Unit (PICU) continues to be a focus for improvement, demand for these beds has been high and the unit has been 100% occupied. Patient need has also led to the requirement for female only environments and therefore this has impacted the need to use out of area beds for patient safety and quality of care reasons. PICU flow is currently being targeted through improvement methodology to recover the out of area position, this is also being impacted by patients who are being transferred from prison whose discharge is subsequently being delayed by Ministry of Justice restrictions. Following support from EMT plans are being progressed to change our current PICU based at Miranda House to an all male unit and to make alternative provision for female patients. This will improve patient flow, reduce the need for out of area placements and provide a further improved position to address mixed gender safeguarding risks.

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

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

The overall staff absence position due to sickness is currently at 7.08% (inclusive of 2.25% maternity leave). Reduced sickness absence enabled EMT to cease the use of universal mask wearing in our inpatient on the 18th February.

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

Operational focus remains on recovering access/waiting times where these continue to be a challenge. Divisions continue to pursue a range of service change and transformation programmes which are set out in their service plans, these are reported via the Operational Delivery Group to the Executive Management Team. They demonstrate that they are underpinned by capacity and demand modelling work, respond to external benchmarking data and are supported by a Quality Improvement (QI) approach where this

is applicable to improve outcomes for our patients. Focus on improved efficiency and productivity continues. Work is taking place to reduce the Trust's National Cost Collection Index, each service has a target plan for those areas above the Trusts target and service transformation plans are required to set out the expected productivity and efficiency gains.

During the last quarter work has been undertaken to develop draft service plans for each of the divisions for 2025/26 which incorporate service transformation, workforce, finance and budget reduction plans (BRS). These have been recently reviewed by EMT/ODG and will be finalised prior to the end of Quarter 4. The plans were further reviewed following the publication by NHS England of the Operational Planning Guidance 2025/26 on 30th January to ensure they fully align with this.

Three divisions are impacted by the implementation of the new **Electronic Patient Record** (EPR) System, Forensics, Children & Learning Disabilities and the Mental Health Division go-live took place w/c 3rd February 2025. Ongoing consideration is given to this alongside operational challenges.

3.1.4 Multi Agency Public Protection Arrangements (MAPPA) – Update

Multi-Agency Public Protection Arrangements (MAPPA) are the statutory arrangements for managing sexual and violent offenders. Responsible Authorities (including Police, National Probation Service and Prisons) have a duty to ensure that the risks posed by these offenders are assessed and managed appropriately.

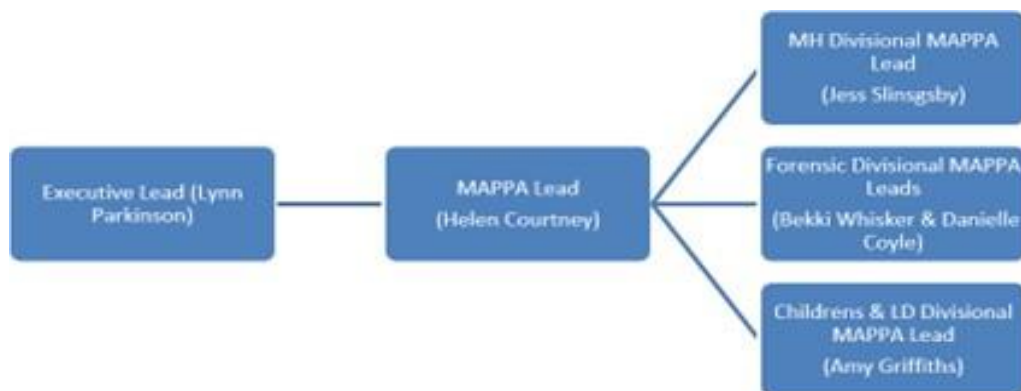
Duty to Co-operate agencies or DTC's (which includes health Trusts) work with the Responsible Authority and have a crucial role in reducing risk and protecting the public. By working in a coordinated way, individuals who pose the greatest risk to the public are identified and risk assessed with a management plan implemented via multi-agency panel meetings.

There are also several system meetings related to the MAPPA arrangements and Humber Teaching NHS Foundation Trust continues to be represented at the MAPPA Strategic Management Board (SMB) and the Humberside Criminal Justice Board (HCJB) by the Chief Operating Officer or delegate. Clinical and operational leadership in the Trust is provided by Paul Johnson, Clinical Director and Helen Courtney, Forensic Division Clinical Lead. The nominated single points of contact (SPOCs) for the divisions provide senior practitioner representation at relevant panel meetings, and other system meetings such as the Performance and Quality Assurance meeting (PQA) are attended by one of the SPOCS. The Trust continues to fulfil its responsibilities to MAPPA as a Duty to Cooperate agency achieving 100% attendance across all required meetings.

There are 4 categories of MAPPA-eligible individual:

- Category 1 –subject to sex offender notification requirements
- Category 2 – mainly those convicted of violent offences and sentenced to 12 months or more imprisonment or a hospital order
- Category 3 – individuals who do not qualify under Categories 1, 2 or 4 but whose offences pose a risk of serious harm.
- Category 4 – terrorism convicted and terrorism risk individuals

To support the delivery of MAPPA requirements within the trust and to ensure support is available within the divisions there is a clear structure in place to carry out our duties to cooperate.



The MAPPA divisional leads routinely attend all MAPPA level 2 and 3 meetings as a core panel member and are the link between MAPPA panel and clinical areas in the trust. The leads support gatekeeping and quality checking of referrals to MAPPA and are the link to the clinical teams to support decision making and understanding of MAPPA and its application. As part of the governance arrangements in place the divisional leads also support the auditing process of MAPPA to provide quality assurance

To support the interface between MAPPA and the trust an operational interface meeting takes place every quarter between the trust and the MAPPA co-ordinator and MAPPA administrator. The purpose of these meetings is to share information and update on any changes or challenges within the MAPPA system and procedures and an opportunity to raise any issues or concerns regarding applying the duties as a duty to cooperate agency.

The annual training is promoted across the trust and through all the divisions by the divisional MAPPA leads.

The Humberside MAPPA Foundation Training event will:

- provide a basic introduction to the principles, purpose and procedures of MAPPA.
- introduce participants to MAPPA Guidance and other materials to familiarise themselves with their use and application.
- ensure participants understand the purpose and function of MAPPA.
- ensure participants understand the language and terminology of MAPPA.
- explore the framework for identification, information sharing, risk assessment and risk management.
- assist Professionals in understanding their role and responsibilities within MAPPA.

Feedback from the MAPPA co-ordinator and SMB remains positive about the trust and the level of responsibility it takes to ensure compliance with MAPPA procedures and undertaking its duties as a duty to cooperate agency. The Trusts MAPPA protocol was last updated in October 24 and continues to be reviewed regularly in line with any changes to national or local procedures.

3.2 Director of Nursing, Allied Health and Social Care Professionals

3.2.1 Leadership Visibility

A joint visit has been undertaken to Hull CMHT by the Director of Nursing and the Chief Operating Officer. Waterloo and The Grange were visited on separate days. Staff were welcoming and keen to talk about their work and some of the improvements underway. The Deputy Director of Nursing has also visited Granville Court in Hornsea to meet staff and patients and has led a CQC mock inspection visiting Hull CMHTs as part of the Trust preparation for a CQC inspection.

3.2.2 Safer Staffing Assessment

The Trust recently completed a safer staffing and workforce planning self-assessment as part of a new schedule of annual compliance audits conducted by NHSE and the workforce lead from the Integrated Care Board (ICB). The audit covered the standards outlined in the National Quality Board Safe Sustainable and Productive Staffing Guidance (2016) and the Developing Workforce Safeguards (DWSS) document (NHSI, 2018).

The self-assessment covered the following:

- Trust approach to Safer Staffing
- Ward to Board reporting
- Rostering
- Temporary Staffing
- National programmes: Health Care Support Worker Programme; International recruitment and Professional Nurse Advocates

Following the self-assessment the Trust safer staffing and workforce planning leads met with the ICB lead and NHS England regional safer staffing leads to review the findings and evidence to support the self-assessment and agree any actions required.

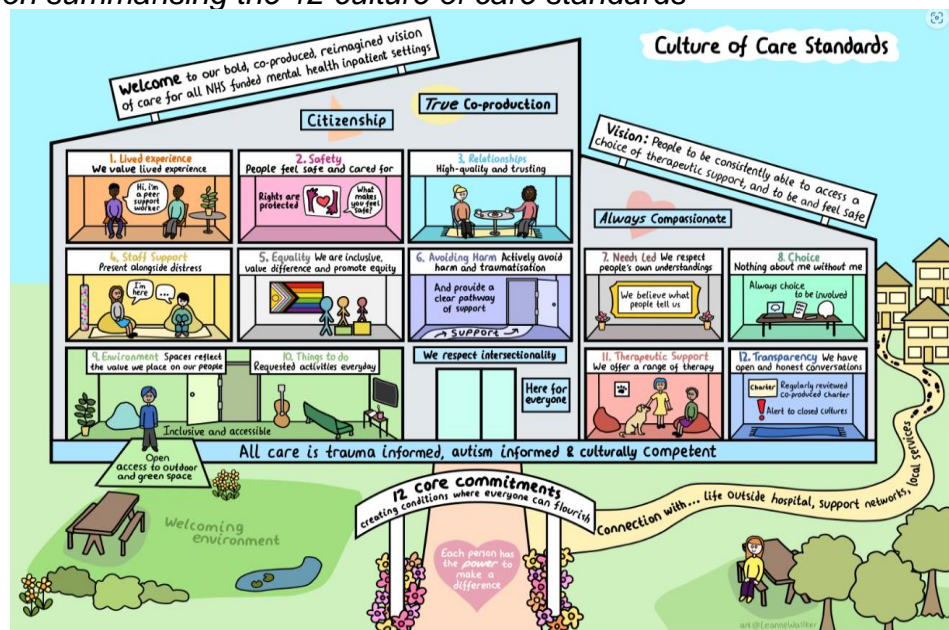
We were the first Trust to complete this new audit regionally and we received very favourable feedback from NHSE and the ICB in relation to the maturity of our approach to establishment reviews and ward to board reporting. They were particularly positive about our safer staffing dashboard.

We are currently awaiting the final report which will be shared with the regional NHSE Chief Nurse and the ICB Chief Nurse.

3.2.3 Culture of Care - Update

The Culture of Care programme is a national initiative that has been established to support cultural change with a reimagined model of care for the future across all NHS-funded mental health, learning disability and autism inpatient settings. A set of co-produced standards for inpatient wards are being embedded across the country, with the national programme providing support to a group of selected wards (over 200) from 60 providers.

An illustration summarising the 12 culture of care standards



The culture of care standards for mental health inpatient care support all providers to realise the culture of care within inpatient settings everyone wants to experience – people who need this care and their families, and the staff who provide this care. They apply across the life course to all NHS-funded mental health inpatient service types, including those for people with a learning disability and autistic people, as well as specialised mental health inpatient services such as mother and baby units, secure services, and children and young people’s mental health inpatient services.

At present we have four wards participating (Westlands, Avondale, Townend Court and Swale ward) with support offered by NHSE via the Royal College of Psychiatry and the National Collaborating Centre for Mental Health, using a Quality Improvement (QI) Methodology.

The wards have been receiving training on the principles underpinning the 12 standards and are being supported with generating and implementing multiple co-produced QI initiatives over a two-year period to drive change aligned to the standards.

The wards are embracing the work and between them have designed and commenced implementing QI’s such as:

- Redesigning the welcome pack for new patients at Avondale
- Setting up a patient forum at Townend Court

- Developing systems for supporting carers and families at Westlands, including an information pack for carers and one-to-one support sessions led by a peer-support worker
- Developing better understanding of Equality, Diversion and Inclusion issues for patients and staff on Swale

A further two wards, Inspire and Pine View have just submitted their application and have been accepted for inclusion in a new strand of support from the Culture of Care programme. Over the next six months these wards will be supported by Public Service Consultants (PSC) via a Staff Care and Development offer to coproduce effective support for their ward staff, with the same aim of creating the culture described in the model of care.

In order to share the learning as we progress through the programme, we are planning a celebration and showcase event on the 15th of May 2025 which Board members are invited to attend. This will take place in the Lecture Theatre and will include a morning of presentations to introduce the principles underpinning the model, and a marketplace event in the afternoon where each of the wards will be presenting the quality improvements they have been working on.

This work supports our closed culture work, providing some key service improvements to continually support the embedding of a positive culture across Trust services.

A progress report will be submitted to EMT and the Quality Committee in May 2025.

3.2.4 Work with Coroners

The work of the coroner's office can be distressing and involves exposure to the trauma and distress of other people, potentially resulting in vicarious trauma and challenges to the well-being of this dedicated group of staff who oversee the work of the coroner's office.

The Trust (via the Director of Nursing) have been approached by the coroner's office to see if we could provide some support for staff to help them manage the effect of vicarious trauma. Psychologists from Humber have agreed to provide some sessions for the coroner's office staff, to help them understand the impact of vicarious trauma and moral injury, recognise the effects of stress and trauma on the brain, and provide them with strategies to help cope with the challenges presented by their work. The psychologists are pleased to offer their expertise in this area to support local partners and support the vital work of the coroner's office.

3.2.5 Prevent Update

Prevent is about safeguarding and supporting those susceptible to radicalisation. The Trusts Prevent policy provides guidance to colleagues to help them identify susceptible individuals who may be at risk of being radicalised into violent extremism and to make sure the appropriate safeguarding actions and reporting is undertaken where concerns for the individual are identified.

On 23rd January 2025 Axel Muganwa Rudakubana was sentenced to life for the murder of 3 young girls, ten counts of attempted murder and possession of a bladed article following a serious incident in Stockport on 29th July 2024. An independent learning review report was published on 5th February 2025 with the aim of identifying effective practice, organisational learning and any further areas for development. The reviewer considered

there to be a high level of compliance and adherence to Prevent policy at the time, however, did also identify areas for learning around understanding risk indicators of radicalisation where a coherent ideology is not present and recognising the potential risk from repeat referrals. A recommendation was also made by the reviewer that Prevent training should be mandated to take place every three years (instead of just once).

Following publication of the independent report we have reviewed our Prevent Policy and processes in line with the recommendations for improvement made in the report.

Trust Response to the Recommendations

Of the 14 recommendations, many of them are the responsibility of Counter Terrorism Police or Home Office. These include recommendations on reviewing training and guidance for Counter Terrorism Case Officers and Supervisors to support them in their specific functions, reviewing and implementing training for Prevent staff in other areas to support their specific functions, considerations around how repeat referrals can be combined with previous ones to reflect repeat nature, and a review of the access and use of the Prevent Case Management Tracker System.

The first recommendation; to have a standardised sharing of information product for national use when sharing the results of checks conducted for Prevent, would have a minor impact on the Trust. This is because there are currently Information Sharing Agreement's (ISA's) in place for the Hull and East Riding Channel Panel and if the information sharing product was to change then the ISA's would need renewing. The information shared would remain the same as under the current agreements.

The Specialist Safeguarding Practitioner for Prevent has undertaken a review of the Trust's policy. It is not felt there are any significant changes required following the Stockport incident and subsequent learning review recommendations. Minor changes suggested are to make it more engaging and linked to the required statutory duties and current guidance. The refreshed policy is currently going through the Trust governance process for approval.

Prevent training compliance is consistently high (Prevent awareness Jan 98%, Level 3 training 93.5%) with reporting of cases within expected parameters. The NHS Prevent training and competencies framework advises that training should be refreshed every 3 years. The current training requirement across the Trust is completion once, with refreshers contained in the Safeguarding Adults training program and several resources available online. The Executive Management Team have agreed to change the frequency of the training to every 3 years. A training needs analysis has been requested to determine the staff in scope.

3.2.6 Care Quality Commission (CQC) Inspection – Orion, CAMHS inpatient unit

An unannounced inspection by the CQC was undertaken in our CAMHS inpatient unit on February 4th, 2025. CQC informed the Trust that the inspection was undertaken as Orion had never been inspected by CQC as it wasn't open when they last inspected.

Five inspectors undertook the inspection over two days. Information was requested in relation to staffing rotas, training, supervision, staff sickness, patient/carer feedback and engagement, discharge planning, risk management, safeguarding and use of restrictive interventions. The timescale for the data return was met. Verbal feedback from the lead inspector was as follows:

‘We have really enjoyed our 2 days on site at Inspire. Feedback was positive from staff who have been passionate and enthusiastic about the service they provide, and we have observed some good practice. We wanted to extend a really big thank you to the whole team for making us feel welcome and keeping us hydrated with cups of tea’

Since the inspection CQC have contacted patient families and carers for feedback. We will receive a report in due course which will be based on compliance with the CQC Quality Statements.

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

3.3.1 Leadership Visibility and Visits

Humber Centre 30th January – A wonderful opportunity to tour the unit and meet with staff and patients to understand experience. It was a joy to be able to speak to some passionate employees who were proud to work for the Trust and at the Humber Centre. This visit culminated with a discussion with the General Manager to discuss findings but also seek some reciprocal feedback on the People and OD service.

Townend Court – 6th March – The Associate Director of People and OD and Priyanka Perera, Associate Non-Executive Director, carried out an unannounced visit at Townend Court. The opportunity was taken to explore with staff their experience in light of high acuity of patients. Whilst the environment is challenging, the staff conveyed that they were proud of the care that they deliver. There were some opportunities discussed to be further explored with fellow colleagues.

3.3.2 Off Framework Agency Use

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

As of January 2025, the combined bank and agency fill rate was 89% (95% bank, 5% agency). There is less reliance on agency for HCA shifts, contributing to only 1% of the fill rate when broken down into staffing type. With that said, there is a higher prevalence of agency usage for Nurses meaning a targeted recruitment campaign is being implemented to bolster the bank, in addition to focusing on clearing the existing Nurses who remain non-compliant for statutory mandatory training.

Since this data was obtained, 16 bank staff have been cleared for work (combined Nurses and HCA's), therefore increasing the pool of active 'bank only' workers. In addition to the focus around clearing bank staff for work, FWT are progressing with a bank cleanse for those workers who do not engage after an 8 week-period. This will ensure the bank figures are reflective of those who are engaged and booking shifts.

3.3.3 Recruitment Statistics

Recruitment data from Trac is monitored on a monthly basis to ensure the service provision is robust and meeting the needs of both recruiting managers and candidates alike.

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

- **‘Conditional offer to checks ok’** was an average of 17.6 days, below the 20-day target.
- **‘Closing date to start date’** was an average of 63.3 days, below the 65-day target. This figure has been consistently below target since April 2024 with the exception of September and January when the figure rose slightly to 69.5 days and 66.6 respectively.

The Recruitment team have recently been involved in supporting the recruitment process for student nurses. Subsequently, offers of employment have been made to 25 students due to qualify in Summer 2025.

The team work alongside recruiting managers to ensure that they can recruit the right people as quickly and efficiently as possible to ensure as a Trust we continue to have a positive impact on patient care and experience by having the right people in posts at the right time.

3.3.4 People Promise Exemplar Update

Since the launch of the ‘Plus’ initiatives in November 2024 showcasing what is available for our people in terms of our approach to flexible working and our extensive offer of health and wellbeing initiatives the conversation around these areas has continued.

In terms of flexible working, open sessions for managers have been held throughout February allowing for Q&A and appropriate challenge – these have enabled us to adapt the support and messaging accordingly as well as updates to the intranet pages and resources available. In addition, the Flexible Working Policy is currently being reviewed to ensure that the overall initiative is embedded into policy and practices.

Since the launch of the Your Health and Wellbeing Plus initiative we have seen a good participation level in the ‘14 days to a Humbelievable new you’ campaign and the team are working on devising a Health and Wellbeing passport which will enable our people to ‘own’ their wellbeing journey in one place keeping all records of interventions and conversations with managers about what they need to be able to thrive in the workplace.

Since the official launch of this body of work, we have seen immediate increases in both uptake (formally logged) and enquiries. Where we have reliable data to demonstrate the impact of this work and the ongoing engagement, this is included below.

3.3.6 Workforce Wellbeing

The following data show the uptake of the Workforce Wellbeing Team’s services, with highlighted months illustrating those from the point at which our ‘Your Health and Wellbeing Plus’ offer was pro-actively discussed and shared around the Trust geography.

We can see that there is a significant rise in the numbers for February (63 Physical MOT appointments) and this is largely due to the team's attendance at Wellbeing drop in events across the Trust.

	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25
Number of new referrals for MOT appointments – physical health and wellbeing	44	74	51	55	37	88	80	54	62	48
Total number of physical health MOT appointments	60	49	44	41	29	62	60	62	52	48
Total number of wellbeing MOT appointments	3	3	9	5	2	9	3	3	3	8
Number of new referrals for 1-2-1 appointments	17	18	12	14	6	14	8	9	14	17
Total number of 1-2-1 appointments	46	44	36	37	19	38	45	36	31	33

In January 25 the Trust launched the '14 days to a Humbelievable new you' campaign which encompassed a range of health and wellbeing initiatives and saw good levels of engagement.

On 22nd January 2025 the 'Menopause Collective' was launched. This initiative gives us recognisable brand that all of our people can become familiar with. The initiative encompasses a suite of initiatives that support our staff with anything related to the menopause.

Workforce metrics show us that we have 1090 females who are aged between 45 and 60 in employment. Menopause symptoms can reach either side of this age group and in addition we will have a proportion of our workforce supporting a loved one with their menopause journey. Symptoms can be extremely difficult to navigate and nationally it is reported that 1 in 10 females leave their job role as a result of not being able to manage their symptoms. This support initiative is therefore far reaching and high impact.

The launch of this initiative included familiarisation with the branding, refresh of the intranet pages and resources available, delivery of training sessions for managers and employees, introduction of our 10 Menopause Advocates who are available for support and they also deliver the training. In addition there is a menopause support group who meet monthly and feedback tells us that they are a great source of connection and a space to come together and support each other.

The next steps for the initiative are to attain the 'Henpicked' menopause friendly accreditation and we hope to achieve this by early summer as we continue to gather feedback and aim to level up this high impact support.



3.3.7 Flu Programme 2024/25

Seasonal flu vaccination remains a critical important public health intervention and a key priority for 2024/25 to reduce morbidity, mortality and hospitalisation associated with flu at a time when the NHS and social care will be managing winter pressures whilst continuing to recover from the impact of the coronavirus (COVID -19) pandemic.

The 2023/24 Flu campaign saw Humber achieve 53.6% uptake for employed staff and 49.7 staff including our active bank staff. The plan for 2024 follows similar principles delivered in 2023, with plans ongoing to host a large scale initial vaccination event, followed by peer vaccinator and OH led clinics.

The Trust has been notified that the COVID-19 vaccination will not be offered in autumn 2024 for frontline health and social care workers, staff working in care homes for older adults, unpaid carers and household contacts of people with immunosuppression.

However, the JCVI advises that a COVID-19 vaccine should be offered to:

- adults aged 65 years and over
- residents in a care home for older adults
- persons aged 6 months to 64 years in a clinical risk group (as defined in tables 3 and 4 of the COVID-19 chapter of the Green Book

As of 7th February 2025, overall uptake of the flu vaccine in the organisation is 60.38% with frontline uptake at 42.96%. Although work continues to try and increase uptake of the flu vaccine, particularly amongst, frontline staff, the current uptake for this year 24/25 exceeds the overall figure for 23/24.

As we approach the last month of the flu season for 2024/25 the final figures will be released after 31st March 2025.

3.3.8 Statutory and Mandatory Training Update

Our compliance for statutory and mandatory training is showing consistent month-on-month high performance across the Trust. Recent access to benchmarking data confirms that we remain one of the highest performing Trusts within our region and indeed across the whole of the NHS.

In January, our compliance remains steady at 94.12%, against the Trust target of 85%. These figures emphasise the effectiveness of our training strategies and our collective commitment to maintaining high standards.

Despite these achievements, we recognise that there are still opportunities for improvement. At Humber, we're aware of the importance of not overburdening our staff

with unnecessary training and remain dedicated to providing the right training for the right people, ensuring that all training is relevant and deemed essential.

We will continue to focus on these areas, leveraging our data to tailor our training programs more precisely and support our staff in fulfilling their roles effectively. Our goal is to sustain and build upon our current performance, ensuring that our Trust remains a leader in statutory and mandatory compliance and training excellence.

3.3.9 Leadership and Talent Development Update

- **Humber Talent Programme Update**

The 10 delegates of the Humber Talent Programme 2025 began their journey on January 29th, 2025. They kicked off with a self-discovery day, using their Lumina Profiles to gain valuable insights into themselves.

As part of the programme, participants meet monthly for a day of structured development. In February, they focused on Quality Improvement (QI) through a bespoke session designed and delivered in partnership with our QI Lead, Cath Hunter.

We are delighted to welcome them to the programme and wish them every success along the way.

- **Alumni Programme**

The Organisational Development Team successfully delivered the first PROUD Alumni workshop, *Managing and Leading Change*, which was fully booked and received excellent feedback from participants.

Building on this success, we are now busy designing our next round of Leadership CPD, which will focus on *Compassionate Leadership*.

The PROUD Leadership Development courses continue to run, with a new cohort having started in January. Since the launch of the PROUD Alumni in October 2024, we have also issued our first newsletter in December, which was shared with all Alumni members.

3.3.10 Career Development Update

In celebration of National Apprenticeship Week, we went all out to showcase the incredible range of careers within our Trust and spotlight the amazing journeys of our staff. We highlighted how our Trust supports staff in their career progression, from the PROUD programme to apprenticeships, mentoring, coaching, and our Ambassador programme. It was an exciting opportunity to demonstrate how we empower our people to grow and succeed.

We also shone a light on the countless ways our staff help guide young people in choosing their career paths, offering a range of entry-level opportunities and an invaluable work experience programme. We heard firsthand from managers who have provided work experience opportunities and from young people who have had the chance to learn and grow with us.

To top it off, we promoted our Ambassador programme, showcasing the incredible impact it has. It was a week full of inspiration, growth, and the endless possibilities that come with being part of our Trust!

The team are currently planning a bigger and better programme for the Year 10 day which will be part of our anchor institution focus for 2025.

3.3.13 Leadership Competency Framework

In 2019, the Tom Kark KC review of the fit and proper person test was published. This included a recommendation for 'the design of a set of specific core elements of competence, which all directors should be able to meet and against which they can be assessed.' The Leadership Competency Framework (LCF) responds to that recommendation and forms part of the NHS England Fit and Proper Person Test (FPPT) Framework. [NHS England » NHS leadership competency framework for board members](#)

Being an NHS board member means holding an extremely demanding yet rewarding leadership responsibility. NHS board members have both an individual and collective role in shaping the vision, strategy and culture of a system or organisation, and supporting high-quality, personalised and equitable care for all, now and into the future.

The Leadership Competency Framework is for chairs, chief executives and all board members in NHS systems and providers, as well as serving as a guide for aspiring leaders of the future. It is designed to:

- support the appointment of diverse, skilled and proficient leaders,
- support the delivery of high-quality, equitable care and the best outcomes for patients, service users, communities and our workforce,
- help organisations to develop and appraise all board members,
- support individual board members to self-assess against the six competency domains and identify development needs.

Whilst 2024 saw the provision of the resources to support delivery of Chairs appraisals, we still await the resources to support wider Board assessment. There are expected by 15th March 2025

3.3.15 Equality, Diversity and Inclusion

Respect

The objective for the original respect campaign was in response to anecdotal feedback from our staff networks, with the key aim of driving up the reporting of bullying and harassment between staff. The most statistically significant improvement in the 2024 National Staff Survey is for the question 'the last time I or a colleague received bullying, harassment or discrimination, I or a colleague reported it'. If we look in more detail, we can also see that staff from ethnically diverse communities are reporting at higher rates of than their white peers. As such, we can see the impact of the Respect campaign in the staff survey, it has worked as intended, we have addressed under reporting and driven up the reporting of these incidents.

We are continuing to work on embedding Respect, working with the Trust's designer and commissioning four new Respect posters based on the protected characteristics, so there will be one for anti-racism, homophobia, disability discrimination and to support our new sexual misconduct policies a sexual harassment poster. These posters will then be

consulted upon with the networks and EDI steering group with a relaunch of the Respect framework across the organisation in the Spring.

No Excuse for Abuse

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

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

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

1. Rainbow Alliance Network

- The network has contributed towards articles for the global email for LGBT+ History Month in February where information about becoming the new chair of the network has been shared.
- The network undertook a review of the Eliminating Mixed Sex Accommodation policy and supported the review of the PACE Supporting Trans Patients Policy review.

2. Disability Network

- The network piloted of out of hours meetings to reach a wider audience.
- New badges and posters were designed by the network, one for disability and the other for hidden disabilities.
- The network contributed towards articles in the global email for Disability History Month (Nov/ Dec) and International Day of Persons with Disabilities (December 3)

3. Race Equality Network

- Supported the EDI lead in the development of navigating racial microaggressions guidance.
- Held virtual Black History Month event in October with guest speakers from Show Racism the Red Card, the event was well attended.
- Added quarterly Race Equality Development session into their schedule to include guest speakers from around the Trust to share work on that includes race equality, such as Patients and Carer Race Equality Framework (PCREF), Trauma Informed Care, Culture of Care, Respect and No Excuse for Abuse.

3.4 Medical Director Updates

3.4.1 Leadership Viability

The medical director joined the Ullswater Team at the Humber Centre for a morning interactive session on the Mental Act Quality Improvement on the 28 February 2025. The focus was on improving the MDT meeting to address sensitively the needs of patients with learning disability and autism.

On the 13 March 2025 Steph Poole (NED) and I visited Avondale Unit unannounced. The passion of the staff on improving patients experience on the unit was evident throughout. In addition to Avondale Unit, we also saw the 136 suite and had a brief discussion with the Bed Management team.

3.4.2 Patient and Carer Experience & Quality Improvement

Caring Together Event: Celebrating our Patients and Carers

On 13 February the Patient and Carer Experience and Continuous Improvement Teams hosted the Trust's first "Caring Together". The event showcased how patient and carer experience has informed continuous improvements across the Trust. Over 150 people including patients, service users, carers, staff and partner organisations attended the event in person as well as people attending virtually.

The audience listened to excellent presentations from staff who in some instances were supported by our patients, service users and carers from teams across the Trust. A special recognition section rewarded four of the Trust's Patient and Carer Experience Champions and the Humber Youth Action Group who have all dedicated numerous hours over the past few years to support the Patient and Carer Experience and Continuous Improvement agendas.

3.4.3 Medical Education

- Medical Education Department Workplan 2025-26 in final form, for ratification at April's Medical Education Committee (MEC).
- Dr Ferdinand Ogbe and Dr Tahmina Haque approved as HYMS Honorary Senior Lecturer.
- Prospective consultant career discussions being held individually with Higher Trainees on 5th June 2025. Includes 1:1 with the Director of medical Education (DME) and a meeting with the Executive Medical Director, Higher Training Tutor, and Head of Medical Education & Medical Directorate Business.
- Involved in discussions around development of Library Services as a combined 'super service' across the ICB patch.
- Planning for Medical Education Awards, the awards event will be held on the 18th June 2025, with guest speaker Professor Subodh Dave - Dean, RCPsych, presenting on "The Future of Psychiatric Education".
- Continue to deliver further educational and CPD events which benefit our full medical workforce (these events are in addition to, and compliment, our existing weekly Postgraduate Teaching Programme). Events which have taken place this year include:
 - Good Medical Practice Update by the GMC, 29th January 2025
 - Relational Prescribing session with guest speakers, open to all Trust staff, 12th February 2025

Events being held before the end of the academic year (31st July 2025):

- Trust/HYMS Psychiatry Society Collaboration event – ‘Psychedelics and Other Drugs’, 20th March 2025.
- Appraisal Forum with guest speaker, Paul Rafferty, GMC, Employer Liaison Adviser, 27th March 2025.
- Sleep Lecture delivered by guest speaker, Dr Kirstie Anderson, open to all Trust staff (audience of 123 to date), 30th April 2025.
- ‘Build your Health and Wellbeing’, Gary Jennison, Health and Wellbeing Specialist, 21ST May 2025.
- HM Coroner, Professor Paul Marks, and Dr Mel Levy, Consultant Histopathologist, Hull Medical Examiner Service, 28th May 2025.

3.4.5 Research

The Trust’s 8th annual research conference is now confirmed and will take place on Wed 19 Nov 2025 at the MKM Stadium. This is expected to be another great day for our annual celebration of research and will include national and local speakers, as well as hearing from those for whom research has changed their lives. This will be held as a hybrid event again, with people being able to book to join in person or online. As with previous years, this conference will be open to anyone to attend.

3.4.6 Psychology

Trust-Wide Updates

A workshop was held with over 40 psychological professionals to contribute to the NHS Change Consultation, focusing on digital, community, and preventative shifts. Staffing shortages continue to impact Adult Mental Health, with key leadership vacancies adding pressure. Interim measures have been arranged to ensure supervision and patient safety. Additionally, research is underway to assess the psychological well-being of nurses and healthcare assistants, aiming to address high sickness levels and improve access to post-incident support.

3.5 Director of Finance Updates

3.5.1 Leadership Visibility

Since September the Director of Finance has attended the in person Senior Leadership Forum at Driffild and also visited Rosedale Community Unit in Hedon where he had the opportunity to meet with staff attend a team meeting and hear feedback from members of the team.

3.5.2 Cyber Security Updates

NHS England’s Cyber Security teams release several alerts each month. These are (currently) referred to as CareCERT advisories and the trust must ensure that action is taken to deploy the remediation for each

There are two types of CareCert notifications,

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

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

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

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

In terms of CareCerts

- CareCERT notices issued during 2025: 29 (*Incl 13 in February*)
- High Priority CareCERT notices Issued during 2025: 5 (*Incl 2 in February*)

There were no Distributed Denial of Service (DDoS) attacks against the Trusts internet connections during July or August 2024.

3.5.3 Facilities Management Updates

- Works progressing to relocate services from Beverley Health Centre to the East Riding Local Authority property (Block H). This will provide additional corporate accommodation to the Beverley Locality – paper appears in Part II today.
- Process of establishing a design team to progress the Redesigning Mental Health Inpatient Accommodation scheme is being finalised. A separate commission is being developed for a Project Manager and Trust Cost Advisor to the scheme.
- Bids submitted for reduction of CIR (£900k) and reducing mental health out of area beds (£2.075m).
- Replacement Ascom system replacement (new KAM Alarm system) complete, tested and ready to go live at the Humber Centre, Pineview and Miranda House PICU.
- Building evacuation exercises and weekly fire safety checks are included in the safety reports that are issued to the H&S Group. These will be extracted and issued to EMT on a monthly basis to provide assurance and as an escalation route if required.
- EV charging network – Currently reviewing a potential migration to new provider, this follows performance and service support issue from the current provider, and the successful pilot of Mer for the Estates and Hotel Services fleet.
- PLACE results released. Performed well against national averages and other local Trusts/Providers. Increase in Food score which was highlighted in the HSJ placing us 4th in the mental health league table (food domain), a report appears later in the agenda.
- Following a recent food scare (listeria detected in some desserts) all ice-cream products had to be withdrawn from menus. The catering teams were diligent in following the advice of East Riding Council, Hull City Council, Environmental Health Officers and the Trusts catering lead, which eliminated the risk associated with an outbreak of food poisoning.
- Currently reviewing the impact that the national "Simpler Recycling" scheme (Government Legislation) will have on our day-to-day operations. A plan is

currently being drawn up that will take us on a journey to meet the scheme requirements.

- York LLP are being engaged to enable the dementia room (Charitable Funds Dream) to progress. Also to formalise the long term use of Rydale ward for the community team. This includes adjustments to the accommodation to improve its suitability for service delivery.

3.5.4 Partnerships and Strategy Update

Divisions have been working on their Annual Operation Plans following the publication of the NHS Operational Planning Guidance.

The LD screening team working with Bridlington and Goole PCNs are producing a video to support service users know what to expect when they undergo investigations. The trust was approached by the Cancer Alliance to see if we could co-produce an additional video with experts by experience demonstrating the Lung Cancer screening process. This has been supported using a combination of additional funding from the Cancer Alliance and topped up with HealthStars funding following the submission of a Wish by the Team.

3.5.5 Digital Updates

- All services have successfully migrated from Lorenzo to the new SystmOne Electronic Patient Record (EPR) system, enhancing our digital capabilities.
- The EPR extension is on track, with Phase 1 providing access to historical patient data from March 3, 2025, improving clinical information availability.
- We are developing an EPR optimisation plan to ensure continuous improvement, incorporating staff feedback to refine workflows and system functionality.
- Key digital tools are being rolled out across the Trust, including Accurx for enhanced patient communication and Lexacom for voice recognition, increasing efficiency.
- The BeDigital programme is progressing within its allocated budget, demonstrating effective financial management of our digital investments.
- The Trust is committed to realising the benefits of our digital investments, with a focus on improved staff efficiency, patient safety, and overall service delivery.
- Interweave have been shortlisted for the HSJ digital awards.
- Our CIO, Lee Rickles, has been appointed as the chair of the BCS special interest group for electronic health care record.

4 Communications Update

Progress against strategic objectives over period.

Theme 1: Promoting people, communities, and social values

Aims	Activity Over period	KPI	March Position
Uphold our strong and distinctive brand to create greater awareness, confidence, and relationship with stakeholders	<p>Six new brand champions added (12 total). Producing local branded content to support central efforts.</p> <p>New graphic designer trained on digital screens now in place in all inpatient units. Process in place with IT to</p>	<p>Increase visits to online brand portal by 20% demonstrating staff engagement and usage of brand</p>	+95%

	manage and ensure utilisation.		
Protect and promote the Trust's external reputation	<p>Media highlights</p> <ul style="list-style-type: none"> • GP Veteran Aware Accreditation – national news, local news and two radio interviews. • Miles for Smiles – local news and radio • ADBB 2nd Phase study – local and national news • Menopause Advocates – radio and TV • Health Stars Golf Event – radio, local press 	<p>Track and manage positive V negative messaging and ensure balance of coverage is in Trust favour</p> <p>Establish in house media training</p>	<p>87 positive / 26 neutral / 7 negative = April 24 to March 25</p> <p>38 staff now trained. (saving £5760 to the Trust)</p>
Share and celebrate our successes to inspire confidence raise our profile	New content planner reducing single use content and maximising impact of our stories.	<p>Social media engagement +4%</p> <p>Linked in channel growth - 2872 followers</p>	<p>Facebook – 4.69%</p> <p>X – 6.17%</p> <p>Linked in - 6,048 +1264 new followers in month</p>
Ensure that patients, the public and their representatives know what to expect from us and have high levels of confidence in our service	<p>Communications Champions Forum established with Hull and East Yorkshire 0-19 Services and Mental Health Support Teams (MHSTs). Aim is to share intelligence, insights, and expertise to develop reactive campaigns addressing health concerns affecting children, young people and families.</p> <p>New campaigns include bereavement and loss support for young people in Hull and East Riding and temporary accommodation being linked to infant deaths in Hull 0-19 service areas, aerosol drug abuse and vaping in young people.</p> <p>Other campaigns - Mental Health Support Team to host 'Miles For Smiles' charity walk during Children's Mental Health Week - Hull Live</p>	Meet individual campaign objectives.	Assessing clinical impact with services

Theme 2: Enhancing prevention, wellbeing and recovery

Aims	Activity over period	KPI	March Position
Ensure that patients and service users have accurate information that meets their needs	<p>Connect Website - now live and fully operational.</p> <p>SOP established to ensure updates keep content accurate and up to date. Trust website content changed to</p>	TBC after 6 months live	<p>To date</p> <p>22,000 active users</p> <p>32,000 sessions</p>

	<p>direct to it.</p> <p>Stakeholder newsletters continue to be sent to audiences monthly</p>	<p>Newsletter open rate +30%</p> <p>Newsletter subscribers – up 40% (from 141)</p>	<p>28%</p> <p>Email and linked in combined subscribers - 6052</p>
Develop and participate in campaigns that support the prevention agenda	<p>Children's Mental Health Week, 3-9 February - East Riding Mental Health Support Team (MHST) completed a 7-mile walk for charity, visiting 10 schools. Delivered 200 Emotional Wellbeing Kits.</p> <p>Time to Talk Day, 6 February – Social media promoting NHS Talking Therapies</p>	<p>Campaign target – complete walk and raise £500</p> <p>Engagement with social media</p>	<p>Achieved</p> <p>103 engagements</p>
Support national NHS communications campaigns aimed at illness prevention, demand reduction and self-care, personalising them for our audiences.	NHS app communications	No measures set for national messaging. Reported as part of overall social media KPI's	

Theme 3: Developing an effective and empowered workforce

Aims	Activity over period	KPI	March Position
Attract excellent candidates	<p>Humbelievable - Spring Clean Your Career campaign complete</p> <p>Have photographed and filmed for new ads at Newbridges</p>	<p>New campaign</p> <p>Annual campaign target to improve on previous years visits to Join Humber website</p> <p>Launch jobs email newsletter</p>	<p>Sending 600 visits per day to the Join Humber website</p> <p>+30% on 2023/4 campaign, 39,000 website sessions on the Join Humber</p> <p>+2000 subscribers</p>
Be the employer of choice for professionals pursuing a rewarding career.	Staff survey results communications – creating range of designs, communications and press release to support results	Staff survey results	Improved position on 23/24

	<p>"14 Days to a Humbelievable You" health and wellbeing campaign ran over period.</p> <p>Marketing launched for new Move More in May step campaign (100k Your Way brand)</p>	<p>10% staff engaged</p> <p>Post event survey Net Promoter Score in top quartile +73%</p>	<p>9.7% staff engaged</p> <p>71%</p>
<p>Have easy to access, high quality digital internal communications that our teams can access how, when and wherever they are.</p>	<p>The Global Newsletter redesign following staff feedback – aims to be easier to read and encourage more in depth reading. Example: The Global - 7 March 2025 Final issue of each month will become a round up to reduce missed stories.</p> <p>Intranet</p>	<p>Global Click Through Rate (CTR) - + 7%</p> <p>Intranet visits - +77101 p/m</p> <p>Bounce rate < 50%</p>	<p>CTR - 8.2%</p> <p>93,576</p> <p>18.1% (excludes homepage)</p>
<p>Promote internal messages to enable shared understanding, inspire commitment to their achievement, and support the achievement of Trust priorities</p>	<p>CQC readiness – responsive dedicated communication in response to inspections. Daily emails, staff handbook, desktop messaging, posters and quick reference guides sent to all inpatient areas.</p> <p>Report it and No Excuse for Abuse campaign refresh with EDI team. Extended to includes patients and service user target messaging</p>	<p>CQC outstanding achieved</p> <p>Staff survey result - The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it.'</p>	<p>TBC</p> <p>2024 result +6.89%</p>

Theme 4: Innovating for quality and patient safety

Aims	Activity over period	KPI	Feb Position
<p>Promote excellence, innovation and where early adoption is taking place</p>	<p>2025 Awards shortlistings now live.</p> <p>HSJ digital shortlisting for Interweave</p>	<p>4 national/2 local shortlists annually per year</p>	<p>Submissions closed, fwith our most successful year to date with a 67% increase in shortlisted awards (12 to 20).</p>
<p>Demonstrate how supporting, enabling and</p>	<p>Loneliness study in partnership with</p>	<p>1 story p/m</p>	<p>1 story</p>

participating in the development of the health research evidence base benefits the health and wellbeing of the people we serve, and the services we provide	University of Hull		
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Theme 5: Optimising an efficient and sustainable organisation

Aims	Activity over period	KPI	Feb Position
Use digital communications to enhance patient care, health management and patient experience.	An independent accessibility audit will be run on the Trust website to ensure we meet and exceed all current guidelines. An audit has also been done by the accessibility Monitoring Team at the Government Digital Service. Work is underway to address areas of noncompliance and reassess the site.	Reduce bounce rate – whole site <50% Average page visits/views per session < 3 Increase average session duration > 1 min	46.9% 1.9 2 min 42
Support the Trust's Business Development, Projects & Innovation strategies.	Final EPR go live supported. Interweave Communications Strategy for 2025-27 is now complete, joined-up piece between comms project team and Interweave leadership Events Officer supporting Shared Care Record Summit in Birmingham	EPR communications plan measure of success As per Interweave communications plan	5,000 visits to EPR Hub on the intranet +1,000 new visits to the training support page between 1 Jan and 25 Feb Not yet launched

5 Health Stars Update

See Appendix 1

Agenda Item 8

Title & Date of Meeting:	Council of Governors Public Meeting – 17 April 2025																			
Title of Report:	Non-Executive Director Chairs of Sub Committees Assurance Reports & Feedback																			
Author/s:	Dean Royles, Chair of People OD Committee Phillip Earnshaw, Quality Committee Steph Poole, Chair of Mental Health Legislation Committee Stuart McKinnon-Evans, Chair of Audit Committee and Collaborative Committee																			
Recommendation:	<table border="1"> <tr> <td>To approve</td> <td></td> <td>To discuss</td> <td></td> </tr> <tr> <td>To note</td> <td>✓</td> <td>To ratify</td> <td></td> </tr> <tr> <td>For assurance</td> <td></td> <td></td> <td></td> </tr> </table>				To approve		To discuss		To note	✓	To ratify		For assurance							
To approve		To discuss																		
To note	✓	To ratify																		
For assurance																				
Purpose of Paper:	To provide the Council of Governors with the Sub Committee Assurance reports that have been submitted to the last Board meeting																			
Key Issues within the report:																				
Positive Assurances to Provide: Details included in the reports from <ul style="list-style-type: none"> Quality Committee Mental Health Legislation Committee Audit Committee Charitable Funds Committee Collaborative Committee 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> N/A 																		
Key Risks/Areas of Focus: <ul style="list-style-type: none"> No matters to escalate 		Decisions Made: <ul style="list-style-type: none"> N/A 																		
Governance:	<table border="1"> <thead> <tr> <th></th> <th>Date</th> <th></th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Appointments, Terms & Conditions Committee</td> <td></td> <td>Engaging with Members Group</td> <td></td> </tr> <tr> <td>Finance, Audit, Strategy and Quality Governor Group</td> <td></td> <td>Other (please detail) Quarterly report to Council</td> <td>✓</td> </tr> <tr> <td>Trust Board</td> <td>March 2025</td> <td></td> <td></td> </tr> </tbody> </table>					Date		Date	Appointments, Terms & Conditions Committee		Engaging with Members Group		Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	✓	Trust Board	March 2025		
	Date		Date																	
Appointments, Terms & Conditions Committee		Engaging with Members Group																		
Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	✓																	
Trust Board	March 2025																			

Monitoring and assurance framework summary:

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



Agenda Item 8a

Title & Date of Meeting:	Trust Board Public Meeting – 26 March 2025															
Title of Report:	People & Organisational Development Committee Assurance Report from meeting held on 12 February 2025.															
Author/s:	Dean Royles – Non-Executive Director															
Recommendation:	<table border="1"> <tr> <td>To approve</td><td></td><td>To discuss</td><td></td></tr> <tr> <td>To note</td><td>✓</td><td>To ratify</td><td></td></tr> <tr> <td>For assurance</td><td>✓</td><td></td><td></td></tr> </table>				To approve		To discuss		To note	✓	To ratify		For assurance	✓		
To approve		To discuss														
To note	✓	To ratify														
For assurance	✓															
Purpose of Paper:	<p>The People and Organisational Development Committee is one of the sub committees of the Trust Board.</p> <p>This paper provides an executive summary of discussions held at the meeting on 12 February 2025 and a summary of key points for the board to note.</p>															
Key Issues within the report:																
Positive Assurances to Provide:		Key Actions Commissioned/Work Underway:														
Key Risks/Areas of Focus:		Decisions Made:														
Governance:		Date		Date												
	Audit Committee		Remuneration & Nominations Committee													
	Quality Committee		People & Organisational Development Committee													
	Finance Committee		Executive Management Team													
	Mental Health Legislation Committee		Operational Delivery Group													
	Collaborative Committee		Other (please detail) Trust Board	26/03/2025												

Monitoring and assurance framework summary:

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

Committee Assurance Report – Key Issues

Assurance Report 12 February 2025

Chairs Logs:

Staff Health & Wellbeing Group:

The group remains positive, engaged and enthusiastic, and continues to review risks and data relating to staff health and wellbeing to ensure a focus on that work. Good discussion taken place within the group around health inequalities. Work plan being developed for the next 12 months to include the psychological support work. Concerns raised about the low flu vaccine update and actions being reviewed by the Executive Team.

Equality, Diversity and Inclusion Steering Group:

Reported on improved attendance from operational colleagues and the traction in relation to the race equality network activity, with focus on the recent conference. The disability network is building energy with the chair trying to be creative in building engagement. Good to see a range of activity taking place across all the networks.

No Excuse for Abuse framework launched in December 2024. Discovery work taking place on the multigenerational workforce and work taking place in relation to horizon scanning which gives a focus for future workplans.

Medical Education Committee:

Remains vibrant and with good attendance from people wanting to make a difference to medical education in the organisation. Work continues to be undertaken in terms of delivery of CPD events and the development of next year's work plan. International Medical Graduates (IMG) conference taken place and recognised the contribution that IMGs are making to the organisation. Self-assessment document been submitted for the Hull York Medical School (HYMS) annual monitoring visit due to take place in May 2025.

The issue in relation to accommodation for doctors teaching on a Wednesday morning had been resolved with the Lecture Theatre being used for teaching every Wednesday morning going forward.

People Insight Report:

Reducing vacancy rate now at 7.3%, and also the excellent work in terms of recruiting to nurse vacancies. Turnover rate is below 10% with medical and dental turnover the lowest professional group. The E-Rostering roll out project has been completed with a period of optimisation now underway. Solid appraisal rate noting that the focus on the next Appraisal window will be on the quality of appraisals.

The following areas of focus; consultant vacancy rates although it's improving it remains a concern. Sickness absence, within inpatient areas with focussed work taking place between Operations and HR colleagues. Statutory and mandatory training DNA's focussed work taking place between Operations and Learning & Development colleagues to address any issues.

Finance and Workforce Controls Assurance Report:

A developing piece of work that continues to enhance this report, with triangulation between workforce, finance and productivity planned for the next iteration. Received an update on focused work in terms of agency reduction following direction by NHS England and the bank rate reductions. The committee were content in the push back by the Trust on directions to reduce bank rates.

Although we still have agency spend higher than we would like, improvements had been made with a £2 million reduction over the previous year.

Risk Register and BAF:

Discussion took place on the risks that were 9+ which included the consultant vacancies and agency spend. In respect of consultant vacancies, the Medical Director to reflect on whether actions have been appropriately taken as we continue to reduce the figure.

In relation to risk WF39 Nurse vacancy figures, the committee supported the re-rating of this risk, due to the work that had been undertaken to reduce vacancy figures.

In terms of the board assurance framework a piece of work is required to look at those areas that are red against the trust strategy to ensure we've captured everything appropriately within the BAF.

Guardian of Safe Working Hours Report:

Received the report and saw a reduction in exceptions reporting compared to the last report and now at a very low level. Also saw an improvement in the quality of those reports and understand more about the reasons for why they came about.

All exceptions raised have been reported and there are no outstanding payments, and work is ongoing to try to improve the experience for resident doctors and looking at monitoring throughout the year to see if we can anticipate stress points or hot spots at particular times of the year when we can be pro-active in resolving issues.

Mental Health Social Work in the NHS:

New guidance that originated from NHS England and supported by skills for care was presented to the committee with assurance that the Trust had been involved in this of work since 2017 with around 30 people going through the programme.

A discussion took place in relation to the oversight of the work and recommendations had been suggested that could be via QPaS and then into Quality Committee and also into ODG to be confirmed outside of the meeting to get the appropriate sort of governance and oversight of the implementation of the guidance.

Audit Plan:

The committee were content that there were no specific audits for workforce for the coming year and noted that if the audit around off framework use went ahead the workforce team would be involved in the audit.

Thematic review into employee relations casework & organisational development contracts:

The report was well received and recognised that an enormous amount of work had gone into the report and was good to see the work being picked up with the OD contracting. Suspension rates were discussed, and it was also noted that suspension is not the Trust's first response and other options are explored first.

The Freedom to Speak Up Reflection Planning Toolkit:

Assurance was given and the committee endorsed and approved the Toolkit for the Improvement Plan to go to Trust Board in March 2025 for final sign off

Title & Date of Meeting:	Trust Board Public Meeting – 26 March 2025			
Title of Report:	Quality Committee Board Assurance Report – February 2025			
Author/s:	Dr Phillip Earnshaw, Non-Executive Director and Chair of Quality Committee			
Recommendation:	To approve		To discuss	
	To note		To ratify	
	For assurance	X		
Purpose of Paper:	<p>The Quality Committee is one of the sub committees of the Trust Board.</p> <p>The paper provides a summary of discussions held at the Quality Committee on February 19th, 2025, with a summary of key issues for the Board to note.</p>			
Key Issues within the report:				
Positive Assurances to Provide: The Committee received positive assurances through the following reports. <ul style="list-style-type: none"> • CQC preparedness discussion item • Quality Insight Report • Quality Committee Risk Register Summary and BAF • Quality Accounts Development Programme • Annual Ligature Report • National Confidential Enquiry on Suicide Briefing • Falls Report and development plan • Notes of the Quality and Patient Safety Group 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> • A report on the recommendations from the independent investigation into the Nottingham Homicides to be presented to the Trust Board in March. The Committee agreed they will retain oversight of this work. • An update on the Falls Thematic Report to be presented to the Committee in six months to present progress against the improvement plans. 		
Key Risks/Areas of Focus: <ul style="list-style-type: none"> • It was agreed the discussion on risk profiling of the estates which arose from presentation of the Annual Ligature Report discussion would be with EMT. 		Decisions Made: <ul style="list-style-type: none"> • There were no documents required approving at this meeting. 		
Governance: Please indicate which committee or group this paper has previously been presented to:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail)	

Monitoring and assurance framework summary:

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

Committee Assurance Report – Key Issues

The key areas of note arising from the Quality Committee held on 19th February 2025 are as follows:

The minutes of the meeting held on the 14th November 2024 were agreed as a true record and the action log approved noting all items closed. The November Quality Committee Assurance report was noted. The Committee work plan was reviewed and updated.

The following papers were discussed.

CQC Preparedness (Discussion Item)

The Committee received a presentation and information on the recent CQC inspection at Inspire CAMHS inpatient unit and the comprehensive work being undertaken in preparation for future CQC inspections. The Committee discussed the comprehensive updates and thanks were given to all staff involved in the recent inspection with assurance on the ongoing work. It was noted update reports will be included in future Quality Insight reports.

Quality Insight Report

The headlines from the report included the working group update for the Thirlwell Enquiry which considers culture in the NHS, outlining the work being undertaken as a result of the findings of this review.

An update following the publication of the National Primary Care Patient Strategy noting the work of the task and finish group to strengthen patient safety reporting and learning in this area. It was noted Humber GP Practices were compliant with the national Patient Safety Incident Reporting Framework (PSIRF).

The NHSE commissioned independent investigation review into the Nottingham homicides was noted with a report to be presented to Trust Board in March and an update report to the next Quality Committee.

An update on the service improvement plans for Townend Court and Westlands showing the progress made and the summary of the dashboard data on incidents, patient safety investigations and compliance with policies. The committee agreed the comprehensive report gave good assurance.

Quality Accounts Development Plan

The timeline was presented to the Committee to show the key dates for drafting, reviewing and approval of the Trust Quality Accounts.

Quality Committee Risk Register Summary and BAF

The Committee reviewed the Q3 Quality Risk Register and BAF, noting 11 risks on the register rated nine or above which have been reviewed through QPaS. It was noted there were four waiting list related risks and two inpatient risks which had been discussed in the Quality Insight Report. The Risk Register and BAF were discussed, and assurances received.

Annual Ligature Report

The Committee received the annual ligature report which details the position and outcome from the Q3 audits completed last year with a summary of work undertaken as a consequence of the audits from the prior year and a list of priorities for this year which will be updated with the agreed work once approved through EMT. It was agreed good assurance was received, noting the reduction in outstanding issues over the past years

National Confidential Enquiry on Suicide Briefing

The Committee received the briefing report on the National Confidential Enquiry on suicide. A discussion was held regarding the work ongoing with Humber with positive assurances given to the Committee regarding how this is embedded in practice.

Falls Report and Development Plan

The Committee received a thematic report on inpatient falls which was undertaken following a noted increase of falls and harm in one of the units. The in-depth report was welcomed by the Committee and a good discussion was held, with an agreement for an update report to the Committee in six months to review progress against the development work being undertaken.

The Chair noted it was HG's last meeting of the Quality Committee she was thanked for her support and input over the years and wished all the best for the future on behalf of the Quality Committee. The meeting reflected on HG's thought regarding the development of the meeting and how it had progressed since its origins.

Agenda Item 8c

Title & Date of Meeting:	Trust Public Board Meeting – 26 March 2025															
Title of Report:	Mental Health Legislation Committee Assurance Report following a meeting of 6 February 2025															
Author/s:	Stephanie Poole Non-Executive Director and Chair of Mental Health Legislation Committee															
Recommendation:	<table border="1"> <tr> <td>To approve</td><td></td><td>To discuss</td><td></td></tr> <tr> <td>To note</td><td>√</td><td>To ratify</td><td></td></tr> <tr> <td>For assurance</td><td>√</td><td></td><td></td></tr> </table>				To approve		To discuss		To note	√	To ratify		For assurance	√		
To approve		To discuss														
To note	√	To ratify														
For assurance	√															
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	<p>The Mental Health Legislation Committee (MHLC) is one of the sub-Committees of the Trust Board.</p> <p>This paper provides assurance to the Board with regard to the agenda issues covered in the committee held on 6 February 2025.</p>															
Key Issues within the report:																
Positive Assurances to Provide: <ul style="list-style-type: none"> The Mental health Bill 2024 was introduced into parliament in November 2024 and is expected to receive royal assent in summer 2025. Once enacted it is likely to be phased in over 8 – 10 years to enable services to prepare for the changes. The committee will monitor the Bill's progress and implementation. Among the key issues will be consideration of additional resources needed along with plans for alternative provision for autistic people and people with LDs. The implementation of PCREF is key to reducing racial disparities and requires board level endorsement. The Committee received Q3 performance report to end December 2024. The number of admissions/detentions has reduced since the last quarter and remain within normal control limits - 119 patients detained. Acuity remains high. No Under 18s were admitted to an adult ward. There was no use of Section 4 in the quarter. At the end of Q3, there was only one delayed discharge patient in a secure bed, due to waiting a bed at another facility. AWOL figures reviewed in detail – within normal control limits. 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> National QI programme related to MHA reforms – Following on from PICU, Ullswater and Ouse Wards are participating in Phase 4 of the programme which runs from July 2024 – February 2025. This involves focus on race, neurodiversity and culture and involves radical redesign of ward processes and the development of a range of improvement ideas priorities according to effort and impact. Performance Reports - BI team have advised the new report is work in progress now we are transitioning everyone across to the new EPR and everyone is working hard to ensure the Q4 report will be fully completed by the time the next MHLC committee is held. RRI/Use of Force Act – there is continued focus on training compliance. Review the post incident audit of Rapid tranquilisation and compliance. Explore further the increased use of rapid tranquilisation particular restrictive options are being used. Continued rollout of the use of safety pods across in patient. Coproduction of safety pod SOP (standard operating procedure) and patient information. 														

<ul style="list-style-type: none"> • RRI/Use of Force Act - DMI training compliance has increased to over the target 85% throughout Q3. The use of restraint has slightly reduced over Q3. Positive National benchmarking in regard to % of people subject to restrictive interventions. Accuity is high during Q3 and, although seclusions are within normal control limits, there has been a marked increase in the quarter. This is in line with a national spike. Co-production - lived experience representatives are established as key members of the wards culture of care programme. Most areas now have safety pods in place or on order. Resource have been produced to support people with a learning disability to understand restrictive interventions. All incidences of use of restrictive interventions continue to be subject to clinical review via the daily safety huddle and weekly by the Clinical Risk Management Group (CRMG). • Crisis Care/ s136 - The committee received a presentation on the work of the Hull and East Riding Crisis Care Concordat, which is made up of key partner organisations. The partnership drives specific developments and improvement to service users access to crisis support. It also has oversight of the Right Care Right Person programme given the areas role as a very early adopter. There is ongoing focus on addressing S136 detentions, which are subject to regular review by the division and the partnership. • MAPPA - The committee received a further assurance report on the Governance arrangements around MAPPA. • Committee effectiveness review – the committee reviewed of the results of an annual survey of its members. • All mental health legislation related policies/procedures/guidance are up to date. • MHLSG (Mental Health Legislation Steering Group) minutes – Committee noted the minutes. • MHLSG subgroups and CQC MHA visits assurance report noted. 		<ul style="list-style-type: none"> • Crisis care concordat - Systemic focus on pre-crisis and post crisis intervention to prevent crisis mental health demand rising further and enhancing people's outcomes underpinning the 2025/2026 work plan. 	
Key Risks/Areas of Focus: <ul style="list-style-type: none"> • In relation to Mental Health Bill 2024, the Board will need to consider and commence planning for any additional resource requirements. The Committee recommended this be considered for risk register/BAF. 		Decisions Made:	
Governance: Please indicate which committee or group this paper has previously been presented to:		Date	
	Audit Committee		Remuneration & Nominations Committee
	Quality Committee		People & Organisational Development Committee
	Finance Committee		Executive Management Team
	Mental Health Legislation Committee		Operational Delivery Group

	Collaborative Committee		Other (please detail)	
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Monitoring and assurance framework summary:

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

Committee Assurance Report – Key Issues

Mental Health Bill

Changes to mental health legislation are likely to have implications for workforce and organisation configuration, albeit numerous details are still being discussed. For example, provisions for autistic people and people with learning disabilities, the demands on AMHPs and the number of psychiatrists needed. These are being worked through at a national level but the trust will also need to give consideration to the impact locally. It was recommended that this to be considered for incorporation in risk register/BAF.

Performance

No significant issues identified in the Q3 report. It was noted that there has been some inevitable short term disruption this quarter in the collection of patient data due to the migration from Lorenzo to SystmOne. This has led to need to do some manual counting for the reports. This is being monitored but may impact Q4 reports.

Reducing Restrictive Interventions

The Committee noted several good practice stories regarding RRI from PICU, Townend Court, Orion and Newbridges. There is high acuity across all inpatient areas throughout Q3. This has resulted in an increase in incidents of violence and aggression (Q2 – 406; Q3 – 579) and the use of seclusion (Q2 – 38; Q3 – 54), especially in December 2024. The use of rapid tranquilisation has also increased. These all remain within normal control limits. This chimes with the national picture and will be kept under review. The number of incidences of restraint has reduced during Q3.

Crisis Care/ s136

The Concordat is a well attended group and partners engage well. It was noted that that the trust's streaming service in A&E has had an impact on waits. Benchmarking figures for s136 are not easily available. However analysis of detentions in areas of similar deprivation would suggest Humber performs well. S136 is around 35/36 per month in Q3 compared with a peak of 48 in July 2024.

MAPPA

Having received substantial assurance around the trust's governance arrangements, the committee is keen to gain a greater understanding of how the partnership is working in practice and making a difference to patients and the public. The committee will return to this at its meeting in August 2025 once the results of an audit are available.

CTOs

The next meeting in May 2025 will receive a report on the use of CTOs within the Trust. The number currently in place is low at 24 (compared with 28 a year ago).

Committee Effectiveness

The annual survey of committee members has been completed and the raw results reviewed by the committee. There are lots of positives to continue to push forward along with some helpful suggestions for improvement.

Agenda Item 8d

Title & Date of Meeting:	Trust Board Public Meeting – 26 March 2025														
Title of Report:	Assurance Report to Board from Audit Committee 25 February 2025														
Author/s:	Stuart McKinnon-Evans														
Recommendation:	<table border="1"> <tr> <td>To approve</td><td></td><td>To discuss</td><td></td></tr> <tr> <td>To note</td><td></td><td>To ratify</td><td></td></tr> <tr> <td>For assurance</td><td>X</td><td></td><td></td></tr> </table>			To approve		To discuss		To note		To ratify		For assurance	X		
To approve		To discuss													
To note		To ratify													
For assurance	X														
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	Report to the Board of the outcomes of the Audit Committee, for information and assurance.														
Key Issues within the report:															
Positive Assurances to Provide: <ul style="list-style-type: none"> The BAF continues to provoke discussion about how the Trust's leadership assess composite performance and risks Much evidence of how intelligent risk management is applied by the Children's and LD Division is applied, in considering how to tackle enduring workload pressures and resource constraints The 2023/24 accounts are now fully closed, with no exceptions raised in the Value for Money report by external audit The implementation of the 2024/25 Internal Audit plan is on track with good results Accounting policies have been reviewed, without revision Recommendations from internal audits are all being implemented as planned The counterfraud programme remains active, with reported incidents being appropriately managed Insurance arrangements have been reviewed and are adequate 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> Consider inclusion of additional positive assurances in the BAF Review how a poor performance/high risk score in one service domain affects the composite score for the whole Trust 													
Key Risks/Areas of Focus: <ul style="list-style-type: none"> The salient risks on the Trust-wide register score 15 or above relate to consultant vacancies; neurodiversity waiting lists; and revenue and capital funding 		Decisions Made: <ul style="list-style-type: none"> Approval of the 2025/26 Internal Audit Plan, subject to ensuring the financial sustainability audit looks at productivity as part of cost improvement/waste reduction 													

<ul style="list-style-type: none"> Some risks in the neurodiversity services are long-standing and de facto being tolerated/accepted, despite continuous efforts by management to secure additional funding/resources 			
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date	
	Audit Committee		Remuneration & Nominations Committee
	Quality Committee		People & Organisational Development Committee
	Finance Committee		Executive Management Team
	Mental Health Legislation Committee		Operational Delivery Group
	Collaborative Committee		Other (please detail)

Monitoring and assurance framework summary:

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

Assurance Report to Board from Audit Committee February 25 2025

The Committee was quorate, and considered the following:

Terms of Reference, Work Plan were endorsed.

Board Assurance Framework:

The Committee noted good evidence of the continuous iteration of the BAF's positive and negative assurances and mitigating actions. The Committee had a good discussion about the composite risk scorings across the BAF: specifically whether the impact of neurodiversity service issues was fairly reflected in the composite score for impact/consequence across all Trust services. The Committee concluded that while the judgements being made were appropriate, a further review of the methodology for scoring was timely. We were assured that Partnerships/Alliances page was in good shape, with all 5 sub-objectives of the strategic objective being addressed through positive assurances and further action.

Trust-Wide Risk Register: the 5 highest residual risks (scores) 15/16 relate to consultant vacancies; neurodiversity service waiting times; and money (capital; and short-term financial performance and medium term financial sustainability). The waiting time and financial risks are de facto being tolerated, since mitigating actions at system level, now long standing, are not reducing the residual risk levels.

Risk Register of the Children's and LD Division: a deep-dive into this register discussed the residuals risks. Residual high risks (12) relate to: staff sickness/availability; speech and language therapy waiting list; capacity constraints in children's neurodiversity arising from increased demand in ADHD and Autism funding (and therefore capacity) for CLA assessments; dysphagia waiting lists; insufficient MDT staff for ADHD assessments. We noted that many of these divisional risks relate to the Trust-Wide Register, and are very enduring (eg one opened in 2018). We received a very eloquent exposition from the Division on how risk management is used across teams, to support action planning, performance discussions, patient-handling strategies, and resource deployment – this really brought to life how risks are part and parcel of management, and well documented too.

Completion of 2023/24 external audit: Forvis Mazars confirmed the completion of the 2023/24 external audit, with an unqualified report as expected. Now that the local government pension scheme audit is closed, one adjustment to the balance sheet was made (to correctly state the value of the pension fund asset). All Value for Money work is complete, with no issues brought to the Committee's attention. All audit recommendations are being followed up. Planning for 2024/25 is in hand. Despite the new government's policy priorities for the NHS, the external audit regime remains unchanged.

Internal Audit: The internal audit programme is progressing satisfactorily. We approved a further amendment to the plan, to defer till next year the PSIRF audit (to allow process to be bed in before they are audited. It is unfortunately too late in the cycle for a replacement audit to be conducted, as all field work needs to be complete by end March. Completed audits are National Cost Collection (High); cyber security/business continuity with a focus on telephony (Significant). Follow up recommendations from previous audits continue to be very well managed – in this report, all recommendations tested were implemented, with supporting evidence available. We reflected on arrangements by which Audit Committee can be assured about the effectiveness of other Committees, concluded that the current methods are satisfactory.

Internal Audit Plan: The draft plan for 2025/26 was considered. We will again use 208 days. The Committee heard how the plan has been compiled, considered the composition of the total days, noting more focus on financial sustainability, less on data/digital and the inclusion of a system working audit. We discussed the proposals relating to financial systems, system-level issues, and asked that productivity matter be considered in the audits on financial sustainability (cost improvement/waste reduction). We welcomed the incoming Internal Audit Manager, who will take over after May, to ensure good practice of periodic rotation of personnel.

Counterfraud: Arrangements to counter fraud remain effective, with information, alerts, training, case studies, and background systems operating. Incidents reported include: a fraudulent invoice, (identified and not paid); two pay-related cases; and phishing attempts. Referrals tend to relate to staff; and it is still suspected that cyber-related referrals are under-reported. The Committee considered why levels of referral fluctuate, concluding that there appear to simply be statistical variations in the patterns of referral.

Procurement Activity: The Committee welcomed a comprehensive report into current activity and developments in the procurement function. We noted that the recent reforms to procurement regulations (provider selection regime, shift from most economically advantageous to most [generally] advantageous tender) have been landed by the Trust team.

Insurance: The annual insurance report confirmed that the Trust is appropriately insured. The premium for the Clinical Negligence Scheme for Trusts has reduced by £0.2m to £0.8m for 2025/26, reflecting our current risk profile.

Accounting Policies: No changes were recommended to accounting policies to be applied to the 2024/25 accounts, which the Committee endorsed.

Annual effectiveness review: we agreed the approach to the review, to be completed by May 2025.

Finally we reviewed the meeting, asking each attender to give individual feedback. We concluded it had been effective, supported by good quality papers, and in the spirit of Humber value.

Agenda Item 8e

Title & Date of Meeting:	Trust Board Public Meeting – 26 March 2025															
Title of Report:	Collaborative Committee Assurance Report Collaborative Committee meeting held 3 March 2025															
Author/s:	Stephanie Poole, Non-Exec Director – Vice Chair of Collaborative Committee On behalf of Stuart McKinnon-Evans Non-Exec Director – Chair of Collaborative Committee															
Recommendation:	<table><tr><td>To approve</td><td></td><td>To discuss</td><td></td></tr><tr><td>To note</td><td>✓</td><td>To ratify</td><td></td></tr><tr><td>For assurance</td><td>✓</td><td></td><td></td></tr></table>				To approve		To discuss		To note	✓	To ratify		For assurance	✓		
To approve		To discuss														
To note	✓	To ratify														
For assurance	✓															
Purpose of Paper:	This paper provides an executive summary of discussions held at the Collaborative Committee meeting on Thursday 5 December 2024 and a summary of key points for the Humber Teaching NHS Foundation Trust Board to note.															
Key Issues within the report:																
Positive Assurance to Provide:		Key Actions Commissioned/Work Underway:														
<ul style="list-style-type: none">• Work Streams have all reviewed and refreshed Terms of Reference (ToR) for 2025/26• Risk Register - 1 risk rated at 12 or higher.• Working group established to consider future use of Nova at Inspire – reviewing last 12 months admissions and the NHS England (NHSE) draft commissioning guidance.• All maternity community MH providers have signed the Perinatal Provider Collaborative Partnership Agreement.• All HNY providers routine monitoring for quality assurance.		<ul style="list-style-type: none">• New priorities for work streams in 2025/26 are in development.• Continued close oversight of all patient placements to ensure prompt and safe discharge. Case Managers ensure service users are fully engaged in their discharge planning.• Financial planning for 2025/26 has commenced.														



Key Risks/Areas of Focus: <ul style="list-style-type: none"> Length of clinical ready for discharge in Adult Secure and Child and Adolescent Mental Health Services (CAMHS) is under close review due to number of people and length of delay in discharge from specialised hospital care. 	Decisions Made: <ul style="list-style-type: none"> Collaborative Committee Annual Work Plan reviewed and approved. Collaborative Committee Annual Effectiveness Review reviewed and approved. Collaborative Committee Annual ToR refresh reviewed and approved. PCOG ToR refresh – ratified at Collaborative Committee.
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Governance:		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee	3.3.2025	Other (please detail) Report produced for the Trust Board	

Monitoring and assurance framework summary:

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

Committee Assurance Report – Key Issues

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

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

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

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

The meeting on 3 March 2025 *was quorate*. The meeting discussed the following matters:

Insight Report

Highlights from the report

- Quarter 2 Contractual oversight meeting with NHS England overall positive.
- Transition to the Integrated Care Board (ICB) from 1 April 2025. Workshops attended by CPaQT led by NHS England national team. Meeting to be held on 7 March between CPaQT, NHS England and Humber and North Yorkshire Integrated Care Board to progress.
- New guidance from NHS England on the Interim Guidance for the management to Trans gender patients in adult secure services
- Perinatal Partnership Agreement, led by West Yorkshire, has been signed by all Humber and North Yorkshire maternity mental health providers – the Perinatal Partnership Agreement does not include a financial risk and gain share.

Risk Register

- 1 risk rated 12 or higher.
- Closed – PC 29 – Variation in Adult Secure Community Forensic Services. Decision agreed at the Adult Secure work stream – the initial risk was due to historical variation in service commissioning, however there is no variation in patient outcomes or Key Performance Indicator hence the decision to close the risk.
- Increase risk rating - PC24 – Clinically Ready for Discharge adult secure due to there being 12 people Clinically Ready for Discharge.
- Reduce risk rating - PC 32: The current Strategic Executive Information System (StEIS) reporting system is being discontinued and switching over to the Learning from Patient Safety Episodes (LFPSE) portal as 5 of the 7 original actions are complete – decision to reduce the risk rating.

Work Stream Updates

Terms of Reference for each work stream have been reviewed and developed for 2025/26. Terms of Reference for work streams – CAMHS, Adult Eating Disorder and Quality Assurance and Improvement were approved at PCOG in February 2025. Adult Secure Terms of Reference to be reviewed at the next Provider Collaborative Oversight Group. Work stream Terms of Reference do not require ratification at Collaborative Committee.

Detailed Business Intelligence reports were shared at the meeting, highlights from each workstream report detailed below:

Child and Adolescent Mental Health In-Patient services (CAMHS)

- As at 3.3.3025 –
 - 28 patients in CAMHS hospital care of which 50% in hospital in Humber and North Yorkshire – of the out of area patients most are in specialist learning disability, low secure or Psychiatric Intensive Care Unit which are services not provided in Humber and North Yorkshire at this time.
- CAMHS financial position has significantly improved in Quarter 3 of 2024/25.
- CAMHS Complex case forum is now established.
- New NHS England CAMHS inpatient service specification is delayed.
- NHS England draft commissioning guidance is delayed.
- NHSE Children Young People mental health support workforce reference group has commenced.
- Work has commenced in relation to considering re- design of the Nova ward area at Inspire hospital – there is real enthusiasm at Inspire for using the space to meet the requirements of the draft CAMHS national guidance.
- Closer working relationships with the Humber and North Yorkshire Admission avoidance Hub are being developed.
- Humber and North Yorkshire Specialised Provider Collaborative are hosting the next Children Young People mental health Clinical Reference Group clinical lead network meeting.
- There are currently 2 Children and Young People that are ready for discharge and a new risk is being considered to add to the risk register in relation to this both are young people where admission has been prolonged due to lack of community care package/placement. These issues have been flagged to Humber and North Yorkshire Integrated Care Board.

2 Adult Eating Disorder (AED)

- As at 3.3.3025 –
 - 16 patients in AED hospital services of which 71 % in hospital in Humber and North Yorkshire
- There are currently no patients waiting for admission.
- There are no patients Clinically Read for Discharge.
- Number of out of area patients remains at 3.
- Complex case forum has been established.
- The first task and finish meeting has taken place for consideration of alternatives to admission for adult eating disorders.
- There is an all-age avoidant/restrictive food intake disorder working group established.
- CPaQT representation continues at NHS England national AED pathway meetings continues.

3 Adult Secure

- As at 3.3.2025 –
 - 13 patients High Secure
- 133 patients in low and medium secure services of which 79% receiving care in Humber and North Yorkshire
- Humber and North Yorkshire secure care providers average length of stay continues to be lower than in January 2022.
- Clinically Ready for Discharge – The number of service users is at 12, however the length of delay for some patients is in excess of 3 years.
- CPaQT met with Pathway Development Service (hosted by West Yorkshire Specialised Provider Collaborative) in February to discuss areas of focus across the region for 2025/26.
- Review of 2024/25 priorities is underway in preparation for developing the 2025/26 priorities.
- Leeds & York Partnership Foundation trust has received £1.5 million of capital investment to improve the estate at Clifton House, York.

Quality Improvement and Assurance

- All providers are currently on Routine oversight monitoring.
- Continued close oversight of all patients in Long-Term Segregation (LTS).
- Robust mechanisms in place in relation to monitoring and assurance processes.
- Progressing with the Lived Experience and Involvement Strategy and action plan.
- Liaison with West Yorkshire Specialised PC regarding Quality assurance for the new Perinatal Provider Collaborative.
- Continued close work with South Yorkshire Specialised Provider Collaborative regarding Cheswold Park Hospital.
- Continued delays in patient transfer / admission to Rampton Hospital (High Secure) due to Care Quality Commission restrictions.

Finance

- The year-to-date budget at the end of month 10 is £54.7m, against which the expenditure is £54.1m giving a favourable variance of £0.6m.
- Increased pressure on Enhanced Packages of Care (EPoC) budget due to:
 - Increase in EPOC patient length of stay.
 - Increased cost of individual EPOC packages.
 - Increased number of EPOC.

Annual Work Plan

- Annual Work Plan shared with Committee Members for consideration. Agreed to approve the work plan. Agreed that the Work Plan will be shared at each Collaborative Committee meeting from March onward.

Annual Effectiveness Review

- Collaborative Committee Annual Effectiveness review was discussed at the meeting and the final draft agreed by all members.

Collaborative Committee Terms of Reference

- Final comments received and agreed to approve the Terms of Reference.

Provider Collaborative Oversight Group (PCOG) Terms of Reference

- Refreshed and approved by PCOG in February 2025. Ratified at the Collaborative Committee.

Agenda Item 9

Title & Date of Meeting:	Council of Governors – 17 April 2025															
Title of Report:	2024 PLACE Results															
Author/s:	Peter Beckwith, Director of Finance Jayne Morgan, Operations Manager, Soft FM															
Recommendation:	<table border="1"> <tr> <td>To approve</td><td></td><td>To discuss</td><td></td></tr> <tr> <td>To note</td><td>√</td><td>To ratify</td><td></td></tr> <tr> <td>For assurance</td><td></td><td></td><td></td></tr> </table>				To approve		To discuss		To note	√	To ratify		For assurance			
To approve		To discuss														
To note	√	To ratify														
For assurance																
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	The purpose of this report is to provide the Council of Governors with the results from the 2024 Patient Led Assessment of the Care Environment (PLACE) Assessment and a summary of the actions being taken.															
Key Issues within the report:																
Positive Assurances to Provide: <ul style="list-style-type: none"> PLACE assessments were completed for all inpatient facilities. The process was fully supported by the Trusts volunteers who took an active part in the assessments. Patients had the opportunity to be involved in the assessments. Dashboard has been created to track and report on progress 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> £150k of resource set aside in 2025/26 capital plan to address PLACE priorities. £100k of resource set aside in 2025/26 capital plan for statutory compliance. 														
Matters of Concern or Key Risks: <ul style="list-style-type: none"> None to escalate 		Decisions Made: <ul style="list-style-type: none"> The Council of Governors are asked to note the report and actions been taken. 														
Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date												
	Audit Committee		Remuneration & Nominations Committee													
	Quality Committee		People & Organisational Development Committee													
	Finance Committee		Executive Management Team	11.03.25												
	Mental Health Legislation Committee		Operational Delivery Group													
	Collaborative Committee		Trust Board	26.03.25												

Monitoring and assurance framework summary:

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

2024 PLACE Results

1 Introduction and Purpose

The purpose of this report is to provide the Council of Governors with the results from the 2024 Patient Led Assessment of the Care Environment (PLACE) Assessment and a summary of the actions being taken.

2 Background

PLACE assessments are the annual appraisal of the non-clinical aspects of NHS (and independent/private) healthcare settings, undertaken by teams which are made up of staff and members of the public (*known as patient assessors*) and in our Trusts case registered volunteers and individuals for the Lived Experience Team. The team must include a minimum of 2 patient assessors, making up at least 50 per cent of the group.

PLACE assessments provide a framework for assessing quality against common guidelines and standards. The environment is assessed using a number of structured questions dependent on the services provided.

Questions are assessed (scored) against one or more domains which cover

- Cleanliness
- Food
- Privacy, Dignity and Wellbeing
- Condition, Appearance and Maintenance
- Dementia
- Disability

A total score (as a percentage) is produced for each domain at site and organisational level, as well as national and regional results.

3 Process

PLACE assessments are led and coordinated by Hotel Services with all findings reported to the Trusts Health and Safety Group, Estates and Capital Programme Group, Operational Delivery Group and Executive Management Team.

Key stakeholders at each site are given advanced notice of PLACE assessments, once assessments have been completed the results are entered onto the NHS Digital Portal.

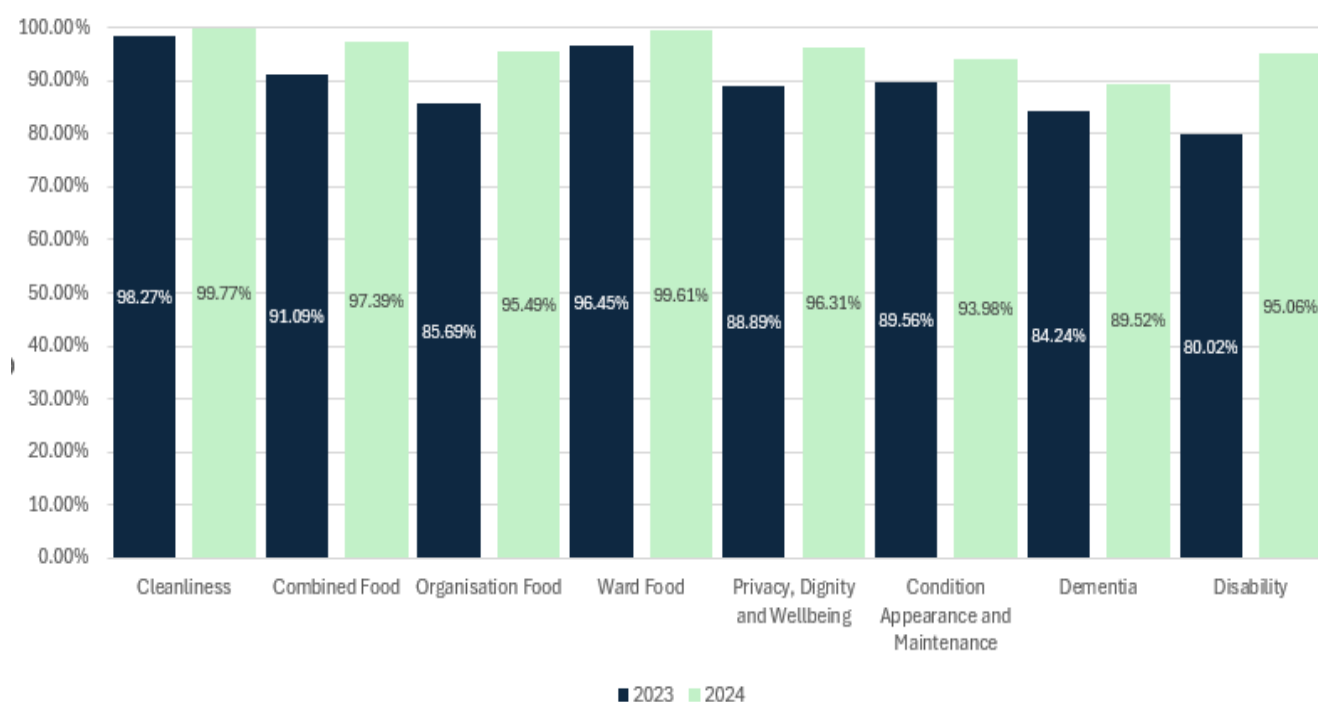
4 National Results

PLACE Results for 2024 were published on the 20th February 2024.

At a national level 1,107 assessments were undertaken in 2024, this is similar to the number of assessments completed in 2023 (1,106).

A small number of assessments were excluded due to insufficient number of patient assessors, national findings are therefore based on 1,093 assessments.

The results for the Trust are summarised in the graph below, alongside prior year comparative data.



5 Organisational Scores

Organisational scores for the Trust are summarised in table below, this also provides a comparison with the National Average and sector averages for Mental Health and Community.

Domain	Trust Score	Natinal Score	MH Trust Score	Community Trust Score
Cleaniness	99.77%	98.31%	98.07%	99.16%
Food	97.39%	91.32%	92.09%	92.46%
Organisation Food	95.49%	91.32%	89.52%	90.77%
Ward Food	99.61%	91.32%	94.33%	94.30%
Privacy, Dignity and Wellbeing	96.31%	88.22%	95.67%	89.51%
Condition Appearance and Maintenance	93.96%	96.36%	95.91%	96.65%
Dementia	88.52%	83.66%	91.33%	84.88%
Disability	95.06%	85.20%	90.39%	84.26%

5.1 Food

The Trust has exceeded the national Score for Food and this year, for the first time, we have achieved higher than the national average for “organisational food” which is a result of the introduction of the electronic patient menu ordering system.

It will be difficult for the Trust to make further improvements to this score owing to the size, physical space and environment of our kitchens.

5.2 Condition, Appearance and Maintenance

The Trust is slightly below the national average for this domain, this is influenced by the scores recorded at Granville Court and Newbridges. The score for Granville Court has significantly improved from the previous year, which is reflective of the current environment, whilst recognising that further work is required. The score for Newbridges has however reduced from the 100% score in the previous year, when the assessment followed a recent redecoration programme at the site.

The planned redevelopment of Granville is due to commence in the coming months, with the first phase of works concluding to provide temporary decant accommodation at Hawthorne Court. The works that are programmed at Granville Court are therefore expected to further improve the scores for this domain, once the facility reopens in 2026/27

Generally, the scores for this domain were reflective of the decorative state of the facilities at the point of assessment. The score for Newbridges was illustrative of the ongoing challenges associated with the patient environment, which is being addressed as part of the action plan for the site.

5.3 Disability

Scores for Disability have significantly improved as all sites now have completed accessibility audits in place with plans to address accessibility issues identified, for 2025/26 £150k has been set aside in the Trusts Capital Programme to progress works.

6 Next Steps

Following completion of assessments and review of exception reports actions plans have been developed for each site. A dashboard has been introduced which tracks the status and progress of actions identified.

Action plans will be prioritised against the resource set aside in the 2025/26 capital programme, specifically £150k for PLACE and £150k for statutory compliance.

The dashboard will be presented to and monitored at each Health & Safety Group.

7 Recommendation

The Council of Governors are asked to note the report and actions being taken.

Agenda Item 10

Title & Date of Meeting:	Council of Governors Public Meeting – 17 April 2025														
Title of Report:	Council of Governors Effectiveness Review and Terms of Reference Review														
Author/s:	Caroline Flint Chair														
Recommendation:	<table border="1"> <tr> <td>To approve</td><td>x</td><td>To discuss</td><td></td></tr> <tr> <td>To note</td><td></td><td>To ratify</td><td></td></tr> <tr> <td>For assurance</td><td></td><td></td><td></td></tr> </table>			To approve	x	To discuss		To note		To ratify		For assurance			
To approve	x	To discuss													
To note		To ratify													
For assurance															
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	The Council of Governors is asked to: <ul style="list-style-type: none"> Note the outcome of the effectiveness review (paper 2) Agree that no further changes are required to the Terms of Reference (paper 2). 														
Key Issues within the report:															
Positive Assurances to Provide: <ul style="list-style-type: none"> Effectiveness reviews are undertaken on an annual basis. Governors continue to receive briefings regarding their role/work of the Trust during Governor briefings/development sessions. The Terms of Reference were reviewed during 2023 and changes were made to bring these in line with the 2022 Health and Social Care Act. No further changes are proposed. 		Key Actions Commissioned/Work Underway:													
Key Points/Areas of Focus to Highlight: <ul style="list-style-type: none"> An effectiveness review questionnaire was sent to all Governors and other regular attendees at Council of Governor meetings. The questionnaire was completed by 13 people (9 Governors, 1 staff member and 3 members of the Board) and the results have been shared with the Chair of the Trust. The majority of respondents considered the CoG 		Decisions Made: <ul style="list-style-type: none"> N/A 													

<p>to be effective in all but one area.</p> <ul style="list-style-type: none"> The one area of focus related to participation by Governors during meetings where it was felt a number of Governors did not participate. This could be due to a number of new Governors joining the Council of Governors during the year. The Chair will continue to observe this during meetings and will invite contributions from those people that haven't participated. 	
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Governance: <i>Please indicate which committee or group this paper has previously been presented to:</i>		Date		Date
	Appointments, Terms & Conditions Committee		Engaging with Members Group	
	Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	
	Trust Board			

Monitoring and assurance framework summary:

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

Council of Governors

Annual Review of Effectiveness and Terms of Reference
1st April 2024 to 31st March 2025

The role of the Council of Governors (CoG) is derived from Schedule 7 and other sections of the National Health Service Act 2006 as amended by the Health and Social Care Act 2012 and Health and Care Act 2022. This document should be read in conjunction with the Acts and in conjunction with the Trust's Constitution.

1. Executive Summary

Chair to provide a brief written overview of the Council of Governors' work during the year and whether he/she believes that the Committee has operated effectively and added value

The Council of Governors (CoG) has a forward-looking annual work plan which outlines mandatory and regular reports required for the meetings. The CoG meetings start with a service story as a way of informing the governors about the varied services provided by the Trust.

The minutes of CoG meetings clearly demonstrate debate and decision making.

The work of the CoG is supplemented with the work of the Engaging with Members group, the Appointments, Terms and Conditions Committee and governor briefings/development sessions. The development sessions provide dedicated time and focus to discuss more fully key areas of interest/work and to dedicate time to learning and development. An opportunity is also given at those meetings to influence strategies and forward plans. In addition, governors are given the opportunity to attend monthly briefings with the Chair supported by the Chief Executive and other staff as appropriate.

2. Delivery of functions delegated by Board

Functions within ToR	Evidence to support delivery Sample taken from the minutes	Any outstanding issues / action plans?
Statutory duties of the CoG	<ul style="list-style-type: none"> • Governor subgroup - Appointments Terms and Conditions Committee • Engagement – Engaging with Members group. • Appointing Auditors • Receipt of the Annual Report and Accounts 	
Contribution to Strategy & Plans	<ul style="list-style-type: none"> • Annual Operating Plan • Performance reports • Finance reports 	
Representing Members and the Public	<ul style="list-style-type: none"> • Annual Members Meeting • Governor elections 	

3. Attendance

The Council of Governors met on five occasions between 1 April 2024 and 31 March 2025. Two meetings were held virtually (18 April and 16 January) and three meetings were held in person (18 July, 17 October and 30 January). The Annual Members' Meeting (AMM) was held in person in September 2024.

To support attendance at virtual meetings, time was allowed for breaks during the meetings, hard copy papers were provided to those governors that requested these and IT support was also provided as required. Governors had the choice whether to be visible or not on screen during the virtual meetings and could submit questions/comments in advance for the Chair to raise should they so wish.

Overall, attendance by governors has ensured meetings were quorate in 2024/25 and has generally been good.

Where attendance by any individual governors fell below constitutional requirements, then contact was made with the relevant governors to determine whether there were extenuating circumstances for this, whether they would be able to start attending meetings again in the near future and whether any support was required from the Trust to enable them to attend meetings.

A forward annual Governors' calendar is provided, and we try to keep to the same time/date schedule each year for the quarterly Council of Governors' meetings, offering a mix of virtual and in person meetings which governors supported when we last reviewed arrangements.

The Council of Governors Terms of Reference state five meetings will be held a year and one of these will be an Annual Members' Meeting.

Members	
The composition of the membership is set out in Annex 7 of the constitution:	
Chair	
Caroline Flint	5/5
Public Governors	
Tim Durkin	3/5
Patrick Hargreaves	2/5
Tony Douglas	5/5

Ruth Marsden	0/1
Brian Swallow	4/5
Isabel Carrick	5/5
Dominic Kelly	0/1
John Morton	2/5
Ted Burnside	5/5
Kimberley Harmer	4/5
Anthony Houfe	3/5
Marilyn Foster	4/5
Staff Governors:	
Sharon Nobbs	2/5
Will Taylor	4/5
John Duncan	4/5
Appointed Governors:	
Jacquie White	1/5
Cllr Chambers	1/5
Cllr Owen	1/4
Cllr Tucker	1/1
Jonathan Henderson	1/2
Emma Dallimore	4/5
Gary Foster	1/2
Alex Weeks	0/2

Dominic Purchon	2/3
Appendix 1 contains a breakdown of attendance	

3.2 *Chair (and Executive lead) to provide a view on whether the membership composition is effective and the extent to which members have contributed.*

There have been good contributions from those who attended throughout the year.

In addition, the Chief Executive has attended each meeting and there has been good representation from Non-Executive Directors and Executive Directors.

Both at the Council of Governors' meetings and at Development sessions, Non-Executive Directors (NEDs) were given dedicated time to provide assurance and present their work as Chairs of Board Committees. This proved positive for NEDs and governors alike.

3.3 *Include any recommendations for change to membership & reasons why*

No recommendations for change.

4. **Quoracy**

The Constitution states that no business shall be transacted at a meeting unless at least one third of the voting Governors are present.

The CoG was quorate on all occasions.

5. **Reporting / Groups or Committees**

Which groups report to the Council of Governors? *(these should be clearly identified on the schematic on your ToR)*. Please list:

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

Has the CoG approved the Terms of Reference for each of these groups?

Yes [x] No []

- Appointments Terms and Conditions Committee - to be considered in April 2025. Next review will be April 2026.
- Engaging with Members Governor Group – to be considered in April 2025. Next review due at the April 2026 meeting.

Are terms of reference annual reviews for each reporting group on your Council of Governor's workplan to approve? Yes [/] No []

Has the Council of Governors received sufficient assurance that its reporting groups or committees are operating effectively? Have the reports and minutes received from the reporting group provided the required level of assurance? Yes [/] No []

Has the Council of Governors requested/received an annual assurance report or effectiveness review from each of the reporting groups for 2024/25 Yes [x /] No []

- The April CoG will receive an annual effectiveness review from the Engaging with Members Governor Group and the Appointments, Terms and Conditions Committee.
- For each CoG meeting there is a Governor Group update report where chairs of the groups are asked to provide an update for any meeting that has taken place since the last CoG. This can be a short paragraph or a fuller report.

6. Conduct of meetings

Chair to consider the following questions:

- *Was a workplan agreed at the start of the year and have meetings and agendas been appropriately scheduled to meet the work plan?*

An outlined above, a CoG workplan has been developed with standing items and is maintained by the Membership Officer – items are added throughout the year as appropriate.

- *Are the reports and papers presented of a high quality and prepared in time for issue 5 working days ahead of the meeting?*

Yes

- *Is the quality and timeliness of the minutes satisfactory?*

Yes

- *Is an action log maintained and are actions clearly recorded, assigned to individuals with timelines and followed through?*

Yes

7. Review of Terms of Reference

Chair to summarise any recommended changes to the Council of Governors terms of reference in light of the annual evaluation.

A number of changes were proposed and agreed to the terms of reference in July 2023. These sought to reflect enhancements to the governor role as outlined in the Health and Care Act 2022. A change to the quoracy was also agreed.

No further changes are proposed.

8. Workplan for 2025/26

Has a CoG workplan for the year ahead, 2025/26 been prepared?

Yes [x] No []

9. Any Actions Arising from this Effectiveness Review? YES [] NO [/]

Governors were invited to comment on the effectiveness of the Council of Governors through the completion and return of an effectiveness questionnaire.

The findings revealed the majority of respondents considered the Council of Governors to be effective. The contribution of a number of Governors at meetings was the only area where the majority of Governors believed this could be improved. The Chair will ensure contributions are invited from any Governors that haven't spoken during meetings.

Appendix 1

Summary of attendance at COG from 1 April 2024 - 31 March 2025

DATES	18 April 2024	18 July 2024	17 October 2024	16 January 2025	30 January 2025
Trust Chair	Caroline Flint	Caroline Flint	Caroline Flint	Caroline Flint	Caroline Flint
Quorum for business to be transacted – one third of Governors present.	Ted Burnside Anthony Houfe Kimberley Harmer Brian Swallow Isabel Carrick Tim Durkin Tony Douglas Marilyn Foster Sharon Nobbs John Duncan Will Taylor Emma Dallimore Jonathan Henderson Gary Foster	Ted Burnside Tony Douglas Patrick Hargreaves Brian Swallow Isabel Carrick Tim Durkin Anthony Houfe Marilyn Foster Sharon Nobbs John Duncan Will Taylor Emma Dallimore	Ted Burnside Tony Douglas Kimberley Harmer John Morton Patrick Hargreaves Brian Swallow Isabel Carrick Tim Durkin Will Taylor John Duncan Dominic Purchon	Ted Burnside Anthony Houfe Tony Douglas Kimberley Harmer John Morton Brian Swallow Isabel Carrick Marilyn Foster John Duncan Emma Dallimore Dominic Purchon Cllr Owen Jacquie White	Ted Burnside Tony Douglas Kimberley Harmer Isabel Carrick Marilyn Foster Will Taylor Emma Dallimore Cllr Chambers
CEO	Michele Moran	Michele Moran	Michele Moran	Michele Moran	-
No of NEDs	4	-	3	3	-
No of Execs	2	-	2	2	-

Governors who left during 2024/25		
Gary Foster	Humberside Police	Replaced by organisation
Jonathan Henderson	Humberside Fire & Rescue	Replaced by organisation
Ruth Marsden	East Riding Public Governor	Resigned
Dominic Kelly	East Riding Public Governor	Resigned
Cllr David Tucker	East Riding Council	Replaced by organisation

Terms of Reference

Council of Governors

Authority	The full meeting of the Council of Governors and its Appointment, Terms and Conditions Committee are the bodies in which Governors have official standing. All other forums are advisory.
Role / Purpose	The role of the Council of Governors is derived from Schedule 7 and other sections of the National Health Service Act 2006 as amended by the Health and Social Care Act 2012. This document should be read in conjunction with the Act and in conjunction with the Trust's Constitution
Duties	<p>The Statutory Duties of the Council of Governors</p> <ul style="list-style-type: none"> • To hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors • To represent the interests of Trust members and the interests of the public • Approve the procedures for the appointment and where necessary for the removal of the Chair of the Board of Directors and Non-Executive Directors on the recommendation of the Governor Appointments, Terms and Conditions Committee. • Approve the appointment or removal of the Chair of the Board of Directors on the recommendation of the Governor Appointments, Terms and Conditions Committee. • Approve the appointment or removal of a Non-Executive Director on the recommendation of the Governor Appointments, Terms and Conditions Committee • Approve the procedures for the appraisal of the Chair of the Board of Directors and Non-Executive Directors on the recommendation of the Governor Appointments, Terms and Conditions Committee • Approve changes to the remuneration, allowances and other terms of office for the Chair and other Non-Executive Directors on the recommendation of the Governor Appointments, Terms and Conditions Committee • Approve or where appropriate decline to approve the appointment of a proposed candidate as Chief Executive recommended by the Non-Executive Directors. • Approve the criteria for appointing, re-appointing or removing the auditor. • Approve or where appropriate, decline to approve, the appointment or re-appointment and the terms of engagement of the auditor on the recommendation of the Audit Committee. • Jointly approve with the Board of Directors amendments to the Constitution • Approve the appointment and, if appropriate, the removal of the lead governor.

- Approve the removal from office of a Governor in accordance with procedure set out in the Constitution
- Approve jointly with the Board of Directors the procedure for the resolution of disputes and concerns between the Board of Directors and the Council of Governors.
- To approve or not approve increases to the proposed amount of income derived from the provision of goods and services other than for the purpose of the NHS in England where such an increase is greater than 5% of the total income of the Trust.
- To approve any proposed application for a merger, acquisition, separation or dissolution (in accordance with the provisions of the 2006 Act)
- Receive and comment on the Annual Report and Accounts (including Quality Account).
- To notify the independent regulator, NHS England, via the lead Governor, if the Council of Governors is concerned that the Trust is at risk of breaching its licence, if these concerns cannot be resolved at the local level.
- To receive a report on compliance with the Fit and Proper Person Requirement for Non-Executive Directors

Contribution to Strategy and Plans

- Contribute to members and other stakeholders understanding of the work of the Trust in line with engagement and communication strategies
- Seek the views of stakeholders including members and the public at large and feedback relevant information to the Board of Directors or to individual managers within the Trust as appropriate
- Give a view to the Board of Directors of the Trust's annual business planning arrangements for each financial year for the purpose of the preparation of the annual plan
- Contribute to and influence the Strategic Plan

Representing Members and the Public

- To represent the constituency/public at large or the organisation elected or appointed to serve regarding the Trust, its vision, performance and material strategic proposals made by the Trust Board
- Contribute to members and other stakeholders' understanding of the work of the Trust by feeding back and seeking the views of the relevant member constituencies and stakeholder organisations who appoint governors.
- Act as ambassadors in order to raise the profile of the Trust's work with the public and other stakeholders
- Promote membership of the Trust and contribute to opportunities to recruit members in accordance with the Membership Plan.
- Attend a minimum of 2 events per year that facilitate contact between members, the public and Governors to promote Governor accountability.
- Report to members each year on the performance of the Council of Governors



Membership	The composition of the membership of the Council of Governors is set out in the Constitution. The Chair of the Board of Directors is the Chair of the Council of Governors and presides over the meetings of the Council of Governors. In the absence of the Chair the Senior Independent Director will take the Chair's role.
Quorum	<p>The quorum for Council of Governors meetings is set out in the Constitution.</p> <p>No business shall be transacted at a meeting unless at least one third of the voting Governors are present.</p>
Chair	Chair of the Trust
Frequency	The Council of Governors will meet at least 5 times a year (including the Annual Members Meeting)
Agenda and Papers	An agenda for each meeting, together with relevant papers, will be forwarded to members to arrive not less than 5 working days before the meeting
Minutes and Reporting	Minutes of the meetings will be circulated to all members of the Council of Governors as soon as reasonably practical. The target date for issue is 20 working days from the date of the meeting.
Monitoring	A review of attendance and effectiveness will be undertaken annually.
Approval Date	17 April 2025
Review Date	July 2026

Agenda Item 12

Title & Date of Meeting:	Council of Governors Public Meeting – 17 April 2025																			
Title of Report:	Council of Governor Sub-Groups Feedback Appointments Terms and Conditions Committee																			
Author/s:	Marilyn Foster, Chair of Appointments Terms and Conditions Committee and Tony Douglas, Chair of Engaging with Members Group																			
Recommendation:	<table border="1"> <tr> <td>To approve</td><td></td><td>To discuss</td><td></td></tr> <tr> <td>To note</td><td>✓</td><td>To ratify</td><td></td></tr> <tr> <td>For assurance</td><td></td><td></td><td></td></tr> </table>				To approve		To discuss		To note	✓	To ratify		For assurance							
To approve		To discuss																		
To note	✓	To ratify																		
For assurance																				
Purpose of Paper:	To provide the Council of Governors with an update from the meetings held.																			
Key Issues within the report:																				
Positive Assurances to Provide: <ul style="list-style-type: none"> Provided in the report and verbal updates 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> N/A 																		
<ul style="list-style-type: none"> Key Risks/Areas of Focus No matters to escalate 		Decisions Made: <ul style="list-style-type: none"> N/A 																		
Governance:	<table border="1"> <thead> <tr> <th></th><th>Date</th><th></th><th>Date</th></tr> </thead> <tbody> <tr> <td>Appointments, Terms & Conditions Committee</td><td></td><td>Engaging with Members Group</td><td></td></tr> <tr> <td>Finance, Audit, Strategy and Quality Governor Group</td><td></td><td>Other (please detail) Quarterly report to Council</td><td>✓</td></tr> <tr> <td>Trust Board</td><td></td><td></td><td></td></tr> </tbody> </table>					Date		Date	Appointments, Terms & Conditions Committee		Engaging with Members Group		Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	✓	Trust Board			
	Date		Date																	
Appointments, Terms & Conditions Committee		Engaging with Members Group																		
Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	✓																	
Trust Board																				

Monitoring and assurance framework summary:

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

Appointments, Terms and Conditions Committee – 23 January 2025

A review had been undertaken around the Associate Non-Executive Director (ANED) Following the review, the committee agreed a further 6-month extension for Priyanka Perera. Caroline and Priyanka believed it would prove beneficial for the appointment to be extended for a further six months (until 30 September 2025) as part of Priyanka's further development

Isabel Carrick asked whether there were any plans to recruit another Associate Non-Executive Director to replace David Smith. Caroline reported this would be considered later in the year.

A discussion took place to see if any other governor from the group would like to chair the ATC but no one came forward so Marilyn agreed to continue to Chair the Committee

The committee agreed to ask other Public and Service User & Carer governors to see if they would like to join this meeting

Marilyn Foster Chair

Engaging with Members Meeting – 30 January 2025

At the last Engaging with Members meeting group we discussed the Membership plan and the general view that the plan needs to be reviewed and updated to include more details of actions to promote membership engage with members.

Attendance by governors at the EWM meetings is low; governors are encouraged to attend future meetings to contribute to engaging with members , for example in promoting membership at Service User and Carer meetings and events

Tony Douglas Chair

Agenda Item 14

Title & Date of Meeting:	Council of Governors – 17 th April 2025			
Title of Report:	Performance Update			
Author/s:	Name: Peter Beckwith Title: Director of Finance			
Recommendation:	To approve	<input type="checkbox"/>	To receive & discuss	<input type="checkbox"/>
	For information/To note	<input checked="" type="checkbox"/>	To ratify	<input type="checkbox"/>
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	The purpose of this report is to provide the Council of Governors with updates on performance since the last meeting.			

Key Issues within the report:

Positive Assurances to Provide:

- All aspects of performance has oversight at Executive Management Team monthly with assurance provided to the relevant committee and Trust Board as appropriate
- Mandatory Training
- Vacancies

Key Actions Commissioned/Work Underway:

- Included within the body of the report

Matters of Concern or Key Risks:

- Waiting Times
- Out of Area Placements

Decisions Made:

- The Council of Governors are asked to note the updates on performance.

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

Monitoring and assurance framework summary:

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

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

1 Introduction and Purpose

The purpose of this report is to provide the Council of Governors with updates on performance since the last meeting.

2 Background

Performance is reported monthly to both Executive Management Team and Operational Delivery Group, as well as bi-monthly to the public board in the form of the Trust Performance Report, this information is also circulated to Governors and available on the Trust Website (link below).

<https://www.humber.nhs.uk/media/vnxbxqlt/public-board-papers-26-march-2025.pdf>

Information in the performance report is presented using Statistical Process Control Charts mapped against each of the Trusts Strategic Goals.

The use of Statistical Process Charts allows key performance data to be analysed over a period to establish trends in performance, Upper and Lower statistical thresholds are used to analyse performance and identify where movements in performance are within normal ranges (Common cause variation) or require further investigation/understanding (Special cause variation).

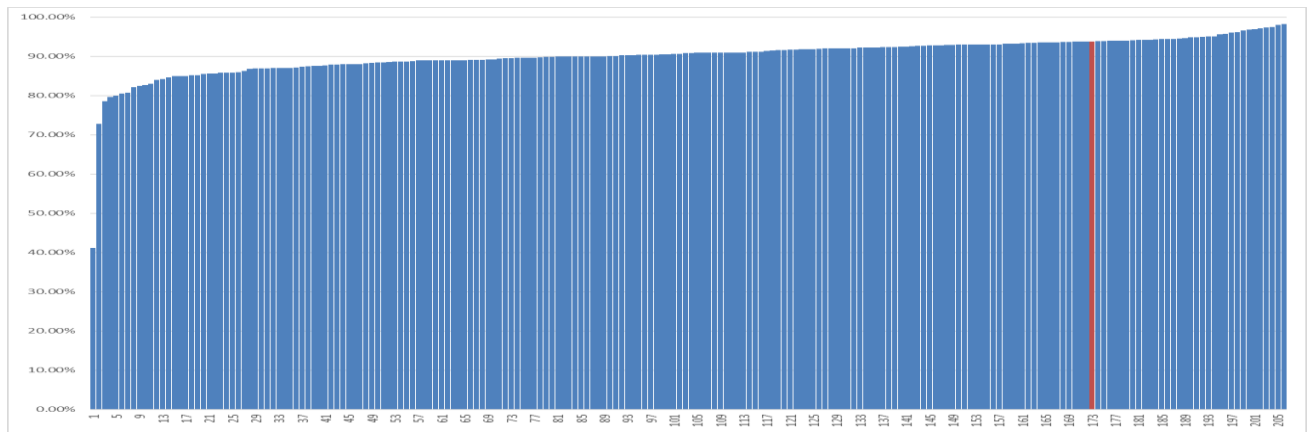
3 Performance Updates

In the following paragraphs updates will be provided on some of the key performance metrics for governors to note.

3.1 Mandatory Training

The Trust has continued to maintain a strong position against the Trust target of 85%, reporting current compliance at 93.8% (as at the end of February).

This performance is strong when compared with the latest Model Hospital Data (2023/24 Data – National Average 90.2%).

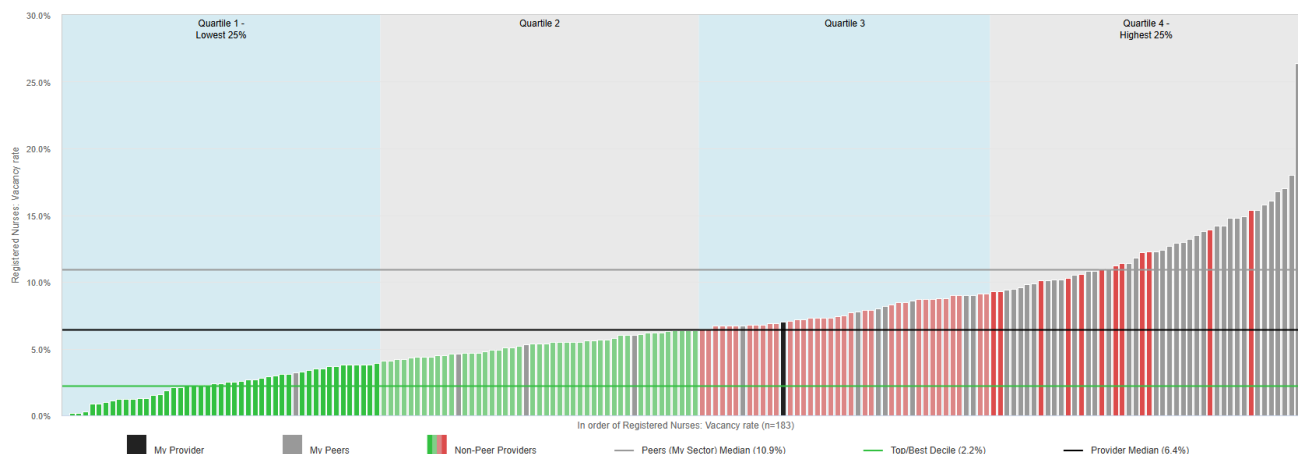


3.2 Vacancies

The overall trust vacancy position has continued to remain strong (6.7% in February 2024), with Nursing vacancies maintaining below target position. Consultant vacancies remain above target but report a more positive position than previous years.

Data from Model Hospital (Jan 2025) for Registered Nurse Vacancy Rate is summarised in the following graph

Model Hospital Data on Registered Nurse Vacancy Rate



3.3 Incidents

The recording of incidents per 10,000 contacts indicator is directly linked to the harm free indicator in that there was a continued reduction in the number of contacts in month, however the recording of the number of incidents remained similar to previous months, the rate per 10,000 contacts therefore remains in the upper quartile.

3.4 Sickness Absence

Sickness absence has continued to be above target, in response to this and with a focus on the high levels of sickness absence reported in inpatient areas, a bespoke targeted intervention is being delivered collaboratively between operational areas and the People team, across five inpatient settings.

This work is being reported into EMT and the People & OD Committee.

Sickness levels continue to be reviewed in relation to the Trust Wide Risk Register

3.5 Waiting Times

Waiting times for both children's and adult neurodiversity services continues to be the most significant area of pressure and challenge, where demand exceeds commissioned capacity across all areas and previous non recurrent investment has ceased.

Operational Delivery Group and Executive Management Team continue to oversee the waiting times position with targeted work across all services that are challenged by meeting over 52 week and 18 week waiting time standards. This work is underpinned by capacity and demand analysis which is refreshed on a regular basis.

We are awaiting the planning guidance for 2025/26 but the work on capacity and demand will continue to inform the operational planning discussions taking place with commissioners.

3.4 Out of Area Placements

Out of area placements for adult mental health beds and our Psychiatric Intensive Care Unit (PICU) has risen in recent months (*Rose by 4 to 18*). Demand for these beds has been high and the PICU unit has been 100% occupied. Patient need has also led to the requirement for female only environments and therefore this has impacted the need to use out of area beds for patient safety and quality of care reasons.

Solutions for PICU are being actively progressed and are in part dependant on access to national capital funding.

Service Development Funding will be utilised to enable recruitment to the Acute Community Service (ACS) and Crisis Intervention Team for Older People (CITOP) operating hours, the impact of which is expected to reduce out of area placements

4 Recommendation

The Council of Governors are asked to note the updates on performance and be informed that all aspects of performance have oversight at Executive Management Team monthly with assurance provided to the relevant committee and Trust Board as appropriate.

Agenda Item 15

Title & Date of Meeting:	Council of Governors – 17 th April 2025			
Title of Report:	Finance Update			
Author/s:	Name: Peter Beckwith Title: Director of Finance			
Recommendation:	To approve		To receive & note	✓
	For information		To ratify	
	The Council of Governors are asked to note the Finance report and comment accordingly.			
Purpose of Paper: <i>Please make any decisions required of Board clear in this section:</i>	This purpose of this report is to provide the Council of Governors with a summary of financial performance for the Trust which is to allow the Governors to be informed of the Trusts Financial Position and to enable any areas of clarification to be sought.			
Key Issues within the report:				
Positive Assurances to Provide:		Key Actions Commissioned/Work Underway:		
<ul style="list-style-type: none"> The Trust are continuing to forecast a breakeven position for the financial year The cash balance at the end of Month 11 was £17.003m. The Better Payment Practice Code figures show achievement of 93.3% (<i>Value</i>) and 91.7% (<i>Volume</i>). 		<ul style="list-style-type: none"> Work on closing the in year position and preparing a set of annual accounts is in situ. 		
Matters of Concern or Key Risks to Escalate:		Decisions Made:		
<ul style="list-style-type: none"> ICS Financial position is challenging and requires significant improvement for the remainder of the financial year. 		<ul style="list-style-type: none"> The Council of Governors are asked to note the Finance report and comment accordingly. 		
		Date		Date
	Audit Committee		Remuneration & Nominations Committee	

Governance: Please indicate which committee or group this paper has previously been presented to:	Quality Committee		Workforce & Organisational Development Committee	
	Finance & Investment Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Charitable Funds Committee		Collaborative Committee	
			Other (please detail)	

Monitoring and assurance framework summary:

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

Council of Governors Finance Update Report

1. Introduction

This purpose of this report is to provide the Council of Governors with a summary of financial performance for the Trust.

2. System Context

The Humber and North Yorkshire NHS system are working to the £50m deficit plan as agreed with NHS England (NHSE). In line with the NHS financial framework, the system received a non-recurrent deficit support revenue allocation equal to the £50m deficit plan.

The month 10 position for the system is showing a variance of £26.4m (*£26.1m of which is with providers*) against a year-to-date plan deficit of £28m, this overspend reflects the impact of all cost pressures to date.

Detailed review and assurance work has been undertaken with all organisations and updated for risks, mitigations and savings opportunities. Further in-depth assurance meetings and dialogue with organisations who had reported significant risk to plan delivery (high level of unmitigated risk), have concluded.

Following this work, the ICB Board has agreed with NHS England a 2024/25 allowable deficit of £34.4m (*as per table on the following page*). This is in addition to the planned deficit of £50m and will have implications in future years for repayment.

ICS providers Month 10 Position

Table 3:	Summary System Provider I&E Position - 2024/25 (M10)					
Organisation	2024/25 Plan £'000	Year to Date Position			Forecast Outturn	
		YTD Budget	YTD Actual	YTD Variance	FOT	FOT Variance
		£'000	£'000	£'000	£'000	£'000
Harrogate and District NHS FT						
Income	362,426	299,700	307,576	7,876	372,675	10,249
Agency	(5,000)	(4,160)	(3,223)	937	(3,453)	1,547
Other pay	(258,921)	(216,025)	(227,501)	(11,476)	(272,498)	(13,577)
Pay	(263,921)	(220,185)	(230,724)	(10,539)	(275,951)	(12,030)
Non-Pay	(93,559)	(78,460)	(89,568)	(11,108)	(109,357)	(15,798)
Non Operating Items (exc gains on disposal)	(4,946)	(4,158)	(2,792)	1,366	(3,767)	1,179
Provider Surplus/(Deficit)	0	(3,103)	(15,508)	(12,405)	(16,400)	(16,400)
Hull University Teaching Hospitals NHS Trust						
Income	891,491	742,746	780,217	37,471	935,492	44,001
Agency	(10,358)	(8,632)	(12,300)	(3,668)	(14,842)	(4,484)
Other pay	(499,357)	(416,795)	(439,739)	(22,944)	(521,806)	(22,449)
Pay	(509,715)	(425,427)	(452,039)	(26,612)	(536,648)	(26,933)
Non-Pay	(365,092)	(316,042)	(328,370)	(12,328)	(381,599)	(16,507)
Non Operating Items (exc gains on disposal)	(16,684)	(13,910)	(14,350)	(441)	(17,245)	(561)
Provider Surplus/(Deficit)	0	(12,633)	(14,542)	(1,909)	0	0
Humber Teaching NHS FT						
Income	256,424	212,917	221,873	8,956	266,912	10,488
Agency	(5,583)	(5,039)	(5,039)	(4)	(5,642)	(59)
Other pay	(161,175)	(134,339)	(138,805)	(4,466)	(166,898)	(5,723)
Pay	(166,758)	(139,374)	(143,844)	(4,470)	(172,540)	(5,782)
Non-Pay	(88,804)	(74,396)	(79,055)	(4,659)	(94,019)	(5,215)
Non Operating Items (exc gains on disposal)	(862)	(63)	(407)	(344)	(353)	509
Provider Surplus/(Deficit)	0	(916)	(1,433)	(517)	0	(0)
Northern Lincolnshire and Goole NHS FT						
Income	596,711	496,407	490,215	(6,192)	588,017	(8,694)
Agency	(14,949)	(13,345)	(13,621)	(276)	(15,977)	(1,028)
Other pay	(386,606)	(327,470)	(324,678)	2,792	(381,540)	5,066
Pay	(401,555)	(340,815)	(338,299)	2,516	(397,517)	4,038
Non-Pay	(187,885)	(156,304)	(155,555)	749	(185,623)	2,262
Non Operating Items (exc gains on disposal)	(7,271)	(6,056)	(3,245)	2,811	(4,877)	2,394
Provider Surplus/(Deficit)	0	(6,768)	(6,884)	(116)	0	0
York and Scarborough Teaching Hospitals NHS FT						
Income	788,068	655,931	703,483	47,552	835,146	47,078
Agency	(16,015)	(13,367)	(12,588)	779	(15,023)	992
Other pay	(504,451)	(422,281)	(447,893)	(25,612)	(532,128)	(27,677)
Pay	(520,466)	(435,648)	(460,481)	(24,833)	(547,151)	(26,685)
Non-Pay	(255,450)	(214,767)	(251,049)	(36,282)	(296,738)	(41,288)
Non Operating Items (exc gains on disposal)	(12,152)	(10,120)	(7,771)	2,349	(9,257)	2,895
Provider Surplus/(Deficit)	0	(4,604)	(15,818)	(11,214)	(18,000)	(18,000)
TOTAL ICS PROVIDER SURPLUS/(DEFICIT)	0	(28,024)	(54,185)	(26,161)	(34,400)	(34,400)

At month 10, the overall residual system risk/challenge of delivery of the forecast allowable deficit is £8.8m.

The system plans to manage this residual risk in 2024/25 and continues to ensure that grip and cost control measures remain in place and that efficiencies are being maximised

3. Trust Position as at month 11

For 2024/25 the Trust has a ICB planning target to deliver a breakeven financial position.

Table 1 below shows for the period to 28th February 2025, the Trust recorded a deficit of £0.480m, which is consistent with the Trusts profiled financial plan, which has increased levels of efficiency savings profiled to be achieved in the second half of the year to achieve the breakeven position.

A more detailed summary of the income and expenditure position as at the end of February 2025 is shown at appendix A, this includes a forecast year end position for the Trust which continues to be a breakeven position consistent with the Trusts agreed financial plan.

Excluded items currently includes donated asset depreciation and capital grants, these costs are included in the Trusts financial ledger but do not count against the Trust's financial control targets.

Table 1: Reported I&E Position 2024/25

	November 2024 £000	December 2024 £000	January 2025 £000	February 2025 £000
Income	120,224	136,181	151,141	165,477
<i>Less: Expenditure</i>	116,356	131,673	145,160	158,665
EBITDA	3,868	4,508	5,981	6,812
Finance/Technical Items	6,276	6,426	7,362	7,292
Ledger Position:	(2,408)	(1,918)	(1,381)	(480)
Excluded items:	(26)	7	51	-
Net Position Surplus/(Deficit)	(2,382)	(1,925)	(1,432)	(480)
EBITDA	3.2%	3.3%	4.0%	4.1%
Deficit (-%)/Surplus %	-2.0%	-1.4%	-0.9%	-0.3%

Key variances are explained in the following paragraphs:

3.1 Children's and Learning Disability

Children's and LD is forecasting an underspend of £0.724m.

There have been a number of non-recurrent benefits which have improved the forecast position for the division, including additional income and the release of deferred income from the prior year.

Agency use to cover staff absences and vacancies has caused a pressure for Children's and LD, Agency Nurses at Inspire and Townend Court and Agency

Medics in CAMHS have been used. However, the position is much improved from the beginning of the financial year when 3 Agency Doctors were being used. There is now 1 Agency Medic at Inspire and Agency Nursing at Townend, with the later forecast to stop in March as the requirement for 2:1 care reduces, and discharges take place. Vacancy savings across the community areas offset the agency pressure and pay is underspent in totality.

3.2 Community and Primary Care

Community and Primary Care is forecasting an overspend of £0.085m.

The overspend forecast is due to Primary Care which is forecasting an overspend of £0.359m which is partly due to patients choosing to move away from Humber Primary Care reducing the income received. This has improved by £0.111m, primarily due to practices receiving income from PCN's.

Community Services are underspent to budget by £0.274m, £0.182m of which is a result of vacancies, mainly on newly commissioned services such as the Virtual Ward, Urgent Community Response & Intermediate Care.

There are risks associated with the high level of vacancies currently held within Community Services and the operational pressures to recruit to these posts. There is a pressure of £0.118m on non pay expenditure mainly because of demand for continence products (£0.230m adverse variance to budget).

3.3 Mental Health

The Mental Health Division are forecasting an overspend of £0.921m

Since Month 4, due to the level of forecast outturn pressure highlighted at the time, the Division has been following an Executive approved recovery plan. The Division is currently forecast to outturn better than the agreed planned overspend of £1.247m.

The improved forecast since last month is mainly due to maximising the EPR project grant funding to cover clinical time lost when staff have been undertaking the training and supervising the rollout of the move to System One.

Whilst the Division will meet the recovery plan overall target, this is due to an overachievement on the Planned side of the Division.

The inpatient units continue to ensure additional staffing above budgeted establishment is scrutinised however, staff sickness and patient acuity remain at high levels meaning they are still unable stay within budget and this remains a significant risk to the ability for the Division to achieve a balanced position in 2025-26.

The Planned area of the Division has offset the slippage in 2024-25 firstly through management of the vacancy position and secondly through

accelerating the replacement of Agency medics. 2 Agency medics remain in this area with both these posts currently out for recruitment..

A plan to return to balance for 2025/26 has been agreed

3.4 Forensic Services

The Forensic Division are forecasting a overspend of £0.023m

The outturn forecast has improved due to funding from HNY Specialist Provider Collaborative for additional staffing required to support clinical acuity and a number of new admissions on Derwent Ward. The new prison contract has been invoiced in March which improves the position from month 11 to month 12..

3.5 Corporate Services Expenditure

Corporate Services (including Finance Technical Items) is showing a forecast underspend of £2.836m, the main factor being items held centrally to offset pressures.

3.6 Forecast

Corporate Services (including Finance Technical Items) is showing a forecast underspend of £2.370m, the main factor being items held centrally to offset pressures..

4. Cash

As at the end of Month 11 the Trust held £17.003m, Cash balances across the reporting period are summarised below:

Table 2: Cash Balance

	November 2024 £000	December 2024 £000	January 2025 £000	February 2025 £000
Government Banking Service	22,778	21,452	19,317	16,641
Nat West	207	126	383	334
Petty Cash	26	27	27	28
Net Position	23,011	21,605	19,727	17,003

5. Better Payment Practice Code (BPPC)

The BPPC figures are shown at Table 4. The current position is 93% for non-NHS and 86.0% for NHS, based on the value of invoices. Work is ongoing to improve this position with targeted support to managers.

Table 3: Better Payment Practice Code

Better Payment Practice Code	YTD Number	YTD £
NON NHS		
Total bills paid	34,311	113,705
Total bills paid within target	31,597	106,652
Percentage of bills paid within target	92.1%	93.8%
NHS		
Total bills paid	1,251	28,994
Total bills paid within target	1,016	26,551
Percentage of bills paid within target	81.2%	91.6%
TOTAL		
Total bills paid	35,562	142,699
Total bills paid within target	32,613	133,203
Percentage of bills paid within target	91.7%	93.3%

7. Recommendations

The Council of Governors is asked to note the Finance report and comment accordingly

Appendix 1
Income and Expenditure Position including Forecast February 2025

	24/25 Net Annual Budget £000s	Year to Date			Full Year		
		Budget £000s	Actual £000s	Variance £000s	Budget (£000)	Forecast (£000)	Variance £000s
Income							
Block Income	178,308	162,567	161,471	(1,095)	178,308	177,488	(820)
YHCR	4,010	3,676	4,006	330	4,010	4,133	123
Total Income	182,318	166,243	165,477	(765)	182,318	181,621	(697)
<u>Clinical Services</u>							
Children's & Learning Disability	43,364	39,442	38,415	1,026	43,364	42,640	724
Community & Primary Care	20,930	19,184	17,985	1,200	20,930	21,016	(85)
Mental Health	57,806	52,788	53,505	(717)	57,806	58,727	(921)
Forensic Services	14,130	12,891	13,100	(209)	14,130	14,153	(23)
	136,231	124,305	123,005	1,300	136,231	136,536	(306)
<u>Corporate Services</u>							
	39,458	36,158	35,660	498	39,458	36,783	2,675
Total Expenditure	175,689	160,463	158,665	1,798	175,689	173,319	2,370
EBITDA	6,629	5,779	6,812	1,033	6,629	8,302	1,673
Depreciation	4,995	4,579	4,718	(139)	4,995	5,146	(151)
YHCR Amortisation	1,157	1,061	1,061	(0)	1,157	1,157	-
Interest	(1,468)	(1,346)	(1,533)	188	(1,468)	(1,650)	182
IFRS 16	1,479	1,356	1,569	(214)	1,479	1,797	(318)
PDC Dividends Payable	1,966	1,803	1,477	326	1,966	1,851	115
Operating Total	(1,500)	(1,673)	(480)	1,193	(1,500)	0	1,500
BRS	(1,500)	(1,194)	-	(1,194)	(1,500)	-	(1,500)
Operating Total	(0)	(479)	(480)	(1)	(0)	0	0
Excluded from Control Total							
Grant Income	-	-	(37)	37	-	(788)	788
Donated Depreciation	22	20	36	(16)	22	40	(18)
	(22)	(499)	(479)	20	(22)	749	770
Excluded							
Commissioning	-	(0)	(0)	(0)	-	0	(0)
Ledger Position	(22)	(499)	(479)	20	(22)	748	770

Agenda Item 16

Title & Date of Meeting:	Council of Governors Public Meeting – 17 th April 2025															
Title of Report:	Annual Accounts															
Author/s:	Peter Beckwith Director of Finance															
Recommendation:	<table border="1"> <tr> <td>To approve</td><td></td><td>To discuss</td><td></td></tr> <tr> <td>To note</td><td>✓</td><td>To ratify</td><td></td></tr> <tr> <td>For assurance</td><td></td><td></td><td></td></tr> </table>				To approve		To discuss		To note	✓	To ratify		For assurance			
To approve		To discuss														
To note	✓	To ratify														
For assurance																
Purpose of Paper:	The purpose of this report is to present the audited annual accounts for 2023-24 financial year.															
Key Issues within the report:																
Positive Assurances to Provide: <ul style="list-style-type: none"> All audit work is now complete and audited accounts have been submitted (<i>Attached at Appendix A</i>) Unqualified audit opinion on the accounts Audit Completion Report from External Auditors (<i>Mazars</i>) is attached (<i>Appendix B</i>) alongside follow up letter (<i>Appendix C</i>) Auditors Report to the Council of Governors appear on today's agenda. 		Key Actions Commissioned/Work Underway: <ul style="list-style-type: none"> None 														
Key Risks/Area of Focus: <ul style="list-style-type: none"> None 		Decisions Made: <ul style="list-style-type: none"> Approved Trust Board Part II 29.01.25 														
Governance:		Date		Date												
	Audit Committee		Remuneration & Nominations Committee													
	Quality Committee		People & Organisational Development Committee													
	Finance & Investment Committee	✓	Executive Management Team	✓												
	Mental Health Legislation Committee		Operational Delivery Group	✓												
	Collaborative Committee		Other (please detail) Trust Board	✓												

Monitoring and assurance framework summary:

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

Humber Teaching NHS Foundation Trust

Annual accounts for the year ended 31 March 2024

Foreword to the accounts

Humber Teaching NHS Foundation Trust

These accounts, for the year ended 31 March 2024, have been prepared by Humber Teaching NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed

Name **Michele Moran**
Job title **Chief Executive**
Date

29-Jan-25

Statement of Comprehensive Income

		2023/24	2022/23
	Note	£000	£000
Operating income from patient care activities	3	239,271	236,691
Other operating income	4	18,683	13,141
Operating expenses	7, 9	(267,368)	(272,869)
Operating surplus/(deficit) from continuing operations		(9,414)	(23,037)
Finance income	11	2,114	1,010
Finance expenses	12	(823)	(717)
PDC dividends payable	1.16	(1,966)	(2,424)
Net finance costs		(675)	(2,131)
Other gains / (losses)	13	-	5
Surplus / (deficit) for the year		(10,089)	(25,163)
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	8	(1,885)	2,625
Revaluations	17	656	2,103
Remeasurements of the net defined benefit pension scheme liability / asset	32	(2,731)	5,949
Total comprehensive income / (expense) for the period		(14,049)	(14,486)

Statement of Financial Position

		31 March 2024	31 March 2023
	Note	£000	£000
Non-current assets			
Intangible assets	14	15,904	13,708
Property, plant and equipment	15	89,910	90,633
Right of use assets	18	9,398	10,302
Receivables	21	123	159
Other assets	22	791	3,402
Total non-current assets		116,126	118,204
Current assets			
Inventories	20	169	152
Receivables	21	12,064	19,410
Cash and cash equivalents	24	28,012	30,906
Total current assets		40,245	50,468
Current liabilities			
Trade and other payables	25	(32,522)	(37,677)
Borrowings	27	(1,325)	(1,870)
Provisions	28	(199)	(105)
Other liabilities	26	(7,758)	(7,610)
Total current liabilities		(41,804)	(47,262)
Total assets less current liabilities		114,567	121,410
Non-current liabilities			
Borrowings	27	(34,806)	(31,193)
Provisions	28	(1,449)	(1,666)
Total non-current liabilities		(36,255)	(32,859)
Total assets employed		78,312	88,551
Financed by			
Public dividend capital		83,082	79,271
Revaluation reserve		16,880	18,823
Other reserves		2,804	5,535
Income and expenditure reserve		(24,454)	(15,078)
Total taxpayers' equity		78,312	88,551

The notes on pages 7 to 55 form part of these accounts.

Name	Michele Moran
Position	Chief Executive

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2024

	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2023 - brought forward	79,271	18,823	5,535	(15,078)	88,551
Surplus/(deficit) for the year	-	-	-	(10,089)	(10,089)
Other transfers between reserves	-	(713)	-	713	-
Impairments	-	(1,885)	-	-	(1,885)
Revaluations	-	656	-	-	656
Transfer to retained earnings on disposal of assets	-	(1)	-	1	-
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	(2,731)	-	(2,731)
Public dividend capital received	3,811	-	-	-	3,811
Taxpayers' and others' equity at 31 March 2024	83,082	16,880	2,804	(24,454)	78,312

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

	Public dividend capital £000	Revaluation reserve £000	Other reserves £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2022 - brought forward	76,937	14,776	(414)	8,969	100,268
Implementation of IFRS 16 on 1 April 2022	-	-	-	435	435
Surplus/(deficit) for the year	-	-	-	(25,163)	(25,163)
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits	-	(673)	-	673	-
Other transfers between reserves	-	(8)	-	8	-
Impairments	-	2,625	-	-	2,625
Revaluations	-	2,103	-	-	2,103
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	5,949	-	5,949
Public dividend capital received	2,334	-	-	-	2,334
Taxpayers' and others' equity at 31 March 2023	79,271	18,823	5,535	(15,078)	88,551

Information on reserves

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Financial assets reserve

This reserve comprises changes in the fair value of financial assets measured at fair value through other comprehensive income. When these instruments are derecognised, cumulative gains or losses previously recognised as other comprehensive income or expenditure are recycled to income or expenditure, unless the assets are equity instruments measured at fair value through other comprehensive income as a result of irrevocable election at recognition.

Other reserves

The balance on this reserve is the movement in the East Riding of Yorkshire Council Pension scheme relating to the membership of Humber Teaching NHS Foundation Trust.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the trust.

Statement of Cash Flows

		2023/24	2022/23
	Note	£000	£000
Cash flows from operating activities			
Operating surplus / (deficit)		(9,414)	(23,037)
Non-cash income and expense:			
Depreciation and amortisation	7.1	6,683	7,569
Net impairments	8	11,284	24,782
Income recognised in respect of capital donations		(1,092)	-
Non-cash movements in on-SoFP pension liability		(120)	315
(Increase) / decrease in receivables and other assets		7,497	(3,240)
(Increase) / decrease in inventories		(17)	(15)
Increase / (decrease) in payables and other liabilities		(6,239)	9,767
Increase / (decrease) in provisions		(142)	(2,217)
Net cash flows from / (used in) operating activities		8,440	13,924
Cash flows from investing activities			
Interest received		2,114	1,010
Purchase of intangible assets		(5,771)	(3,649)
Purchase of PPE and investment property		(7,961)	(9,225)
Sales of PPE and investment property		-	338
Initial direct costs or up front payments in respect of new right of use assets		(179)	(43)
Receipt of cash donations to purchase capital assets		1,092	-
Net cash flows from / (used in) investing activities		(10,705)	(11,569)
Cash flows from financing activities			
Public dividend capital received		3,811	2,334
Other capital receipts		-	1,412
Capital element of finance lease rental payments		(2,005)	(1,931)
Interest paid on finance lease liabilities		(354)	(319)
PDC dividend (paid) / refunded		(2,081)	(2,331)
Net cash flows from / (used in) financing activities		(629)	(835)
Increase / (decrease) in cash and cash equivalents		(2,894)	1,520
Cash and cash equivalents at 1 April - brought forward		30,906	29,386
Cash and cash equivalents at 31 March 2024	24.1	28,012	30,906

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS England has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2023/24 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

Note 1.3 Interests in other entities

Humber Teaching NHS Foundation Trust holds an interest in Humber Primary Care Limited. Humber Primary Care is a limited company, set up to hold General Medical Services (GMS) contracts for Humber Primary Care in Bridlington and such figures are included within the Trust's accounts.

Note 1.4 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under International Financial Reporting Standards (IFRS) 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS) which replaced the National Tariff Payment System on 1 April 2023. The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare.

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner and accounted for as variable consideration under IFRS 15.

Mental health provider collaboratives

NHS led provider collaboratives for specialised mental health, learning disability and autism services involve a lead NHS provider taking responsibility for managing services, care pathways and specialised commissioning budgets for a population. As lead provider for Humber and North Yorkshire Specialist Provider Collaborative, the Trust is accountable to NHS England and as such recognises the income and expenditure associated with the commissioning of services from other providers in these accounts. Where the trust is the provider of commissioned services, this element of income is recognised in respect of the provision of services, after eliminating internal transactions.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of International Accounting Standards (IAS) 20 for government grants.

Note 1.5 Other forms of income

Grants and donations

Government grants are from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the Statement of Comprehensive Income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.6 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

Local Government Pension Scheme

Since December 2016, some employees are members of the Local Government Pension Scheme which is a defined benefit pension scheme. The scheme assets and liabilities attributable to these employees can be identified and are recognised in the trust's accounts. The assets are measured at fair value, and the liabilities at the present value of future obligations.

The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The net interest cost during the year arising from the unwinding of the discount on the net scheme liabilities is recognised within finance costs. Remeasurements of the defined benefit plan are recognised in the income and expenditure reserve and reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Note 1.7 Expenditure on other goods and services

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

Note 1.8 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

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

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

Subsequent expenditure

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

Measurement

Valuation

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

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

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

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

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. Specialised assets equates to 26 buildings being valued at MEA, (13 non specialist being land and buildings)

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

A desktop valuation exercise was carried out in February / March 2024 with a valuation date of 31st March 2024 and involved applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2022 ('Red Book')

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the trust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised. Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Useful lives of property, plant and equipment

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

	Min life Years	Max life Years
Land	-	-
Buildings, excluding dwellings	1	96
Plant & machinery	5	15
Transport equipment	5	7
Information technology	5	7
Furniture & fittings	4	10

Note 1.9 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

Software

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

Measurement

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

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

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

Amortisation

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

Useful lives of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below (slight change from previous year due to tidy up of the fixed asset register):

	Min life Years	Max life Years
Information technology	-	-
Software licences	5	10
Other (purchased)	10	10

Note 1.10 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

The Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

Note 1.11 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.12 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement

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

Financial assets and financial liabilities at amortised cost

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

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

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

Impairment of financial assets

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

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

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

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

Derecognition

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

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

Note 1.13 Leases

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

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

The Trust as a lessee

Recognition and initial measurement

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

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

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

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 3.51% applied to new leases commencing in 2023 and 4.72% to new leases commencing in 2024.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset. The desktop valuation exercise was carried out 31/03/2024

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

The Trust as a lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases

Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Initial application of IFRS 16 in 2022/23

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

The standard was applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 were only applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments were not revisited.

The Trust as lessee

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability and adjusted for prepaid and accrued lease payments and deferred lease incentives recognised in the Statement of Financial Position immediately prior to initial application. Hindsight was used in determining the lease term where lease arrangements contained options for extension or earlier termination.

No adjustments were made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets had a value below £5,000. No adjustments were made in respect of leases previously classified as finance leases.

The Trust as lessor

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

Note 1.14 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2024:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	4.26%	3.27%
Medium-term	After 5 years up to 10 years	4.03%	3.20%
Long-term	After 10 years up to 40 years	4.72%	3.51%
Very long-term	Exceeding 40 years	4.40%	3.00%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2024:

	Inflation rate	Prior year rate
Year 1	3.60%	7.40%
Year 2	1.80%	0.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's post-employment benefits discount rate of 2.45% in real terms (prior year: 1.70%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at Note 28.2 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.15 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in Note 29 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in Note 29, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.16 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at <https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts>.

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

Note 1.17 Value added tax

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

Note 1.18 Corporation tax

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

Note 1.19 Climate change levy

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

Note 1.20 Third party assets

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

Note 1.21 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.22 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 1.23 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2023/24.

Note 1.24 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

In the application of Humber Teaching NHS Foundation Trust 's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not really apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates and the estimates, and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and the future periods if the revision affects both current and future periods.

Note 1.25 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

The main use of estimates by Humber Teaching NHS Foundation Trust relate to Property valuation and asset lives.

Valuations are undertaken by an independent external valuer. These values will therefore be subject to changes in market conditions and market values. The asset lives are also estimated by the independent external valuer and are subject to professional judgement.

Note 1.26 Early adoption of standards

IFRS 18 - Presentation and Disclosure in financial Statements will replace IAS 1 and if adapted will become effective as from 2027/28 - the Trust will need to review the impact of the introduction of this standard

Note 2 Operating Segments

IFRS 8 / IAS14 has detailed guidance as to which items of revenue and expense are included in segment revenue and segment expense. All companies will report a standardised measure of segment result – basically operating profit before interest, taxes, and head office expenses. For an entity's primary segments, it requires disclosure of:

- income (distinguishing between external income and intersegment income)
- profit or loss
- assets
- the basis of intersegment pricing
- liabilities
- capital additions
- depreciation and amortisation
- significant unusual items
- non-cash expenses other than depreciation
- special disclosures are required for changes in segment accounting policies.
- where there has been a change in the identification of segments, prior year information should be restated. If this is not practicable, segment data should be reported for both the old and new bases of segmentation in the year of change.
- disclosure is required of the types of products and services included in each reported business segment.
- segment revenue should be reconciled to consolidated revenue
- segment result should be reconciled to a comparable measure of consolidated operating profit or loss and consolidated net profit or loss
- segment assets should be reconciled to entity assets
- segment liabilities should be reconciled to entity liabilities.

The Trust is primarily a provider of NHS healthcare services and from 1 October 2021 hosted a Provider Collaborative arrangement for commissioning adult eating disorders, adult secure mental health services, and child and inpatient children's and adolescent mental health services. The provider collaborative commissions services on behalf on NHS England.

The Humber and North Yorkshire Specialist Provider Collaborative develops all proposals for investment or disinvestment in services. Members of the provider collaborative, (i.e. NHS and non NHS healthcare providers providers), CCG's, and Local Authorities along with service users work together to agree strategic plans and ensure best use of the resources available

Plans are agreed by the Provider Collaborative Oversight Group and the Trust's Board with clear decision making governance arrangements which are included in a Provider Collaborative Partnership Agreement.

As well as a Partnership Agreement, there is also a Financial Risk and Gain share agreement which all NHS collaborative members (have signed up to.) All partners are provided with a financial plan – spend and projected spend – at each Provider Collaborative Oversight Group to ensure transparency

The overall results for the Provider Collaborative are included in the financial position reported to the Trust's Board because the Trust acts as the Lead Provider and host. However, the Trust's Board has no power to influence commissioning decisions or manage the performance of the Provider Collaborative outside of its role as a partner within the Collaborative. It may however, as lead provider influence the collaborative where it feels there is a financial risk to the Trust.

As the revenue from the Provider Collaborative / commissioning segment is > 10% of the total revenue for all sectors added together, the Trust has made the judgement to disclose the Provider Collaborative element under segmental reporting disclosure, as below:

	Commissioning	Provider	Total for the Trust
	£'000	£'000	£'000
Income	43,426	216,642	260,068
Expenditure	(43,426)	(226,731)	(270,157)
Surplus / Deficit	-	(10,089)	(10,089)
Assets	2,108	158,086	160,194
Liabilities	(2,857)	(75,202)	(78,059)

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4

Note 3.1 Income from patient care activities (by nature)	2023/24	2022/23
	£000	£000
Mental health services		
Income from commissioners under API contracts*	111,017	102,048
Services delivered under a mental health collaborative	23,056	20,054
Income for commissioning services in a mental health collaborative	41,412	42,090
Other clinical income from mandatory services	3,773	3,372
Community services		
Income from commissioners under API contracts*	35,360	29,750
Income from other sources (e.g. local authorities)	9,647	13,253
All services		
National pay award central funding***	30	6,323
Additional pension contribution central funding**	6,545	5,920
Other clinical income ****	8,431	13,881
Total income from activities	239,271	236,691

*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2023/25 NHS Payment Scheme documentation.

<https://www.england.nhs.uk/pay-syst/nhs-payment-scheme/>

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

*** Additional funding was made available by NHS England in 2023/24 and 2022/23 for implementing the backdated element of pay awards where government offers were made at the end of the financial year. 2023/24: In March 2024, the government announced a revised pay offer for consultants, reforming consultant pay scales with an effective date of 1 March 2024. Trade Unions representing consultant doctors accepted the offer in April 2024. 2022/23: In March 2023, the government made a pay offer for staff on agenda for change terms and conditions which was later confirmed in May 2023. The additional pay for 2022/23 was based on individuals in employment at 31 March 2023.

**** Mainly relating to Primary Care Income

Note 3.2 Income from patient care activities (by source)

	2023/24	2022/23
	£000	£000
Income from patient care activities received from:		
NHS England	72,325	74,763
Clinical commissioning groups		32,358
Integrated care boards	144,823	107,643
Other NHS providers	3,982	3,878
NHS other	-	41
Local authorities	17,907	16,072
Non NHS: other	234	1,936
Total income from activities	239,271	236,691

All income relates to continuing operations

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

Humber Teaching NHS Foundation Trust received no income from overseas visitors in 2023/24 (Nil return 2022/23)

Note 4 Other operating income

	2023/24			2022/23		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	905	-	905	784	-	784
Education and training	4,484	610	5,094	3,651	503	4,154
Non-patient care services to other bodies	5,677		5,677	424		424
Income in respect of employee benefits accounted on a gross basis	3,473		3,473	3,345		3,345
Receipt of capital grants and donations and peppercorn leases		1,092	1,092		-	-
Charitable and other contributions to expenditure		16	16		122	122
Revenue from finance leases (variable lease receipts)		-	-		2,325	2,325
Revenue from operating leases		1,706	1,706		947	947
Other income	-	720	720	-	1,040	1,040
Total other operating income	14,539	4,144	18,683	8,204	4,937	13,141

All income relates to continuing operations

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

	2023/24	2022/23
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	7,610	7,513

This comprises of income that the Trust was paid in 2022/23 but related to activities to be delivered in 2023/24.

Note 5.2 Transaction price allocated to remaining performance obligations

	31 March 2024	31 March 2023
	£000	£000
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:		
within one year	7,758	7,610
after one year, not later than five years	-	-
after five years	-	-
Total revenue allocated to remaining performance obligations	7,758	7,610

The trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the trust recognises revenue directly corresponding to work done to date is not disclosed.

Note 5.3 Income from activities arising from commissioner requested services

The trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider licence and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2023/24	2022/23
	£000	£000
Income from services designated as commissioner requested services	224,265	155,179
Income from services not designated as commissioner requested services	15,006	82,514
Total	239,271	237,693

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

Humber Teaching NHS Foundation Trust has no disposal of assets in 2023/24 (Nil return 2022/23)

Note 5.5 Fees and charges

HM Treasury requires disclosure of fees and charges income. The following disclosure is of income from charges to service users where income from that service exceeds £1 million and is presented as the aggregate of such income. The cost associated with the service that generated the income is also disclosed. This is not applicable for the Trust as their fees and charges do not exceed £1m.

Note 6 Operating leases - Humber Teaching NHS Foundation Trust as lessor

This note discloses income generated in operating lease agreements where Humber Teaching NHS Foundation Trust is the lessor.

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis. This includes a different maturity analysis of future minimum lease receipts under IAS 17 compared to IFRS 16.

Humber Teaching NHS Foundation Trust receives operating income from buildings leased to private tenants and local authorities

Note 6.1 Operating lease income

	2023/24	2022/23
	£000	£000
Lease receipts recognised as income in year:		
Minimum lease receipts	1,706	947
Total in-year operating lease income	1,706	947

Note 6.2 Future lease receipts

	31 March 2024	31 March 2023
	£000	£000
Future minimum lease receipts due in:		
- not later than one year	1,693	1,217
- later than one year and not later than two years	1,688	1,158
- later than two years and not later than three years	1,678	1,072
- later than three years and not later than four years	1,678	1,057
- later than four years and not later than five years	1,678	395
- later than five years	-	-
Total	8,415	4,899

Note 7.1 Operating expenses

	2023/24	2022/23
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	20,188	21,197
Purchase of healthcare from non-NHS and non-DHSC bodies	35,767	30,294
Staff and executive directors costs	163,502	159,245
Remuneration of non-executive directors	144	130
Supplies and services - clinical (excluding drugs costs)	6,211	5,393
Supplies and services - general	1,423	1,738
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	1,145	1,395
Establishment	3,797	3,008
Premises	10,738	9,753
Transport (including patient travel)	1,720	1,826
Depreciation on property, plant and equipment	5,464	6,402
Amortisation on intangible assets	1,219	1,167
Net impairments	11,284	24,782
Movement in credit loss allowance: contract receivables / contract assets	(1,672)	1,269
Increase/(decrease) in other provisions	-	(2,204)
Fees payable to the external auditor		
audit services- statutory audit *	90	90
Internal audit costs	99	94
Clinical negligence	1,242	935
Legal fees	185	199
Insurance	106	88
Research and development	1,082	913
Education and training	2,040	1,995
Redundancy	-	57
Car parking & security	101	102
Hospitality	7	5
Losses, ex gratia & special payments	-	2
Other services, eg external payroll	332	640
Other **	1,154	2,354
Total	267,368	272,869
Of which:		
Related to continuing operations	267,368	272,869
Related to discontinued operations	-	-

* Amount includes VAT

** Relates to Yorkshire Humber Care Records project

Note 7.2 Other auditor remuneration

There was no 'other' audit remuneration other than the statutory fee

Note 7.3 Limitation on auditor's liability

There is no limitation on auditor's liability for external audit work carried out for the financial years 2023/24 or 2022/23.

Note 8 Impairment of assets

	2023/24	2022/23
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
price	11,284	24,782
Total net impairments charged to operating surplus / deficit	11,284	24,782
Impairments charged to the revaluation reserve	1,885	(2,625)
Total net impairments	13,169	22,157

The carrying value of the Trust's land and buildings at 31 March 2024 were assessed by Valuers Cushman and Wakefield. Despite an increase in building cost indices over the year, the overall impact of their assessment was a decrease in value of £5.129m in respect of owned assets and a decrease in the value of right of use assets of £1.283m. For owned assets this reflects enhancements which do not impact the value of an equivalent asset. Leased assets have reduced in age, and are valued on a net basis.

Included in the overall impact of the change in owned assets was £2.016m of impairments charged to the revaluation reserve and £3.651m to the statement of comprehensive income. Reversals of previous impairments were £0.318m, with £0.187m were charged the statement of comprehensive income and £0.131m charged to the revaluation reserve. The revaluation reserve was increased by £0.221m.

The £1,899m impairment of right of use assets was charged wholly to the statement of comprehensive income. £0.180m reversal of previous impairment was via the statement of comprehensive income. The revaluation reserve was increased by £0.437m

Also in year, the Interweave system was impaired by £2.382m and Whitby Hospital impaired by £3.719m. Both were charged to the statement of comprehensive income. Interweave is an intangible asset constructed by the Trust, impaired to reflect legal and professional costs which would not be repeated if the asset were to be reconstructed. Whitby is a leased hospital, and was impaired to reflect that a rent increase on 1/4/23 does not increase the value of the building in excess of the valuation provided on 31/3/23.

Revaluation / Impairment Overview:

Asset	Adjustments to Revaluation Reserve			Adjustments to I&E		
	Reverse Previous Impairments to Reserves	Increase Revaluation Reserve	Impairments to Revaluation Reserve	Reverse Previous Impairments to I&E	Impairment Charged to I&E	Net impact on asset value
Interweave					(2,382)	(2,382)
Whitby Hospital					(3,719)	(3,719)
ROU Assets Valuation exercise		437		180	(1,899)	(1,282)
Owned Assets Valuation exercise	131	221	(2,016)	187	(3,651)	(5,128)
Total	131	658	(2,016)	367	(11,651)	(12,511)

Note 9 Employee benefits

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

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

Note 9.1 Retirements due to ill-health

During 2023/24 there were 7 early retirements from the trust agreed on the grounds of ill-health (1 in the year ended 31 March 2023). The estimated additional pension liabilities of these ill-health retirements is £584k (£111k in 2022/23).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 10 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2024, is based on valuation data as at 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from April 2024. The Department of Health and Social Care has recently laid Scheme Regulations confirming the the employer contribution rate will increase to 23.7% of pensionable pay from 1 April 2024 (previously 20.6%). The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

Note 10.1 Local government Superannuation Scheme

East Riding of Yorkshire Council Pension Scheme.

Further disclosure of the East Riding of Yorkshire Council Pension Scheme relating to the Trust is shown in note 32

Note 10.2 NEST Pension Scheme

Some employees are members of the NEST Pension Scheme. NEST was set up by the Government especially for auto enrolment. The intention of the scheme is to ensure that all employees have access to a scheme that meets the requirements of the pension rules. Further disclosure can be found in Note 1.6 Employer contributions to the Scheme in 2023/2024 were £73k (2022/23 £76k)

Note 11 Finance income

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

	2023/24	2022/23
	£000	£000
Interest on bank accounts	1,505	685
Other finance income	609	325
Total finance income	2,114	1,010

Note 12.1 Finance expenditure

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

	2023/24	2022/23
	£000	£000
Interest expense:		
Interest on lease obligations	355	320
Total interest expense	355	320
Unwinding of discount on provisions	19	8
Other finance costs	449	389
Total finance costs	823	717

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

	2023/24	2022/23
	£000	£000
Total liability accruing in year under this legislation as a result of late payments	-	0

Note 13 Other gains / (losses)

	2023/24	2022/23
	£000	£000
Gains on disposal of assets	-	9
Losses on disposal of assets	-	(4)
Total other gains / (losses)	-	5

Note 14.1 Intangible assets - 2023/24

	Software licences £000	Intangible assets under construction £000	Other (including Interweave) £000	Total £000
Valuation / gross cost at 1 April 2023 - brought forward	3,417	2,542	12,141	18,100
Additions	-	5,771	-	5,771
Impairments	-	-	-	-
Revaluation	-	-	(4,275)	(4,275)
Reclassifications	1,740	(4,443)	2,729	26
Disposals / derecognition	(1,660)	-	-	(1,660)
Valuation / gross cost at 31 March 2024	3,497	3,870	10,595	17,962
Amortisation at 1 April 2023 - brought forward	2,428	-	1,964	4,392
Provided during the year	396	-	823	1,219
Impairments	-	-	2,382	2,382
Revaluation	-	-	(4,275)	(4,275)
Reclassifications	71	-	(71)	-
Disposals / derecognition	(1,660)	-	-	(1,660)
Amortisation at 31 March 2024	1,235	-	823	2,058
Net book value at 31 March 2024	2,262	3,870	9,772	15,904
Net book value at 1 April 2023	989	2,542	10,177	13,708

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

Note 14.2 Intangible assets - 2022/23

	Software licences £000	Intangible assets under construction £000	Other (including Interweave) £000	Total £000
Valuation / gross cost at 1 April 2022 - as previously stated	2,741	1,478	9,876	14,095
Additions	-	3,649	-	3,649
Reclassifications	676	(2,585)	2,265	356
Valuation / gross cost at 31 March 2023	3,417	2,542	12,141	18,100
Amortisation at 1 April 2022 - as previously stated	2,140	-	1,085	3,225
Provided during the year	288	-	879	1,167
Amortisation at 31 March 2023	2,428	-	1,964	4,392
Net book value at 31 March 2023	989	2,542	10,177	13,708
Net book value at 1 April 2022	601	1,478	8,791	10,870

Note 15.1 Property, plant and equipment - 2023/24

	Land £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 2023 - brought forward	8,825	74,078	4,437	3,336	133	18,905	1,213	110,927
Additions	-	-	8,721	-	-	-	-	8,721
Impairments	(71)	(1,945)	-	-	-	-	-	(2,016)
Reversals of impairments	3	128	-	-	-	-	-	131
Revaluations	(55)	(5,691)	-	-	-	-	-	(5,746)
Reclassifications	21	6,823	(8,512)	-	-	1,642	-	(26)
Disposals / derecognition	-	(1,276)	-	(3,153)	(121)	(10,934)	(1,140)	(16,624)
Valuation/gross cost at 31 March 2024	8,723	72,117	4,646	183	12	9,613	73	95,367
Accumulated depreciation at 1 April 2023 - brought forward	-	1,702	-	3,268	123	14,022	1,179	20,294
Provided during the year	-	2,789	-	47	2	1,444	8	4,290
Impairments	57	3,594	-	-	-	-	-	3,651
Reversals of impairments	(1)	(186)	-	-	-	-	-	(187)
Revaluations	(56)	(5,911)	-	-	-	-	-	(5,967)
Disposals / derecognition	-	(1,276)	-	(3,153)	(121)	(10,934)	(1,140)	(16,624)
Accumulated depreciation at 31 March 2024	-	712	-	162	4	4,532	47	5,457
Net book value at 31 March 2024	8,723	71,405	4,646	21	8	5,081	26	89,910
Net book value at 1 April 2023	8,825	72,376	4,437	68	10	4,883	34	90,633

Note 15.2 Property, plant and equipment - 2022/23

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation / gross cost at 1 April 2022 - as previously stated	8,264	67,959	3,555	3,336	133	18,463	1,225	102,935
Additions	-	(1,032)	7,020	-	-	-	-	5,988
Impairments	(94)	(648)	-	-	-	-	-	(742)
Reversals of impairments	416	3,090	-	-	-	-	-	3,506
Revaluations	239	(643)	-	-	-	-	-	(404)
Reclassifications	-	5,352	(6,138)	-	-	442	(12)	(356)
Valuation/gross cost at 31 March 2023	8,825	74,078	4,437	3,336	133	18,905	1,213	110,927
Accumulated depreciation at 1 April 2022 - as previously stated	-	-	-	2,983	121	12,628	1,130	16,862
Provided during the year	-	2,507	-	285	2	1,394	49	4,237
Impairments	-	3,069	-	-	-	-	-	3,069
Reversals of impairments	-	(1,367)	-	-	-	-	-	(1,367)
Revaluations	-	(2,507)	-	-	-	-	-	(2,507)
Accumulated depreciation at 31 March 2023	-	1,702	-	3,268	123	14,022	1,179	20,294
Net book value at 31 March 2023	8,825	72,376	4,437	68	10	4,883	34	90,633
Net book value at 1 April 2022	8,264	67,959	3,555	353	12	5,835	95	86,073

Note 15.3 Property, plant and equipment financing - 31 March 2024

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Owned - purchased	8,723	70,986	4,646	20	-	5,081	26	89,482
Owned - donated/granted *	-	419	-	1	8	-	-	428
Total net book value at 31 March 2024	8,723	71,405	4,646	21	8	5,081	26	89,910

* This includes grant monies received relating to Salix / Decarbonisation

Note 15.4 Property, plant and equipment financing - 31 March 2023

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Owned - purchased	8,789	72,326	4,437	66	-	4,883	34	90,535
Owned - donated/granted	36	50	-	2	10	-	-	98
Total net book value at 31 March 2023	8,825	72,376	4,437	68	10	4,883	34	90,633

Note 15.5 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2024

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Subject to an operating lease	-	18,733	-	-	-	-	-	18,733
Not subject to an operating lease	8,723	52,671	4,606	21	8	5,080	24	71,133
Total net book value at 31 March 2024	8,723	71,404	4,606	21	8	5,080	24	89,866

Note 15.6 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2023

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

Note 16 Donations of property, plant and equipment

Humber Teaching NHS Foundation Trust has received no donated assets in this financial year.

Note 17 Revaluations of property, plant and equipment

Land and Buildings are included in the statement of financial position at their valuation on 31 March 2024. A desk top valuation was undertaken by an independent RICS valuer, Cushman and Wakefield, in accordance with RICS guidance .

The valuation took into account improvements undertaken during the year and took into account their current condition and an agreed level of obsolescence. The valuation methodology assumes that our buildings will be maintained to their current condition over their remaining lives. The valuation was undertaken on a modern equivalent asset basis and reflects the current service potential .

The impact of the valuation on land and property in full use was a net decrease in value of £5.129m (2022/23 £3.327m increase.) £0.352m of this was an increase in Revaluation Reserve, £2.016m decrease reduced the revaluation reserve and £3.464m relates to net movements in impairments and reversal of impairments. Further details on the revaluation can be found in note 8.

Note 18 Leases - Humber Teaching NHS Foundation Trust as a lessee

The Trust leases a range of specialised and non specialised buildings from which it delivers clinical services and administration functions. The Trust also leases a fleet of pool vehicles used primarily to deliver Estate and facilities services across the Trust.

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis.

Under IFRS16 where the Trust leases assets and enjoys substantial occupancy and control of them, they have been included in the Statement of Financial Position as a "right of use" asset. An associated "borrowing" has also been added to the Statement of Financial Position to reflect the lease payment obligation.

Note 18.1 Right of use assets - 2023/24

	Property (land and buildings) £000	Transport equipment £000	Total £000	Of which: leased from DHSC group bodies £000
Valuation / gross cost at 1 April 2023 - brought forward	35,289	322	35,611	25,152
Additions	110	463	573	-
Remeasurements of the lease liability	4,700	-	4,700	3,864
Revaluations	(31,081)	-	(31,081)	(23,598)
Disposals / derecognition	-	(106)	(106)	-
Valuation/gross cost at 31 March 2024	9,018	679	9,697	5,418
Accumulated depreciation at 1 April 2023 - brought forward	25,175	134	25,309	18,575
Provided during the year	1,005	169	1,174	378
Impairments	5,618	-	5,618	4,799
Reversal of impairments	(180)	-	(180)	(24)
Revaluations	(31,516)	-	(31,516)	(23,728)
Disposals / derecognition	-	(106)	(106)	-
Accumulated depreciation at 31 March 2024	102	197	299	-
Net book value at 31 March 2024	8,916	482	9,398	5,418
Net book value at 1 April 2023	10,114	188	10,302	6,577
Net book value of right of use assets leased from other NHS providers				520
Net book value of right of use assets leased from other DHSC group bodies				4,898

Note 18.2 Right of use assets - 2022/23

	Property (land and buildings) £000	Transport equipment £000	Total £000	Of which: leased from DHSC group bodies £000
Valuation / gross cost at 1 April 2022 - brought forward	-	-	-	-
IFRS 16 implementation - adjustments for existing operating leases / subleases	35,025	204	35,229	25,292
Additions	519	118	637	8
Disposals / derecognition	(255)	-	(255)	(148)
Valuation/gross cost at 31 March 2023	35,289	322	35,611	25,152
Accumulated depreciation at 1 April 2022 - brought forward	-	-	-	-
Provided during the year	2,031	134	2,165	920
Impairments	23,219	-	23,219	17,674
Disposals / derecognition	(75)	-	(75)	(19)
Accumulated depreciation at 31 March 2023	25,175	134	25,309	18,575
Net book value at 31 March 2023	10,114	188	10,302	6,577
Net book value at 1 April 2022	-	-	-	-
Net book value of right of use assets leased from other NHS providers				481
Net book value of right of use assets leased from other DHSC group bodies				6,096

Note 18.3 Revaluations of right of use assets

Further and better market information became available in respect of the valuation of peppercorn right of used assets during the year and these have been reflect in the value of the asset. The overall impact was a decrease in value of £1.283m. This consisted of a £0.437m increase (to revaluation reserve), a £0.187m increase (reversing previous impairment) and a £1.899m decrease (charged to I&E). The valuation was undertaken by Cushmen and Wakefield.

Note 18.4 Reconciliation of the carrying value of lease liabilities

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

	2023/24 £000	2022/23 £000
Carrying value at 31 March	33,063	-
IFRS 16 implementation - adjustments for existing operating leases		34,588
Lease additions	394	594
Lease liability remeasurements	4,700	-
Interest charge arising in year	355	320
Early terminations	(22)	(189)
Lease payments (cash outflows)	(2,359)	(2,250)
Carrying value at 31 March	36,131	33,063

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in Note 7.1. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

There is no income generated from the sub-lease of right of use assets.

Note 18.5 Maturity analysis of future lease payments

	Total 31 March 2024 £000	Of which leased from DHSC group bodies: 31 March 2024 £000	Total 31 March 2023 £000	Of which leased from DHSC group bodies: 31 March 2023 £000
Undiscounted future lease payments payable in:				
- not later than one year;	1,662	1,163	2,172	1,023
- later than one year and not later than five years;	7,097	4,143	6,374	3,699
- later than five years.	33,047	27,064	29,799	24,261
Total gross future lease payments	41,806	32,370	38,345	28,983
Finance charges allocated to future periods	(5,675)	(5,051)	(5,282)	(4,630)
Net lease liabilities at 31 March 2024	36,131	27,319	33,063	24,353
Of which:				
Leased from other NHS providers		2,197		2,324
Leased from other DHSC group bodies		25,122		22,029

Note 19 Disclosure of interests in other entities

Humber Teaching NHS Foundation Trust holds an interest in Humber Primary Care Limited. Humber Primary Care is a limited company, set up to hold GMS contracts for Humber Primary Care in Bridlington. In 2023/24 the company suffered a loss of £612k (2022/23 £788k). As the income, expenditure, assets and liabilities of Humber Primary Care Limited are immaterial to the overall Trust's income, expenditure, assets and liabilities we have not disclosed the detail, as their income was £2,762k and expenditure £3,374k)

Note 20 Inventories

	31 March 2024 £000	31 March 2023 £000
Drugs	71	51
Consumables	98	101
Total inventories	169	152
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £3,192k (2022/23: £3,488k). Write-down of inventories recognised as expenses for the year were £0k (2022/23: £0k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2023/24 the Trust received £16k of items purchased by DHSC (2022/23: £122k).

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

Note 21.1 Receivables

	31 March 2024 £000	31 March 2023 £000
Current		
Contract receivables	7,656	14,612
Contract assets	-	-
Allowance for impaired contract receivables / assets	(863)	(2,535)
Prepayments (non-PFI)	912	1,048
PDC dividend receivable	115	-
VAT receivable	855	593
Other receivables	3,389	5,692
Total current receivables	12,064	19,410
Non-current		
Other receivables	123	159
Total non-current receivables	123	159
Of which receivable from NHS and DHSC group bodies:		
Current	4,825	9,551
Non-current	123	159

Note 21.2 Allowances for credit losses

	2023/24 Receivables £000	2022/23 Receivables £000
Allowances as at 1 April - brought forward	2,535	1,266
New allowances arising	-	1,269
Changes in the calculation of existing allowances	(1,672)	-
Utilisation of allowances (write offs)	(1)	-
Allowances as at 31 Mar 2024	863	2,535

Note 21.3 Exposure to credit risk

	2024 £000	2023 £000
Non NHS Invoices	5,597	5,964
NHS Invoices	2,053	2,670
	7,650	8,634
Credit Risk	30%	30%
Loss Provision	(2,295)	(2,590)
Net Carrying amount	5,355	6,044

Note 22 Other assets

The Trust has an asset in respect of the Local Government Pension scheme of £4.614m. The valuation was determined by a qualified actuary and represents the maximum value of the pension asset. In 2022/23 there was a pension scheme asset of £3.402m and no pension scheme liability.

Further details about the scheme and how these valuations have been obtained are contained in note 32

Note 23.1 Non-current assets held for sale and assets in disposal groups

	2023/24	2022/23
	£000	£000
NBV of non-current assets for sale and assets in disposal groups at 1 April	-	342
Assets sold in year	-	(342)
NBV of non-current assets for sale and assets in disposal groups at 31 March	<u>-</u>	<u>-</u>

Note 23.2 Liabilities in disposal groups

There are no liabilities held in disposal groups in 2023/24 or in 2022/23.

Note 24.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2023/24	2022/23
	£000	£000
At 1 April	30,906	29,386
Net change in year	(2,894)	1,520
At 31 March	28,012	30,906
Broken down into:		
Cash at commercial banks and in hand	168	294
Cash with the Government Banking Service	27,844	30,612
Total cash and cash equivalents as in SoFP	28,012	30,906
Total cash and cash equivalents as in SoCF	28,012	30,906

Note 24.2 Third party assets held by the trust

Humber Teaching NHS Foundation Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties and in which the trust has no beneficial interest. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2024	31 March 2023
	£000	£000
Bank balances	5	1
Total third party assets	5	1

Note 25.1 Trade and other payables

	31 March 2024	31 March 2023
	£000	£000
Current		
Trade payables	7,276	10,358
Capital payables	2,665	1,905
Accruals	13,910	18,549
Social security costs	1,665	1,548
Other taxes payable	1,375	1,152
Pension contributions payable	2,090	1,885
Other payables	3,541	2,280
Total current trade and other payables	32,522	37,677

All trade payables are current.

Note 25.2 Early retirements in NHS payables above

Humber Teaching NHS Foundation Trust made no payments for early retirements in the year 2023/24 (2022/2023: £Nil)

Note 26 Other liabilities

	31 March 2024 £000	31 March 2023 £000
Current		
Deferred income: contract liabilities	7,758	7,610
Total other current liabilities	7,758	7,610

Note 27.1 Borrowings

	31 March 2024 £000	31 March 2023 £000
Current		
Lease liabilities	1,325	1,870
Total current borrowings	1,325	1,870
Non-current		
Lease liabilities	34,806	31,193
Total non-current borrowings	34,806	31,193

Note 27.2 Reconciliation of liabilities arising from financing activities

	Lease Liabilities £000
Carrying value at 1 April 2023	33,063
Cash movements:	
Financing cash flows - payments and receipts of principal	(2,005)
Financing cash flows - payments of interest	(354)
Non-cash movements:	
Application of IFRS 16 measurement principles to PFI liability on 1 April 2023	
Additions	394
Lease liability remeasurements	4,700
Application of effective interest rate	355
Early terminations	(22)
Carrying value at 31 March 2024	36,131
	Lease Liabilities £000
Carrying value at 1 April 2022	-
Cash movements:	
Financing cash flows - payments and receipts of principal	(1,931)
Financing cash flows - payments of interest	(319)
Non-cash movements:	
Impact of implementing IFRS 16 on 1 April 2022	34,588
Additions	594
Application of effective interest rate	320
Early terminations	(189)
Carrying value at 31 March 2023	33,063

Note 28.1 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2023	617	705	290	159	1,771
Change in the discount rate	-	-	-	(27)	(27)
Arising during the year	-	-	90	-	90
Utilised during the year	(78)	(37)	(82)	-	(197)
Reversed unused	-	-	-	(16)	(16)
Unwinding of discount	2	17	-	8	27
At 31 March 2024	541	685	298	124	1,648
Expected timing of cash flows:					
- not later than one year;	77	36	85	1	199
- later than one year and not later than five years;	309	144	204	9	666
- later than five years.	155	505	9	114	783
Total	541	685	298	124	1,648

Pensions early departure costs – these provisions relate to the expected pension payments to former employees. The total value is based upon a standard life expectancy of the former employee. Should this life expectancy be different the value and timings of the payments will be affected. The value of the pension payment is also affected by annual pension increases determined by the NHS Pensions Agency.

Legal claims – this provision relates to public and employer's liability claims. The value and timing of these claims is uncertain until the claims have been fully investigated and any settlements agreed.

Injury benefits are payable by the NHS Pensions Agency. The total value of the provision is based upon standard life expectancy of the former employees. Should this life expectancy not be achieved, the value and the timing of payments will be affected. The value of the pension payment is also affected by annual pension increases, determined by the NHS Pensions Agency.

Note 28.2 Clinical negligence liabilities

At 31 March 2024, £8,272k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Humber Teaching NHS Foundation Trust (31 March 2023: £10,394k).

Note 29 Contingent assets and liabilities

	31 March 2024 £000	31 March 2023 £000
Value of contingent liabilities		
NHS Resolution legal claims	-	(13)
Gross value of contingent liabilities	-	(13)
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	-	(13)
Net value of contingent assets	-	-

Contingent liabilities relate to NHS Resolution legal claims that have been identified as a contingent liability by NHS Resolution. There are no contingent assets in either year.

Note 30 Contractual capital commitments

	31 March 2024 £000	31 March 2023 £000
Property, plant and equipment	306	0
Total	306	0

Note 31 Other financial commitments

The trust is committed to making payments under non-cancellable contracts (which are not leases, PFI contracts or other service concession arrangement), analysed by the period during which the payment is made:

	31 March 2024 £000	31 March 2023 £000
not later than 1 year	47	-
after 1 year and not later than 5 years	-	-
paid thereafter	-	-
Total	47	-

This commitment is relating to the lease the Trust will be shortly taking out with East Riding Council for County Hall in Beverley.

Note 32 Defined benefit pension schemes

In 2015/16 49 members of staff transferred employment from Kingston upon Hull Council and in 2017/18 39 members of staff transferred employment from East Riding of Yorkshire Council. Both sets of transferring staff transferred with active membership of the Pension Fund, which is a defined benefits scheme.

Humber Teaching NHS Foundation Trust's obligations in respect of pension liabilities for the transferring staff is with effect from the respective dates of transfer and no obligation is included for the period of employment before the transfer.

The Trust commissioned Hymans Robinson to prepare an actuarial report to provide full pension details in accordance with IAS19 - Employee Benefits.

In the financial year 2023/24 Humber Teaching NHS Foundation Trust contributed £698k to the fund (2022/23: £809k).

A pension asset of £0.791m is included in the Statement of Financial Position as at 31 March 2024 (2022/23: asset of £3.402m)

Initial figures from our Independent Pension Advisors calculated the pension asset to be £4.614m, however, in accordance with IAS19, an 'asset ceiling' is advised to be put in place. An 'asset ceiling' is the present value of those future benefits, when an entity has a surplus in a defined benefit plan, it should measure the net defined benefit of the asset at the lower of:

- 1.) the surplus in the defined benefit plan,
- 2.) the asset ceiling

	£'000
Initial figure (Net Asset unadjusted)	4,614
Net Asset (asset ceiling)	791
Effect of the asset ceiling on Net Asset	2,823

The adjustment to the asset value in the SoFP is matched with a reduction in the value of the 'Other Reserves'

Note 32.1 The main actuarial assumptions used at the date of the Statement of Financial Position in measuring the present value of the defined benefit scheme liabilities are:

Financial Assumptions

	2024	2023
Pension Increase Rate	2.75%	2.95%
Salary Increase Rate	2.75%	2.95%
Discount Rate	4.85%	4.75%

Note 32.2 The estimated Fund Asset allocation is as follows:

	2024	2023
Equities Securities	-	1,294
Debt Securities	1,103	1,134
Private Equity	882	794
Real Estate	1,176	1,163
Investment Funds & Unit Trusts	10,833	8,217
Cash & Cash Equivalents	156	240
	<u>14,149</u>	<u>12,841</u>

Note 32.3 Sensitivity Analysis

Change in assumptions at 31 March 2023	Approximate % increase to Defined Benefit Obligation	Approximate monetary amount £000
0.1% decrease in Real Discount Rate	2%	181
1 year increase in member life expectancy	4%	381
0.1% increase in the Salary Increase Rate	0%	22
0.1% increase in the Pension Increase Rate (CPI)	2%	162

Note 32.4 Projected Defined Benefit cost for the period 31 March 2025

Period Ended 31 March 2025	Assets £'000	Obligations £'000	Net (Liability)/Asset £'000	% of Pay
Projected Current Service cost	-	230	(230)	(23.4%)
Total Service Cost	0	230	(230)	(23.4%)
Interest income on plan assets	687	-	687	70.0%
Interest cost on defined benefit obligation	0	464	(464)	(47.3%)
Total Net Interest Cost	687	464	223	22.7%
Total included in SoCI	687	694	(7)	(0.7%)

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

	2023/24	2022/23
	£000	£000
Present value of the defined benefit obligation at 1 April	(9,439)	(14,342)
Current service cost	(249)	(420)
Interest cost	(449)	(389)
Contribution by plan participants	(59)	(68)
Remeasurement of the net defined benefit (liability) / asset:		
- Actuarial (gains) / losses	369	5,447
Benefits paid	292	333
Present value of the defined benefit obligation at 31 March	(9,535)	(9,439)
Plan assets at fair value at 1 April	12,841	12,110
Interest income	609	325
Remeasurement of the net defined benefit (liability) / asset:		
- Return on plan assets	723	-
- Actuarial gain / (losses)	-	502
Contributions by the employer	209	169
Contributions by the plan participants	59	68
Benefits paid	(292)	(333)
Plan assets at fair value at 31 March	14,149	12,841
Plan surplus/(deficit) at 31 March	4,614	3,402

Note 32.6 Reconciliation of the present value of the defined benefit obligation and the present value of the plan assets to the assets and liabilities recognised in the balance sheet

	31 March 2024	31 March 2023
	£000	£000
Present value of the defined benefit obligation	(9,535)	(9,439)
Plan assets at fair value	14,149	12,841
Net defined benefit (obligation) / asset recognised in the SoFP	4,614	3,402
Fair value of any reimbursement right	-	-
Net (liability) / asset after the impact of reimbursement rights	4,614	3,402

Note 32.7 Amounts recognised in the SoCI

	2023/24	2022/23
	£000	£000
Current service cost	(249)	(420)
Interest expense / income	160	(64)
Total net (charge) / gain recognised in SOCI	(89)	(484)

Note 33 Financial instruments

Note 33.1 Financial risk management

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

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

Currency Risk

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

Interest Rate Risk

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

Credit Risk

As the majority of revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2024 are in receivables from customers, as disclosed in the trade and other receivables note

Liquidity Risk

The Trust's operating costs are incurred under contracts with Intergrated Care Boards, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks

Note 33.2 Carrying values of financial assets

	Total book value £000
Carrying values of financial assets as at 31 March 2024	
Trade and other receivables excluding non financial assets	10,191
Other investments / financial assets	-
Cash and cash equivalents	28,012
Total at 31 March 2024	38,203
Carrying values of financial assets as at 31 March 2023	Total book value £000
Trade and other receivables excluding non financial assets	17,585
Cash and cash equivalents	30,906
Total at 31 March 2023	48,491

Note 33.3 Carrying values of financial liabilities

	Total book value £000
Carrying values of financial liabilities as at 31 March 2024	
Obligations under leases	36,131
Trade and other payables excluding non financial liabilities	24,734
Total at 31 March 2024	60,865
Carrying values of financial liabilities as at 31 March 2023	Total book value £000
Obligations under leases	33,063
Trade and other payables excluding non financial liabilities	33,092
Total at 31 March 2023	66,155

Note 33.4 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2024 £000	2023 £000
In one year or less	26,396	35,264
In more than one year but not more than five years	7,097	6,374
In more than five years	33,047	29,799
Total	66,540	71,437

Note 33.5 Fair values of financial assets and liabilities

Book value (carrying value) has been used as a reasonable approximation of the fair value

The variation in the value of financial assets and liabilities between 31 March 2023 and 31 March 2024 reflect the ratio of payables to receivables held on the statement of financial position.

Note 34 Losses and special payments

	2023/24		2022/23	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Special payments				
Ex-gratia payments	4	0	5	101
Total special payments	4	0	5	101
Total losses and special payments	4	0	5	101
Compensation payments received				

Note 35 Gifts

Disclosure of gifts given by the trust is only required if the total value of gifts made exceeds £300,000.

	2023/24		2022/23	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Gifts made	2	0	4	1

Note 36 Adjusted Financial Performance**Adjusted financial performance (control total basis):**

Surplus / (deficit) for the period	(10,089)	(25,163)
Remove net impairments not scoring to the Departmental expenditure limit	11,284	24,782
Remove I&E impact of capital grants and donations	(1,069)	71
Remove non-cash element of on-SoFP pension costs	(120)	315
Adjusted financial performance surplus	6	5

Note 37 Related parties

This note now only includes related parties with transactions, which differs from previous annual accounts. However, details of other related party interests have been declared in accordance with the Trust's Conflict of Interest Policy and is recorded on the Trust's website.

The Trust owns Humber Primary Care Ltd, a company registered in the United Kingdom. This has not been included in the accounts because it is not material in the context of the Trusts accounts. The Company's main activity is providing Primary Care and owns 4 Primary Care practices and of which there were no transactions during the financial year between Humber Primary Care Limited and the Trust.

The Department of Health and Social Care is registered as a related party and is the parent. During the period Humber Teaching NHS Foundation Trust has had significant number of material transactions with the Department, and with other entities for which the Department is registered as the parent Department. These entities are listed below:

HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST
MERSEY CARE NHS FOUNDATION TRUST
SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST
NHS PROPERTY SERVICES LTD

In addition, Humber Teaching NHS Foundation Trust has had a number of material transactions with other Government Departments and other central government bodies. Humber Teaching NHS Foundation Trust has had no other related party transactions.



Auditor's Annual Report

Humber Teaching NHS Foundation Trust – year ended 31 March 2024

6 February 2025

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01

Introduction

Introduction

Purpose of the Auditor’s Annual Report

Our Auditor’s Annual Report (AAR) summarises the work we have undertaken as the auditor for Humber Teaching Foundation Trust (‘the Trust’) for the year ended 31 March 2024. Although this report is addressed to the Trust, it is designed to be read by a wider audience including members of the public and other external stakeholders.

Our responsibilities are defined by the Local Audit and Accountability Act 2014 and the Code of Audit Practice (‘the Code’) issued by the National Audit Office (‘the NAO’). The remaining sections of the AAR outline how we have discharged these responsibilities and the findings from our work. These are summarised below.



Opinion on the financial statements

We issued our audit report on 6 February 2025. Our opinion on the financial statements was unqualified.



Value for Money arrangements

We did not identify any significant weaknesses in the Trust’s arrangements to secure economy, efficiency and effectiveness in its use of resources. Section 3 provides our commentary on the Trust’s arrangements.



Wider reporting responsibilities

In line with group audit instructions issued by the NAO, on 6 February 2025 we reported that the Trust’s consolidation schedules were consistent with the audited financial statements.

Audit of the financial statements

Audit of the financial statements

Our audit of the financial statements

Our audit was conducted in accordance with the requirements of the Code, and International Standards on Auditing (ISAs). The purpose of our audit is to provide reasonable assurance to users that the financial statements are free from material error. We do this by expressing an opinion on whether the statements are prepared, in all material respects, in line with the financial reporting framework applicable to the Trust and whether they give a true and fair view of the Trust's financial position as at 31 March 2024 and of its financial performance for the year then ended. Our audit report, issued on 6 February 2025 gave an unqualified opinion on the financial statements for the year ended 31 March 2024.

A summary of the significant risks we identified when undertaking our audit of the financial statements and the conclusions we reached on each of these is outlined in Appendix A. In this appendix we also outline the uncorrected misstatements we identified and any internal control recommendations we made.

Other reporting responsibilities

Reporting responsibility	Outcome
Annual Report	We did not identify significant inconsistencies between the content of the annual report and our knowledge of the Trust. We confirmed that the Governance Statement had been prepared in line with Department of Health and Social Care (DHSC) requirements
Annual Governance Statement	We did not identify any matters where, in our opinion, the governance statement did not comply with the guidance issued by NHS England.
Remuneration and Staff Report	We report that the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the National Health Service Act 2006.

Our work on Value for Money
arrangements

VFM arrangements

Overall Summary



VFM arrangements – Overall summary

Approach to Value for Money arrangements work

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



Financial sustainability - How the Trust plans and manages its resources to ensure it can continue to deliver its services;



Governance - How the Trust ensures that it makes informed decisions and properly manages its risks; and



Improving economy, efficiency and effectiveness - How the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

Our work is carried out in three main phases.

Phase 1 - Planning and risk assessment

At the planning stage of the audit, we undertake work so we can understand the arrangements that the Trust has in place under each of the reporting criteria; as part of this work we may identify risks of significant weaknesses in those arrangements.

We obtain our understanding of arrangements for each of the specified reporting criteria using a variety of information sources which may include:

- NAO guidance and supporting information;
- Information from internal and external sources including regulators;
- Knowledge from previous audits and other audit work undertaken in the year; and
- Interviews and discussions with staff and directors.

Although we describe this work as planning work, we keep our understanding of arrangements under review and update our risk assessment throughout the audit to reflect emerging issues that may suggest there are further risks of significant weaknesses.

Phase 2 - Additional risk-based procedures and evaluation

Where we identify risks of significant weaknesses in arrangements, we design a programme of work to enable us to decide whether there are actual significant weaknesses in arrangements. We use our professional judgement and have regard to guidance issued by the NAO in determining the extent to which an identified weakness is significant.

We outline the risks that we have identified and the work we have done to address those risks on page 10.

Phase 3 - Reporting the outcomes of our work and our recommendations

We are required to provide a summary of the work we have undertaken and the judgments we have reached against each of the specified reporting criteria in this Auditor's Annual Report. We do this as part of our Commentary on VFM arrangements which we set out for each criteria later in this section.




We also make recommendations where we identify weaknesses in arrangements or other matters that require attention from the Trust. We refer to two distinct types of recommendation through the remainder of this report:

- **Recommendations arising from significant weaknesses in arrangements** - We make these recommendations for improvement where we have identified a significant weakness in the Trust arrangements for securing economy, efficiency and effectiveness in its use of resources. Where such significant weaknesses in arrangements are identified, we report these (and our associated recommendations) at any point during the course of the audit.
- **Other recommendations** - We make other recommendations when we identify areas for potential improvement or weaknesses in arrangements which we do not consider to be significant but which still require action to be taken.

The table on the following page summarises the outcomes of our work against each reporting criteria, including whether we have identified any significant weaknesses in arrangements or made other recommendations.

VFM arrangements – Overall summary

Overall summary by reporting criteria

Reporting criteria		Commentary page reference	Identified risks of significant weakness?	Actual significant weaknesses identified?	Other recommendations made?
	Financial sustainability	11	No	No	No
	Governance	14	No	No	No
	Improving economy, efficiency and effectiveness	17	No	No	No

VFM arrangements

Financial Sustainability

How the body plans and manages its resources to ensure it can continue to deliver its services



VFM arrangements – Financial Sustainability

Overall commentary on Financial Sustainability

Overall responsibilities for financial governance

We have reviewed the Trust's overall governance framework, including Board and committee reports, the Annual Governance Statement, and Annual Report and Accounts for 2023/24. These confirm that the Trust Board undertook its responsibility to define the strategic aims and objectives, approve budgets and monitor financial performance against budgets and plans to best meet the needs of the Trust's service users.

The Trust's Board receives assurance on all aspects of financial management and operational performance through reports by the Organisational Delivery Group (ODG) and Finance and Investment Committee (FIC). This includes:

- overseeing and assuring financial and operational performance;
- considering the risks associated with any material financial transactions;
- considering the financial and operational risks involved in the Trust's business and how they are controlled and monitored by management; and
- taking action needed to address issues raised or to make improvements.

Our review of supporting papers confirmed that it did so effectively throughout 2023/24.

Background to the NHS financing regime in 2023/24

In 2023/24, the planning approach continued to reflect the new ways of working since the Covid-19 pandemic, with focus on recovery of core services and productivity, as well as transformation. This includes working closely with ICS partners including provider collaboratives.

Like most NHS bodies the Trust's ability to plan in the medium term is restricted to an extent by NHS funding arrangements which is annual and often only confirmed close to the start of the new financial year.

The Trust reviewed Financial Sustainability using a Healthcare Financial Management Association (HFMA) checklist in 2023/24 where aa scores were four or five out of five, which is a very positive outcome.

The Trust's financial planning and monitoring arrangements

We confirmed the Trust had developed its 2023/24 financial plan in line with national and regional timetables. The Trust's draft financial plan submitted in April 2023 showed a breakeven position.

At ICS level, first plan submission showed an overall deficit of £98m. This challenging financial position is mirrored across NHS and discussions are ongoing regionally and nationally to bridge the residual gap. Following submission of the plan, NHS England have set the ICS a target to get to a £50m deficit plan submission. By month 3, the deficit noted increased to £48m which equates to a maximum deficit of c£200,000 per month for the remainder of the year. Grant Thornton has been engaged to provide control which the Trust is currently addressing.

Whilst all providers in the ICS presented a deficit budget, the Trust's was the only one forecasting a breakeven position among these providers. Audited accounts show this was achieved with an adjusted surplus for the year to 31 March 2024 of just £6,000.

The Trust achieved 93% of its planned savings. The agency budget was significantly overspent, which is not a new trend, but this was compensated through non-recurrent savings. Staffing options are being explored, with a focus on bank staff being the most cost-effective saving approximately 10% on agency costs. The Trust continues to refine forecasts, as well as monitoring performance against agency trajectories being the focus at accountability reviews, ODG and EMT.

The Trust reported its financial position to the FIC on four occasions through 2023/24 and subsequently to the Board. These reports detailed any variances from the plan and provided explanations. The financial position was challenged at these meetings, with appropriate corrective action identified and implemented.

VFM arrangements – Financial Sustainability

Overall commentary on the Financial Sustainability reporting criteria – continued

The Trust's arrangements and approach to Financial Planning 2024/25

The financial plan for 2024/25 was developed over many months building on a three-year medium term BRS plan for 2024/25 to 2026/27 and a review by the ODG of planning intentions and pressures. It supports a break-even position and has been accepted by the Integrated Care Board (the ICB).

In March 2024, significant progress has been made against planned income, with 93% of block income being confirmed, including a significant proportion with the ICB. To achieve a balanced position the Trust requires to use of £2m of non-recurrent flexibilities, with efficiencies expected to be created in the second half of the year. The current plan assumes £0.933m of income from the ICB in the last quarter of 2024/25, which is a planning assumption made by all providers. The current forecast also assumes that the pay award will be fully funded. The latest position to date shows that the Trust is reporting the pressure from the Pay Award Gap and in 2024/25 it can be managed with the dialogue with the ICS going forward. The Trust is still expecting to receive the £0.933m and the outturn position reflects this.

Any savings which have not been met in 2023/24 were carried forward. The Trust has a history of high delivery against savings targets. We have reviewed the monthly BRS monitoring reports and confirmed that the process is robust. In previous years, the Trust have built a strong track record of delivering significant savings without a detrimental impact on operational performance. The Trust's HFMA Financial Sustainability self-assessment found robust processes for the development of cost improvement / waste reduction plans, which were scored four out of five.

Mental Health services division has the highest proportion of savings targets in 2024/25 (£0.677m) required, whilst it also has the highest 2024/25 pressures recorded (£0.146m). The Trust has a detailed plan of where those savings will be achieved, which is across all directorates. Specifically, the Trust has focused on the Mental Health Division recovery plan to improve the forecasts. Whilst demand for particular services is increasing, there are ongoing discussions with the ICB on the way forward which is a national issue and work is ongoing. We will continue to monitor the position in 2024/25 and report if the reliance on non-recurrent savings become unsustainable or expected funding for emerging pressures does not materialise.

We have assessed the underlying assumptions used in the 2024/25 financial plan and consider them to be reasonable. The Trust is closely monitoring the progress against plan to date, is fully aware of where the risks lie and continues to identify mitigating actions to address these risks. In March 2024, a report to ODG reconciled the 2024/25 financial plan against the workforce plan and we have not identified any inconsistencies between the Trust's various plans and strategies.

Conclusion

Given the above, we are satisfied there is not a significant weakness in the Trust's arrangements in relation to the financial sustainability reporting criteria.

VFM arrangements

Governance

How the body ensures that it makes informed decisions and properly manages its risks



VFM arrangements – Governance

Overall commentary on Governance

The Trust has an established governance structure which is supported by the Trust's Constitution and scheme of delegation. Executive Directors have clear responsibilities linked to their roles and the Board Sub-Committee structure in place at the Trust allows for effective oversight of the Trust's operations and activity.

We reviewed these documents as part of our audit and confirmed they were consistent with our understanding of the Trust's arrangements in place and were fully operational. This includes arrangements such as registers of interests being maintained and published and the Board completing an annual review and self-certification of its compliance with the conditions of the NHS provider licence. We reviewed the declarations of interest during the financial statements audit. We have confirmed that all executive and non-executive declared interests have been appropriately reported within the 2023/24 Annual Report. We have also reviewed the Annual Governance Statement which is consistent with the arrangements that the Trust has in place.

The Trust has well established committees with responsibility for specific areas, such as finance and performance, and the quality of care, including:

- Audit Committee;
- Finance and Investment Committee;
- Remuneration and Nomination Committee;
- Mental Health Legislation Committee;
- Charitable Funds Committee;
- Collaborative Committee;
- Workforce and Organisational Development Committee; and
- Quality Committee.

The terms of reference and work plans of these various committees ensures that the Board is provided with adequate assurance. We consider the committee structure of the Trust is sufficient to provide assurance that decision making, risk and performance management is subject to appropriate levels of oversight and challenge.

The Trust has arrangements in place to review the performance and effectiveness of the governance framework in place. Our review of Board and committee papers confirms that a template covering report is used for all Board Reports, ensuring the purpose, key points, committee reporting history, recommendations and responsible director are clear. Minutes are published and reviewed by the Board to evidence the matters discussed, appropriate challenge and decisions made.

We attended all audit committees in the year and found that Audit Committee members were appropriately skilled to undertake their role and provided appropriate challenge to Management and Internal and External Audit. The Chair of the Audit Committee is a very experienced finance professional who previously worked as a director of finance at one of the largest councils in the country. We meet with the Chair before each audit committee which is another example of good governance arrangements in place.

The Trust's risk management and monitoring arrangements

The Trust has a comprehensive risk management system in place which is embedded into the governance structure of the organisation. The processes are supported by the Trust's 2021-2024 Risk Management Strategy, which was updated in July 2023. The Trust has now implemented a new Risk Management Policy which was approved in May 2024. This policy defines the Trust's approach to risk management and the processes to be followed to ensure risks are identified, captured, the impact understood and managed, and reported to the Trust Board.

The Audit Committee has specific responsibility for the management of risk within the Trust. Its role is to scrutinise and review the Trust's systems of governance, risk management and internal control. Regular assurance is sought in terms of the Trust's risk management arrangements to enable oversight of the approach to risk and to focus on individual risks and suitability of identified controls.

The Committee discusses the risks, the mitigating measures in place and agrees on a risk score. Risk registers are updated following the meeting. During the meetings, horizon scanning takes place to identify new or emerging risks for the Trust. Appropriate action is taken following these discussions. The Corporate Risk Register is also reviewed at these meetings. Any strategic issues emerging from the meetings are escalated to the Board. We have confirmed through attendance at Audit Committee meetings that detailed discussion and challenge has taken place on high level risks. The risks are clearly linked to the Strategic Aims of the Trust and are cross-referred to the Board Assurance Framework, providing a thread from operational to strategic risk management. An annual risk management report is discussed by the Board.

The Trust's arrangements for internal control

Audit Yorkshire provide assurance over the effective operation of internal controls, including arrangements to prevent and detect fraud, and local counter fraud work. Work plans are agreed with management at the start of the financial year and reviewed by the Audit Committee prior to final approval.

VFM arrangements – Governance

Overall commentary on the Governance reporting criteria – continued

We have reviewed the Internal Audit Plans for 2023/24 and 2024/25 confirmed planned work is based around the Board Assurance Framework, Risk Management Arrangements and Corporate Governance. Progress reports are presented to each Audit Committee meeting including follow up reporting of recommendations not fully implemented by agreed due dates. This allows the Committee to effectively hold management to account on behalf of the Board.

In 2023/24 Internal Audit's opinion statement on the effectiveness of governance, risk management and the system of internal control gave "significant assurance" that the systems of internal control have been effectively designed to meet the Trust's objectives, and the controls are consistently applied. There have been no significant control issues identified.

The Audit Committee has received regular progress reports on the agreed annual counter fraud plan and provided oversight and challenge as required. These include the results of fraud observed at other NHS organisations, investigations of data matches produced by the National Fraud Initiative and investigations into allegations of impropriety within the Trust. None of the matters reported in the year indicate any significant weaknesses in the Trust's internal controls. Through our attendance we identified no evidence of a significant weakness in anti-fraud arrangements.

The Trust's arrangements for budget setting and budgetary control

The Trust has a Budget Manual to assist budget holders in their roles and overall budget management. This includes a scheme of delegation which sets out the limits of financial authority delegated by the Board to employees to commit and approve expenditure on behalf of the Trust. This is reviewed regularly, with the next Budget Manual review date due being June 2025.

At each accounting period end the finance team go through a month end close-down process where expenditure and income are checked for accuracy and any required adjustments are made to ensure a true reflection of the Trust's spend is shown.

The Director of Finance has the responsibility to ensure a Trust budget is set annually, with ownership of setting individual budgets sitting with budget holders. The Trust commences budget setting as soon as the planning guidance for the following year is issued and calculates the level of expenditure that needs covering through income negotiated with commissioners or the BRS. Estimates are refined in the final quarter of the year through discussions with budget holders and commissioners and a detailed financial plan presented for approval by the FIC in April.

The 2024/25 financial plan shows assumptions in accordance with national NHSE planning guidance including:

- Inflation 3.0% (Assumes a 2% pay award)
- Efficiency (2.2%)
- Convergence (0.95%) (Reflects systems who are funded above fair shares calculation)

The Trust assessed itself against each the HFMA financial sustainability checklist and the questions relating to budget setting and budget monitoring were scored four out of five.

The Trust has a well-established budget monitoring process in place. Budget reports are usually available by the 2nd day of each month. They show the actual expenditure and income compared to what was budgeted and highlight any variances. The reports are required to be reviewed monthly using the budget holder dashboard. The Trust monitored and reported its financial position monthly. Each Board meeting considered a Finance Insight report, which included reasons for any variances to the financial plan and any mitigations that had been put in place.

The Trust's arrangements for performance management

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

Performance against key indicators is reported via the Integrated Board Performance Report which provides data with clinical and workforce key indicators alongside national or local targets and objectives. Any areas of concern 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. We have seen evidence of discussion around increase of waiting times in relation to ADHD where demand for services has increased.

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.

Conclusion

Given the above, we are satisfied there is not a significant weakness in the Trust's arrangements in relation to the governance reporting criteria.

VFM arrangements

Improving Economy, Efficiency and Effectiveness

How the body uses information about its costs and performance to improve the way it manages and delivers its services



VFM arrangements – Improving Economy, Efficiency and Effectiveness

Overall commentary on Improving Economy, Efficiency and Effectiveness

The Trust's arrangements for assessing performance and evaluating service delivery

The 'Trust Strategy 2022 – 2027' followed 30 engagement events and set six strategic objectives:

- Innovating for quality and patient safety;
- Enhancing prevention, wellbeing and recovery;
- Fostering partnership, integration and alliances;
- Promoting people, communities and social value;
- Developing an effective and empowered workforce; and
- Optimising an efficient and sustainable organisation.

Quality, operational and financial information is reported in the Integrated Finance and Performance Tracker which is included in the agendas for the monthly ODG. The Board receive minutes from these meetings and also the Integrated Board Report, which summarises the performance from the tracker on a thematic basis linking the Key Performance Indicators (KPIs) to the Trust's strategic goals. Minutes from these meetings are comprehensive and there is evidence that actions are taken in response to issues raised.

We have reviewed the performance information provided to Board as part of our review of Board papers and minutes. Through this we have confirmed that the Board effectively holds managers to account where performance improvements are required. Increases in waiting times to over 52 weeks have been noted in Neurodiversity, adult ADHD, children's ASD, and children's ADHD. This however is a national issue and work is ongoing. Investments made the previous year had supported a reduction in waiting times, however funding ceased in March 2024. Nevertheless, the Trust has adequately responded to this and is in ongoing discussions with the ICB, exploring the National Institute for Health and Care Excellence guidance, and adequately recording and monitoring this as a risk on its risk asset register.

The Trust has a Quality committee which provides assurance to the Board of Directors that appropriate processes are in place to give confidence that quality, patient safety performance and associated risks are monitored effectively and that appropriate actions are taken to address any deviation from accepted standards and to manage identified risks. The Committee also provides the strategic overview of and assurance against clinical and quality governance. We note that the Trust has received one limited assurance report on Divisional Clinical Governance from internal audit, which management showing good level of engagement with recommendations made by internal audit.

The Trust is a member of the NHS Benchmarking Network and participates in most benchmarking exercises, focusing on those services that it believes will benefit most from comparative cost and performance information. We examined a benchmarking report on Adult and Older People's Mental Health and found strengths and weaknesses were identified with divisions taking away the latter to develop action plans for inclusion in divisional service plans which the Trust is yet to review.

The latest national cost collection data indicated the Trust had one of the highest unit costs in its family group. However, there has been a decrease in those costs since the prior year which demonstrates that the Trust is taking appropriate action to mitigate any further increases. The Trust will be undertaking reviews through the Trusts' Performance & Productivity Group to understand areas of the required improvements.

The Trust performed well in its annual staff surveys with a 55% response which was above the average IQVIA response rate and an improvement since the previous year. The results show a well-managed organisation which is committed to improve the experiences of staff. The results were better than the national average for the People Promise section. There had been improvements overall across the scores of the survey which was a positive result.

The Trust's regulator assessments and independent reviews

There were no regulator assessments of the Trust during 2023/24.







The Trust received a report following an independent review by Grant Thornton of the 'Well-Led' inspection theme. The report published in April 2022 was generally positive with five of the eight key lines of enquiry rated green and the remaining three amber, but the report also made 23 recommendations for further improvement. We understand that the Trust has now implemented all actions.

The Trust's overall combined quality rating by the Care Quality Commission (CQC) is 'Good'. The inspections were carried out in November 2018, with the reports published in May and June 2019. Ratings will not change until the next formal inspection by the CQC.

VFM arrangements – Improving Economy, Efficiency and Effectiveness

Overall commentary on the Improving Economy, Efficiency and Effectiveness reporting criteria - continued

The Trust’s regulator assessments and independent reviews (continued)

Overall rating for this trust		Good 
Are services safe?	Requires improvement	
Are services effective?		Good 
Are services caring?		Good 
Are services responsive?		Good 
Are services well-led?		Good 

Our review of Board Minutes and risk register, including the 2023/24 Annual Report notes longer-term potential risks to the “Safe” domain which could have a knock-on impact. Failure to effectively address waiting times within the Trust’s Neurodiversity services (Adult and Children’s), the Trust recognises it increases the overall risk. However, the Trust has identified longer-term controls and mitigating actions in place order to prevent a further adverse impact on the score of the “Safe” domain. For instance, urgent appointments can be offered with a nurse if required. Staff are also in place to try and optimise capacity through skill mixing, as well as liaising with the interventions team that is in place to determine best ways to meet the needs of people. However, a longer-term plan is still required to be discussed with the ICB to ensure that new demands are adequately met.

The Trust’s arrangements for effective partnership working

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

Relationships with Commissioners and Providers are productive and there is no evidence from review of the minutes or attendance at Audit Committee that there are any issues with partnership working which impact on the Trust’s service delivery or performance.

The Trust’s arrangements for commissioning services

The Trust has a Head of Contracting and Procurement. The Trust ensures compliance of spend against Standing Financial Instructions (SFI’s) with bi-annual procurement reports presented at Audit Committees. Our review of the Procurement Activity Report (August 2024) presents new and significant areas of spend to the Committee, which is evidence of good practice.

We note that the Trust had planned a significant reform to procurement to come into effect from January 2024, with the Provider Selection Regime. This is to exempt the Trust from having to use competitive tendering to procure health/medical services whilst still aiming for quality and value in the supply. The Trust is continuing to work with the contracting team to ensure compliance with the Provider Selection Regime which commenced 1st January 2024. This applies to the procurement of all forms of NHS healthcare services and public health services provided by local authorities. The PSR does not apply to goods and to non-healthcare services, unless as part of a mixed procurement. We have found no evidence that procurement is likely to expose the Trust to significant financial loss or failure to deliver efficiency and performance improvements.

Conclusion

Given the above, we are satisfied that there is not a significant weakness in the Trust’s arrangements in relation to the economy, efficiency and effectiveness reporting criteria.

Other reporting responsibilities and our fees

Other reporting responsibilities and our fees

Other reporting responsibilities

Public interest reports

Auditors have the power to make a report if they consider a matter is sufficiently important to be brought to the audited body or the public as a matter of urgency, including matters which may already be known to the public, but where it is in the public interest for the auditor to publish their independent view.

We did not make a report in the public interest during 2023/24.

Schedule 10 referrals

Under Schedule 10 of the NHS Act 2006, auditors of a Foundation Trust have a duty to consider whether there are any issues arising during their work that indicate possible or actual unlawful expenditure or action leading to a possible or actual loss or deficiency that should be reported to the relevant NHS regulatory body.

We have not reported any such matters.

Reporting to the National Audit Office (NAO)

The NAO, as group auditor, requires us to report to them whether consolidation data that the Trust has submitted is consistent with the audited financial statements.

We reported to the NAO that consolidation data was consistent with the audited financial statements. We also reported to the NAO in line with its group audit instructions.

Fees for our work as the Trust’s auditor

We reported our proposed fees for the delivery of our work under the Code of Audit Practice in our Audit Strategy Memorandum presented to the Audit Committee on 14 May 2024. Having completed our work for the 2023/24 financial year, we can confirm that our fees are as follows:

Area of work	2023/24 fees	2022/23 fees
Planned fee in respect of our work under the Code of Audit Practice	£75,000	£75,000
Additional fees in respect of the revaluation of right of use assets under the new accounting standard (IFRS16)	Nil	£5,000
Total fees	£75,000	£80,000

Fees for other work

We confirm that we have not undertaken any non-audit services for the Trust in the year.

Appendices

A: Further information on our audit of the financial statements

Appendix A: Further information on our audit of the financial statements

Significant risks and audit findings

As part of our audit, we identified significant risks to our audit opinion during our risk assessment. The table below summarises these risks, how we responded and our findings.

Risk	Our audit response and findings
<p>Management override of controls</p> <p>In all entities, management at various levels within an organisation are in a unique position to perpetrate fraud because of their ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. Due to the unpredictable way in which such override could occur, we consider there to be a risk of material misstatement due to fraud and thus a significant risk on all audits.</p>	<p>We addressed this risk through performing audit work over:</p> <ul style="list-style-type: none">•Accounting estimates impacting amounts included in the financial statements;•Consideration of identified significant transactions outside the normal course of business; and•Journal entries recorded in the general ledger and other adjustments made in preparation of the financial statements. <p>We have completed our journals testing and we have not identified any indications of management override of controls.</p>
<p>Revenue recognition</p> <p>The risk of fraud in revenue recognition is presumed to be a significant risk on all audits due to the potential to inappropriately shift the timing and basis of revenue recognition as well as the potential to record fictitious revenues or fail to record actual revenues.</p> <p>For the Trust we deem the risk to relate specifically to the timing of income recognition, and in relation to judgements made by management as to when income has been earned. The pressure to manage income to deliver forecast performance in a challenging economic environment increases the risk of fraudulent financial reporting leading to material misstatement and means that we are unable to rebut the presumption.</p> <p>This does not imply that we suspect actual or intended manipulation but that we approach the audit with due professional scepticism.</p>	<p>In addition to the response to management override on the previous page we have undertaken the following substantive procedures:</p> <ul style="list-style-type: none">•testing a sample of revenue around the year end by agreeing the transactions to appropriate source documentation and obtaining assurance that each item is recorded in the correct financial year and at the correct value;•testing material income and year end receivables by agreeing the transactions to appropriate source documentation and obtaining assurance that each item is recorded in the correct financial year and at the correct value; and•considering information provided by the Department of Health and Social Care in respect of year end intra-NHS transactions. We will identify any significant differences between the Trust's position and that of the counterparty and obtain assurance that the Trust's position is supported by appropriate evidence. <p>We have not identified any material issues to bring to your attention.</p>

Appendix A: Further information on our audit of the financial statements

Significant risks and audit findings (continued)

As part of our audit, we identified significant risks to our audit opinion during our risk assessment. The table below summarises these risks, how we responded and our findings.

Risk	Our audit response and findings
<p>Valuation of land and buildings</p> <p>Land and buildings are the Trust’s highest value assets. Most of these assets are specialised and in the absence of reliable market data are valued using the depreciated replacement cost method, which is complex and subjective.</p> <p>Management engage Cushman and Wakefield, as an expert, to assist in determining the current values of property to be included in the financial statements. Changes in the value of property may impact on the Statement of Comprehensive Income depending on the circumstances and the specific accounting requirements of the Group Accounting Manual.</p>	<p>We undertook substantive procedures including:</p> <ul style="list-style-type: none">• liaising with management to update our understanding of the approach taken by the Trust in obtaining valuations;• assessing the scope and terms of engagement of management’s valuation expert and the competence, skills and objectivity thereof;• reviewing the work of management’s valuation expert and how these have been incorporated into the financial statements;• reviewing the valuation methodology used, including testing the underlying data and assumptions;• considering the reasonableness of the valuation by comparing the valuation output with market intelligence and challenging the Trust and the valuer; and• Testing a sample of valuations of specialised land and buildings by re-performing calculations and agreeing source data such as indices to prime records. <p>Our work has provided the assurance we sought and has not highlighted any material issues to bring to your attention.</p>

Appendix A: Further information on our audit of the financial statements

Summary of uncorrected misstatements

Details of adjustment	SOCNE/SOCI		SOFP	
	Dr (£ '000)	Cr (£ '000)	Dr (£ '000)	Cr (£ '000)
Overstatement of Receivables and Deferred Income				
DR Deferred Income				
CR Receivables				
This is the actual error reported due to deferring income which is not yet received and activity that relates to the following 2024/25 financial period. If this error was extrapolated to the rest of the receivables population, the estimated misstatement would be £1.3m. We have obtained assurances from management that this is an isolated case and therefore not representative of the whole population.			135	135
Overstatement of Deferred Income				
DR Deferred Income				
CR Income		500	500	
This is for the incorrect deferral of income relating to current year activity and hence incorrect deferral into the following period. This error has been isolated to one particular project.				
Aggregate effect of unadjusted misstatements	0	500	635	135

Appendix A: Further information on our audit of the financial statements

Internal control observations (as reported in the 1st Follow up Letter on 24 October 2024)

Description of deficiency

Management at various levels within an organisation are in a unique position to perpetrate fraud because of their ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively.

We found that there were no formal authorisation controls over journal entries posted in our sample, and that this is not a process which is documented for evidence of journal authorisation. When this was raised with management, they explained that a general review of journals processed is performed, including monthly management reporting controls which are already in place. We would expect that management have authorisation controls over the posting of manual journals alongside other general financial controls.

Potential effects

An inadequate system of authorisation and approval of journals posted increases the risk of material misstatements and fraud in the financial statements. Segregation of duties is an essential internal control in any organisation designed to prevent fraud and error.

Recommendation

We recommend that management introduce authorisation controls over manual journals, including a full audit trail of the authorisation process. This could be done manually, or management can alternatively explore Oracle's functionalities for ensuring appropriate authorisation of journals posted.

Management's response

The existing journal log has been updated to record when managers have approved journals (and journals are subsequently posted) for staff below band 5. As part of the month end process one of the senior finance team reviews the monthly journal log, we expect the number of monthly journals to reduce now the Trust have adopted working day 1 reporting.

Appendix A: Further information on our audit of the financial statements

Internal control observations (as reported in the 1st Follow up Letter on 24 October 2024) - continued

Description of deficiency

The Trust holds a material balance of Intangible Assets which includes the development of the internally generated intangible asset, the Yorkshire and Humber Care Record (YHCR), split between assets under construction (AuC) and elements of the system which are now fully operational. Management have been unable to provide a detailed breakdown of reclassifications from AuC and recognise that the internal reporting of IT costs relating to Intangible Assets can be improved. As the Trust measures its Intangible Assets using cost as proxy for Depreciated Replacement Cost (DRC), it is even more important to ensure that the costs are being capitalised and reclassified in line with IAS 38 Intangible Assets capitalisation criteria.

Potential effects

Insufficiently detailed record keeping could potentially result in the incorrect capitalisation of costs which do not meet the IAS 38 Intangible Assets criteria, or lack of evidence to support the adequacy for capitalisation, leading to an overstatement of the asset balance.

Reclassifications of individual costs can also result in the early capitalisation and transfer to operational assets which begin to be amortised, before certain elements of the system that those costs are relating to have gone into operation.

Recommendation

We recommend that management review their internal reporting of costs, and create a clear record of the type of costs being transferred across the various elements of systems. This is with the aim of ensuring precise allocation of those costs to individual portals of the system, whilst maintaining sufficient documentation to support the 'go live' dates.

Management may also benefit from performing frequent reviews of capital costs specifically relating to assets under construction, and provide challenge on any that are not adequately supported.

Management's response

We are currently in the process of devising forms which will be completed upon capitalising intangible assets, this will then identify the different elements / stages in both the YHCR and EPR projects. A separate form will also be completed for any staff capitalised relating to Intangible assets, this will then back up the rationale of such capitalisation.

Appendix A: Further information on our audit of the financial statements

Follow up on previous years recommendations

Description of deficiency

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

Potential effects

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

Recommendation

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

2023/24 update

We note similar observations from this year’s audit findings. We understand that the Trust has performed a review of its leases to ensure those are signed with clear commencement and termination dates. From our sample test of 5 leases, we noted that 1 was not signed by HTFT, and 1 was not dated, or signed by the landlord. The other 3 leases that we reviewed were adequate.

Appendix A: Further information on our audit of the financial statements

Follow up on previous years recommendations – continued

Description of deficiency

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

Potential effects

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

Recommendation

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

2023/24 update

The provision was dropped during 2022/23 and the Trust is now satisfied with the processes it has in place. No further issues noted and as such this is now closed.

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Date: 21 January 2025

Dear Audit Committee and Board Members

Humber Teaching NHS Foundation Trust – Final Follow Up Letter to the Audit Completion Report 2023/24

As required by International Standards on Auditing (UK), I am writing to communicate an update on those matters that were marked as outstanding within our Audit Completion Report dated 12 June 2024 and our Follow up Letter dated 24 October 2024, including any other matters arising since that date.

Status of our audit- Update

The black text below records what we reported in the Audit Completion Report and the Follow Up Letter dated 24 October 2024, and the **red text** reports on the final position at the conclusion of our work.

The outstanding matters and the conclusions we reached are detailed below:

Matter	Update/conclusion reached	Status
Valuation of Land and Buildings	We have completed our work and there are no matters to report.	Complete
Deferred income	We have completed our work and there are no further matters to report.	Complete
Journals	Our journals review and sample testing is now complete and we have not found any indications of management override of controls.	Complete

Matter	Update/conclusion reached	Status
	We identified one internal control recommendation relating to journal authorisation controls, details of which can be found on page 3.	
IFRS 16 Leases	Our review of sample of leases is now complete and we conclude that there are no further matters to report.	Complete
Income and expenditure	We have completed our work with no issues to report.	Complete
Intangible assets	<p>We have now finalised our substantive sample testing. This included the following areas:</p> <ul style="list-style-type: none"> • For a sample of intangible asset additions we reviewed costs capitalised in-year against the IAS 38 criteria for capitalisation; • We reviewed intangible asset reclassifications from assets under construction (AuC) where elements of the Yorkshire and Humber Care Record (YHCR) have gone “live” and therefore are now fully operational; and • We reviewed the Trust’s measurement method of intangible assets to ensure compliance with the Department of Health and Social Care Group Accounting Manual 2024 (the GAM). Management have used cost as an appropriate proxy for depreciated replacement cost (DRC), which is in line with the GAM. <p>Further to this, we have been able to obtain the assurances required in order to conclude that the intangible assets balance reported in the accounts is free from material misstatement, which the Trust was able to provide corroborative evidence for. However, we recognise there are a number of limitations in the way that the Trust carries out its internal reporting when allocating capital costs to projects for intangible assets. In response to this, we have included an internal control recommendation on page 4.</p>	Complete
Receivables and Payables	We have now completed our testing with no further matters to report.	Complete
Annual Report, including the Remuneration and Staff Report	We have completed the review of the Annual Report and Accounts including the Remuneration and Staff Report. There were a number of relatively minor changes to the Annual Report arising from our work, the majority of which have now been addressed. We will complete our final checks on the signed version of the Annual Report and Accounts as part of our audit closure procedures, to ensure all changes have been made.	Complete
Pensions and WGA	Our work on Pensions is complete and we have obtained the required assurances from the East Riding Pension Fund.	Complete

Matter	Update/conclusion reached	Status
	<p>We have identified one misstatement relating to the effect of the pension asset ceiling which management had not taken into account in line with IAS 19 and IFRIC 14 guidance. This impacted the Trust as a result of the LGPS asset surplus being greater than the asset ceiling, where in line with guidance, the asset surplus is restricted to the lower of the asset surplus and the asset ceiling. The asset ceiling calculation was not initially requested from the actuary, which management was required to obtain at a later stage in the audit in order to meet the requirements of the standards.</p> <p>Management have correctly posted the adjustment of £3,823,000 to the updated accounts to recognise the effect of the asset ceiling which we have added to Appendix 1. No other issues were identified.</p>	
<p>Audit Quality Procedures and Closure</p> <p>Review and closure processes, including checking the final draft of the financial statements and completion of our work on Whole Government Accounts. This includes review of post-year end Board minutes to obtain assurance over completeness of areas such as provisions and contingent liabilities for events after the reporting period disclosures.</p>	<p>We are awaiting the final signed version of the Annual Report and Accounts. Once received we will undertake our final closure procedures including a review of the management representation letter and post balance sheet events.</p>	Ongoing
Value for Money	<p>We have completed our work and there are no significant weaknesses to report. Our overall conclusions will be reported as part of the Auditor's Annual Report.</p>	Complete

Internal Control Observations - Update

We have identified two further internal control observations. These are as follows:

Authorisation controls over manual journals

Description of deficiency

Management at various levels within an organisation are in a unique position to perpetrate fraud because of their ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively.

We found that there were no formal authorisation controls over journal entries posted in our sample, and that this is not a process which is documented for evidence of journal authorisation. When this was raised with management, they explained that a general review of journals processed is performed, including monthly management reporting controls which are already in place. We would expect that management have authorisation controls over the posting of manual journals alongside other general financial controls.

Potential effects

An inadequate system of authorisation and approval of journals posted increases the risk of material misstatements and fraud in the financial statements. Segregation of duties is an essential internal control in any organisation designed to prevent fraud and error.

Recommendation

We recommend that management introduce authorisation controls over manual journals, including a full audit trail of the authorisation process. This could be done manually, or management can alternatively explore Oracle's functionalities for ensuring appropriate authorisation of journals posted.

Management response

The existing journal log has been updated to record when managers have approved journals (and journals are subsequently posted) for staff below band 5. As part of the month end process one of the senior finance team reviews the monthly journal log, we expect the number of monthly journals to reduce now the Trust have adopted working day 1 reporting.

Internal Reporting for Intangible Assets

Description of deficiency

The Trust holds a material balance of Intangible Assets which includes the development of the internally generated intangible asset, the Yorkshire and Humber Care Record (YHCR), split between assets under construction (AuC) and elements of the system which are now fully operational. Management have been unable to provide a detailed breakdown of reclassifications from AuC and recognise that the internal reporting of IT costs relating to Intangible Assets can be improved. As the Trust measures its Intangible Assets using cost as proxy for Depreciated Replacement Cost (DRC), it is even more important to ensure that the costs are being capitalised and reclassified in line with IAS 38 Intangible Assets capitalisation criteria.

Potential effects

Insufficiently detailed record keeping could potentially result in the incorrect capitalisation of costs which do not meet the IAS 38 Intangible Assets criteria, or lack of evidence to support the adequacy for capitalisation, leading to an overstatement of the asset balance.

Reclassifications of individual costs can also result in the early capitalisation and transfer to operational assets which begin to be amortised, before certain elements of the system that those costs are relating to have gone into operation.

Recommendation

We recommend that management review their internal reporting of costs, and create a clear record of the type of costs being transferred across the various elements of systems. This is with the aim of ensuring precise allocation of those costs to individual portals of the system, whilst maintaining sufficient documentation to support the 'go live' dates.

Management may also benefit from performing frequent reviews of capital costs specifically relating to assets under construction, and provide challenge on any that are not adequately supported.

Management response

We are currently in the process of devising forms which will be completed upon capitalising intangible assets, this will then identify the different elements / stages in both the YHCR and EPR projects. A separate form will also be completed for any staff capitalised relating to Intangible assets, this will then back up the rationale of such capitalisation.

There are no additional internal control observations to be reported.

Disclosure misstatements - Update

Pay ratio disclosures - for employees of the Trust as a whole, a percentage change in the range of the remuneration between years is required to be disclosed.

Overall, a minor number of amendments are yet required to be made for the final signed version of the Annual Report and Accounts.

All disclosures have been amended.

Overall conclusions

At the time of preparing this update letter, we anticipate issuing an unqualified audit opinion, without modification, on the financial statements following their formal approval by the Board.

A schedule of total unadjusted and adjusted misstatements above the trivial threshold are set out in Appendix 1, with one further adjusted misstatement reported since the issue of the Audit Completion Report in June 2024 and the Follow Up Later dated 24 October 2024.

We also anticipate reporting that we have completed our work on value for money arrangements and we have not identified any significant weaknesses in the Trust's arrangements to ensure economy, efficiency and effectiveness in the use of resources.

If you wish to discuss these or any other points then please do not hesitate to contact me.

Yours faithfully

A handwritten signature in black ink that reads 'Gavin Barker'.

Gavin Barker
Audit Director – Public Services

APPENDIX 1 – SCHEDULE OF TOTAL UNADJUSTED MISSTATEMENTS

There are no misstatements that were identified during the course of our audit which management has assessed as being material either individually or in aggregate to the financial statements and the accounts were not adjusted for these misstatements.

	SOCNE/SOCI		SOFP	
	Dr (£ '000)	Cr (£ '000)	Dr (£ '000)	Cr (£ '000)
Overstatement of Receivables and Deferred income				
DR Deferred Income CR Receivables This is the actual error reported due to deferring income which is not yet received and activity that relates to the following 2024/25 financial period. If this error was extrapolated to the rest of the receivables population, the estimated misstatement would be £1.3m. We have obtained assurances from management that this is an isolated case and therefore not representative of the whole population.			135	135
Overstatement Deferred income				
DR Deferred Income CR Income This is for the incorrect deferral of income relating to current year activity and hence incorrect deferral into the following period. This error has been isolated to one particular project.		500	500	
Aggregate effect of unadjusted misstatements	0	500	635	135

APPENDIX 1 (CONTINUED) – SUMMARY OF ADJUSTED MISSTATEMENTS

The misstatements in the table below have been adjusted by management. We report all individual misstatements above our reporting threshold that we identify during our audit and which management had adjusted and any other misstatements we believe the Audit Committee and Board of Directors should be made aware of.

Details of adjustment	SOCNE/SOCI		SOFP	
	Dr (£ '000)	Cr (£ '000)	Dr (£ '000)	Cr (£ '000)
Pension surplus adjustment- Asset Ceiling				
CR Pension asset				3,823
DR Pension reserve	3,823			
Aggregate effect of adjusted misstatements	3,823	0	0	3,823