NHS

Humber Teaching
NHS Foundation Trust

Humber Teaching NHS Foundation Trust Annual Report and Accounts 2019/20

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Annual Report and Accounts 2019/20

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

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Caring, Learning and Growing

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Welcome from Chair and Chief Executive

Chair and Chief Executive's foreword
It is our pleasure to introduce our Annual Report and Accounts for 2019-2020. This report looks back over the year and shares our achievements, challenges and successes.

It has been a successful 12 months for the Trust which saw us retain our CQC 'Good' Rating and be named Mental Health Provider of the Year by the Health Services Journal. Both of these are testament to the hard work and commitment of our teams who strive for excellence every day as they deliver care to the communities we serve.

In January we opened 'Inspire' our new multi-million pound Children's and Adolescent Mental Health (CAMHS) inpatient unit which marks a national step-change in CAMHS delivery as a service that has been shaped with young people at its heart.

We were pleased to retain our CQC rating of good following the well led inspection in 2019. The latest assessment saw the safety of acute wards for adults of working age and psychiatric intensive care units improve from "Requires improvement" to "Good", along with mental health crisis services and health-based places of safety improving to "Good" for being safe and well-led and also highlighted examples of "outstanding practice" in the areas of patient feedback and engagement, self-harm and suicide prevention work and the redesigning of acute pathways to reduce out of area transfers for acute admissions.

One area the CQC inspection identified as 'requires improvement' was the domain of 'Safe', and we are working hard to address the issues raised to ensure our performance in this area improves. We recognise that there is still work to do and are committed to continuing to learn and share good practice across our Trust community to improve the health and wellbeing of those that engage with our services. However, our mental health inpatient units and the Mental Health Response Service (MHRS) both improved their ratings in the safe domain from requires improvement to good, which is testament to the hard work of our staff since our last inspection

We will continue to work together with our staff, services users, carers, governors and stakeholders to build on our achievements. A Caring, Learning, Growing organisation committed to our service users, carers and working with and investing in our staff.

This year we expanded our Scarborough and Ryedale community service provision to include the second phase of our commissioned service delivery. In addition we had many other provider successes including becoming lead provider for Improving Access to Psychological Therapies (IAPT) in East Riding, becoming lead provider for the mental health collaborative and of course the opening of a brand new CAMHS inpatient unit.

Our Chief Executive leads the Mental Health Programme and Partnership and whilst we have seen great success and have much to celebrate, including delivering a national children's collaborative pilot, successful funding for perinatal and suicide work and being named lead provider for the mental health collaborative there continues to be challenges for both our Trust and the wider NHS. The release of the NHS Long Term Plan and progression of Integrated Care Systems across the country led to us recognising the need to review our strategic objectives so that we are prepared for the changing horizon of health and social care. This work, which was completed in November, gives us renewed focus on the steps we need to take to realise our vision for the future.

Our Medical Director was appointed as the new Senior Responsible Owner for the Yorkshire & Humber Care Record – one of five exemplars within NHS England's Local Health and Care Record programme.

We continue to innovate and develop as a Trust and were delighted to be one of 12 sites across the country to receive funding to test new and integrated models of primary and community mental health care. The decision to locate one of the pilot sites here is recognition of the strength of our collaborative working with partners to transform and improve mental health services in our area.

It's always a highlight to introduce this report with a look back over some of the most memorable moments of the last twelve months and reflect on a busy and successful year and are delighted that further detail on many other of our highlights are detailed within the report.

It is also important to acknowledge that this document was largely completed prior to the 2020 COVID-19 outbreak. The developments that we have made in the last twelve months put us in a strong position to respond to this unprecedented challenge. We have put in place Command arrangements, strong social distancing measures and responsive communication channels to link the system, our Board and senior team to front line activities. Through the outstanding efforts of our corporate and clinical services we have made ourselves as resilient as possible to the impact of the pandemic. We continue to work in a challenging environment but through the surge plans we have in place we have been able to respond proactively to the initial surge and make arrangements to support our services for the predicted second surge in demand for mental health services. We would like to again send out thanks to our fantastic team, national colleagues and partners across the system who have supported us over the last few months to ensure that we continue to deliver the care and services our communities need.

Sharon Mays
Chair

Michele Moran
Chief Executive

Performance Report

Overview of Performance

A statement from the Chief Executive

It is a pleasure to write this introduction and to reflect on what has been a successful and rewarding year for our Trust. Looking back allows us take a moment to appreciate and reflect on our successes whilst acknowledging the areas that we must focus on if we are to achieve our vision.

I am pleased to report that the Trust's performance has improved during the period covered by this report. We continue to see improvements in the quality of the care and in the facilities and services we provide to our communities.

We have much to celebrate, none of which would be possible without the hard work of our staff whose dedication and commitment I am inspired by each day. Each member of our staff brings something different and unique to our Trust and it is by working together that we are able to achieve our goals and deliver the best possible care. I want to take a moment to thank them as well as our committed volunteers, governors, students and board for their support.

Our staff survey results build on last year's improvements and show that 88% of staff feel that their role makes a difference to patients and service users and more staff would recommend the Trust as a place to work (49%) than last year . It is particularly pleasing that more questions had a positive increase in 2019 compared to 2018.

However, we recognise when we benchmark the Trust against others we still have work to do. Our overall training compliance rate was, at more than 88.1% well above the target of 85%.

We will continue our work with staff, governors and staff-side colleagues to create an organisation that people are proud to work for and which continues to put our patients and their families and carers at the heart of what we do."

The Trust's PROUD organisational development programme has commenced and is an exciting investment in our staff. Over the next three years, we will provide opportunities that will help nurture and develop our current and future leaders, identify and support talent in the Trust and support teams and individuals to be the best they can be. This, together with a focussed push to fill the vacancies across the Trust, is what our staff are telling us they want to see happen.

In September we were delighted to welcome a new Non-Executive Director, Dean Royles. Dean has worked at board level in large organisations for almost 20 years and brings with him a vast amount of knowledge and experience from both the private sector and within the NHS.

In the latest inspection, undertaken by our regulator, the Care Quality Commission (CQC) we retained our rating of Good following an announced scheduled 'well-led' inspection carried out by the CQC in January and February 2019 in their published report in May. This was preceded by a number of unannounced inspections. Inspectors awarded a rating of "Good" to the Trust for being well-led, effective, caring and responsive.

Acute wards for adults of working age and psychiatric intensive care units improved from "Requires improvement" to "Good", along with mental health crisis services and health-based places of safety improving to "Good" for being safe and well-led. The report also highlighted examples of "outstanding practice" in the areas of patient feedback and engagement, self-harm and suicide prevention work and the redesigning of acute pathways to reduce out of area transfers for acute admissions.

We were disappointed to be assessed as 'requires improvement' for safety in community services, which continued to be an area of focus as we further integrated our community services. We are committed to listening to and learning from our staff, patients and service users to continuously improve and develop our services to enhance the health outcomes and experiences of our communities.

In November we shared our refreshed strategic objectives for 2019-2022. Our Trust strategy was developed in 2017. Since then our staff have become familiar with and developed and understanding of our mission, vision and values and goals and how achievement of them applies to the work of their team. This refresh allowed us to update our strategic objectives in response to changes in the wider NHS whilst keeping that connection to those that deliver our services ensuring that everyone is united in pursuit of our goals.

Central to the delivery of high quality, safe, and effective care is our Patient and Carer Experience (PACE) work and the team's commitment to patient, service user and carer involvement. Our approach has been recognised nationally and in September 2019 a series of five films showcasing the work of Trust in engaging patient and carers titled 'Patient Experience for Quality Improvement' were launched by NHS England/Improvement over five events across the country. The films highlight the positive impact of involvement in Trust activities for our patients, service users and carers and demonstrate how the development of the co-produced Patient and Carer Experience Strategy has provided the direction and focus for the work achieved by the Trust and champions.

Our PACE team have a number of forums that meet on a regular basis to give our patients, service users, carers, staff and partners a voice and the chance to be involved in Trust business. These include PaCE forums and Staff Champions of Patient Experience (SCoPE) that provide a public voice by bringing lived experiences and individual perspectives. In addition, our Humber Coproduction Network which consists of 56 organisations that have signed up to the network, works to build stronger relationships and partnerships with third sector, public sector, commissioners and hard to reach groups by ensuring they all have the opportunity to provide a voice on behalf of the communities and groups they serve.

Further information on our patient and carer experience work that our staff, patients and carers have undertaken together throughout 2019/20 can be found in our Quality Accounts later in this report.

Research remains a key step in achieving our mission and our third annual conference held in May saw national and international experts deliver presentations on various research topics demonstrating the importance we place on our community having the chance to contribute to high quality research that will shape future innovation and delivery of services.

We now have almost double the number of studies and participants than six years ago and based on the size of the population the Trust covers it recruits a significantly larger proportion of people into National Institute for Health Research (NIHR) Portfolio studies than many other trusts across the country which provide similar services.

Despite our success, there have been challenges too. Our Adult Autistic Spectrum Disorder service, commissioned by both Hull and East Riding CCGs has faced challenges following the inclusion of historic referrals. This highlighted the need for a more focussed piece of work by the service. Our commissioners acknowledge this historical position and are supportive of an approach to address the waiting times. The proposal is for a trajectory for the service to be 18 week compliant within 12 months from the point at which the additional staff are available.

One of our biggest challenges, which is felt across the whole of the NHS, is nursing recruitment in the context of a national shortage of nurses. We have taken a number of steps to address this and are working hard to deliver initiatives introduced to recruit and retain staff to ensure our services continue to be safely staffed.

We have, however, maintained a sustainable business capable of meeting all of these challenges and more besides. We have delivered recurrent cost savings of approximately £3.1m and have met our NHS Improvement Target. Our NHS Improvement (NHSI) Use of Resources Assessment is 2. Our cash position has also improved.

Our Friends and Family Test results show that 98.8% of respondents find our staff friendly and helpful, 98.2% believe they receive sufficient information, and almost 97.6% feel they are involved as much as they want to be in their care. The targets for all three categories are 90% and we have significantly overachieved in these areas.

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

Staff, admin, nurses and doctors alike are engaged with clients/patients. You feel listed to and are always there to support the best they can.
Secure Services

The amount of support and help over the past two weeks has been excellent. Being able to talk about the problems I have been experiencing to so many people has been so helpful
Mental Health Response Service – Home Treatment

Amazing service. Good work plan, friendly, understanding therapist.
East Riding Emotional Wellbeing Service

Very caring and understanding. Excellent manner and time taken to explain everything.
Children's Physiotherapy Service

The class was just the right number of people, all with similar medical problems. The physio was instructive as well as having a very pleasant attitude which made the class enjoyable whilst also doing exercise.
YourHealth Services

Staff care about how we feel and care about what happens to us.
Secure Services

I found it reassuring knowing all I had to be was ring up and help and advice was always there.
HICTOP

All staff extremely helpful and could not wish for better treatment.
Mill View Lodge

The staff were friendly and made me feel calm.
Immunisation Team (School Nursing)

Every problem or concern that I have ever had has never been an issue for them to try and resolve, plus there is always someone on hand.
Addictions Service

Our Highlights

Performance Highlights
- In May we shared that we had maintained "Good" rating with "Outstanding" features, after being inspected by the Care Quality Commission (CQC). Inspectors awarded a rating of "Good" to the Trust for being well-led, effective, caring and responsive; and "Outstanding" for their services to support young people who are at risk at developing mental health problems.

- In October we were delighted to be awarded the prestigious Mental Health provider of the Year award at the Health Service Journal Awards. The award recognises the dedication and commitment of our teams to ensure that we are delivering the best possible care to the communities that we serve.

 "The journey for this organisation is exemplary..they don't know quite how impressive they are. They retain an understated wow factor in their progress to change, patient safety and embedded positive culture. A unique presentation from a unique Trust". **HSJ Judging Panel 2019**

- The Finance department was named 'Finance Team of the Year' at the Yorkshire & Humber Branch Awards 2020 and our Deputy Director of Finance, Iain Omand, was awarded 'Finance Professional of the Year'.

- In a Care Quality Commission (CQC) led survey of our mental health inpatient services we ranked in the top 20% for patients being involved in decisions about their care and treatment (39.7%), the quality of our hospital food (72.5%), explaining the purpose of medications given to patients (55.9%), and not delaying discharge for any reason (86.3%).

Enhancing our environments
- In January we opened the doors of Inspire, our new children's and adolescent mental health inpatient unit serving the young people of Hull, East Riding of Yorkshire, North Lincolnshire and North East Lincolnshire was opened. Inspire marks a national step-change in CAMHS delivery as a service that has been shaped with young people at its heart. Young people and their

families were involved in each stage of the building from identifying a suitable location, designing interiors and developing the best practice and services that will be used during treatment.

- In March work commenced on the £14m redevelopment of Whitby Hospital. We will be lead tenant in the redeveloped hospital, providing a range of in-patient and community services for the local population.

Artist's impression of the Whitby Hospital following the transformation

- We reopened Greentrees Lodge a 16-bed low secure inpatient unit which was decommissioned in 2018 reopened as Pine View following refurbishment and a renaming by patients. The work included refurbishments to the seclusion suite and the general environment throughout the building.

An effective and empowered workforce
- Our staff survey results this year have maintained and embedded the improvements seen in 2018-2019 and these are detailed later in the staff section of this report.

- In April 2019, we launched Proud, an organisational development programme that aims to recognise and enhance the skills of staff, celebrate our strengths as individuals and teams and promote solution focused and collaborative working.

- Our first Professional Strategy for Health and Social Care Staff was launched. Developed by professional for our professional it aims to create the right climate for professionals to be empowered to deliver great care and have fulfilling and lifelong career.

- Our Senior Leadership Forum was relaunched and we worked with staff to develop a new Leadership for managers in bands 3-7 which had over 50 staff attend the first session. Forums like this provide an opportunity for managers at all levels to come together collaborate, network, learn and develop.

Safety at the heart of care
- Launching our Patient Safety Strategy on the first World Patient Safety day at patient safety educational event 'Speak Up for Safety'. The strategy demonstrates that safety is at the heart of all we do and supports

a leadership culture that supports staff to feel safe to report patient safety issues without fear of retribution and be empowered to act swiftly to address risk.
- Our commitment to embed patient safety into our organisational safety culture was recognised with a shortlisting for a HSJ Safety Award. The Trust's approach to undertaking an organisation wide daily safety huddle facilitated by the Corporate Patient Safety Team was shortlisted for the Clinical Governance & Risk Management Patient Safety Award.

A leader in research and innovation
- Our commitment to research continued this year when in May we hosted our third research conference which saw national and international experts deliver presentations on various research topics to over 170 guests from 26 organisations.
- Following receiving the funding last year we became one of the first 13 trusts to implement electronic prescribing. This new approach enhances patient safety, supports increased access to patient medication records and improves pharmacy workflow.

New contracts and services
- In March we took on our eighth GP practice, Practice 2 in Bridlington. This is our third practice in the seaside town.
- The Trust became the Lead Provider for Improving Access to Psychological Therapies (IAPT) service across the East Riding of Yorkshire CCG geographic Boundary.
- We were delighted to be announced as one of 12 pilot sites to test new integrated mental health care services for adults.
- We were named leader provider for the mental health collaborative giving us responsibility for secure care, CAMHS Tier 4 and Adult Eating Disorder services.
- We extended the services we provide to Scarborough and Malton residents.
- Our perinatal and suicide prevention work received additional funding

Fundraising Successes
Our Trust charity, Health Stars continued to 'add sparkle' to our services from their £300,000 contribution to Inspire to granting over 200 individual wishes to services which include everything from craft equipment to team away days.

Signed: _[signature]_   **Date: 24 June 2020**

Michele Moran
Chief Executive

About our Trust

Humber Teaching NHS Foundation Trust is a multispecialty health and social care provider who aims to improve the physical, mental and social health and wellbeing of our patients and service users.

We are a leading provider of integrated health services with the care of our patients at the heart of what we do. We provide a broad range of community and therapy services, primary care, community and inpatient mental health services, learning disability services, healthy lifestyle support and addictions services.

We also provide specialist services for children including physiotherapy, speech and language therapy and support for children and their families who are experiencing emotional or mental health difficulties.

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

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

We employ approximately 2800 staff working across over 79 sites covering five geographical areas; Hull, the East Riding of Yorkshire, Whitby, Scarborough and Ryedale

We have approximately 13,000 public members and over 2,700 staff members who we encourage to get involved, have their say, elect governors and make a difference to how local healthcare services are provided. The views of Trust members are represented by our Council of Governors. We have 25 governors made up of public governors, service user and carer governors, nominated governors and staff governors. More than half of the Council of Governors is elected by local people. Nominated governors include representatives of local partnership organisations.

We also have more than 135 volunteers who are passionate about working in our services and are available to help patients, staff and visitors. Our volunteers are dedicated and caring members of the community who give their time and skills freely to support us.

Their work can make a huge difference to our patients' experience while improving their own health and wellbeing. Our volunteers complement the work of our staff and provide practical support to our patients, their families and carers.

Through our high quality services, excellent employee experience and outstanding and innovative practice and research we are able to meet our strategic objectives and the expectations of those in our care.

Our Services

Our services cover a wide-range geographic area across Hull, the East Riding of Yorkshire, Scarborough and Ryedale, Pocklington and Whitby as well as nationally commissioned services.
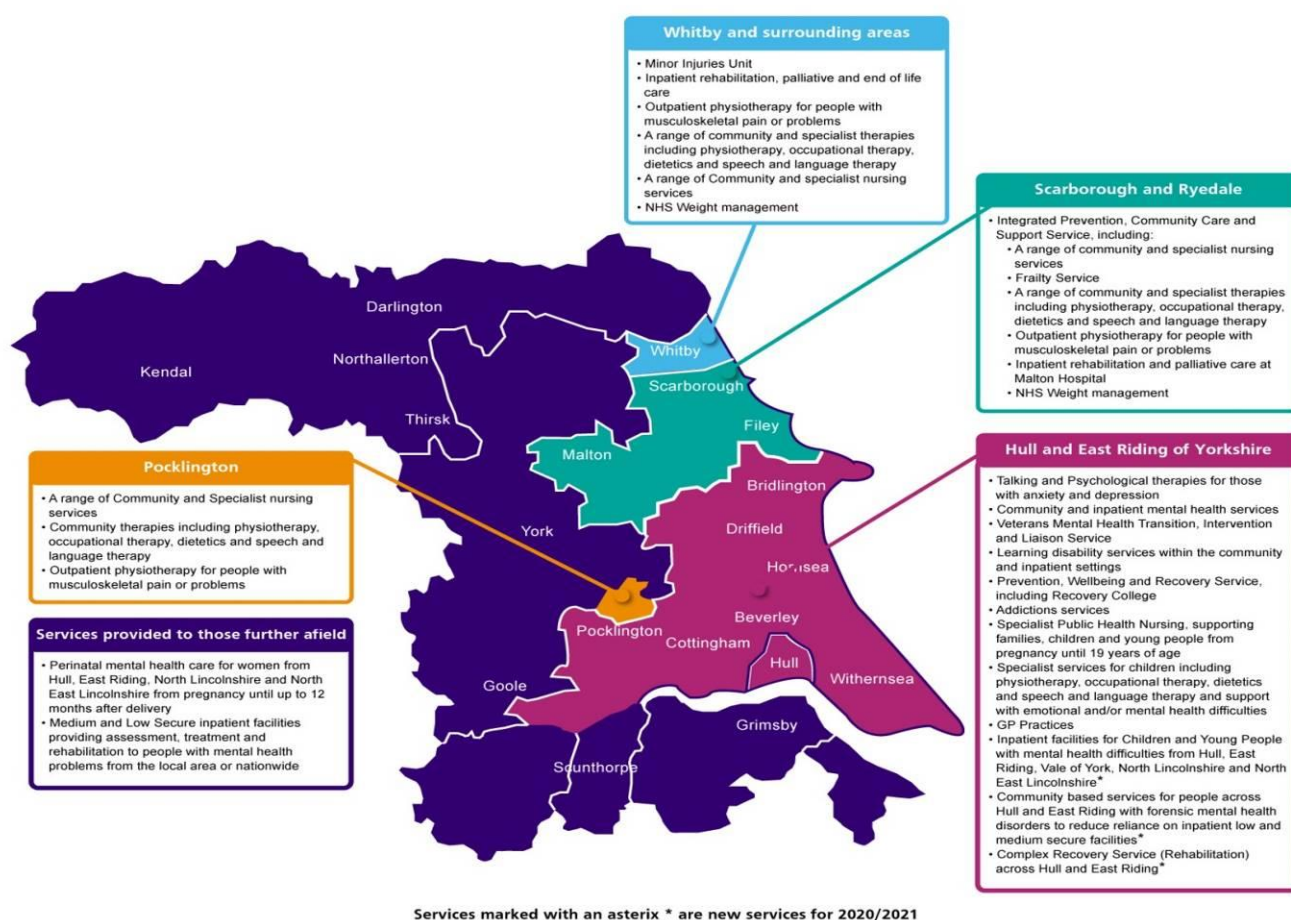Our services grouped into four divisions.
- Community and Primary Care

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

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

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

Whitby and surrounding areas
- Minor Injuries Unit
- Inpatient rehabilitation, palliative and end of life care
- Outpatient physiotherapy for people with musculoskeletal pain or problems
- A range of community and specialist therapies including physiotherapy, occupational therapy, dietetics and speech and language therapy
- A range of Community and specialist nursing services
- NHS Weight management

Scarborough and Ryedale
- Integrated Prevention, Community Care and Support Service, including:
  - A range of community and specialist nursing services
  - Frailty Service
  - A range of community and specialist therapies including physiotherapy, occupational therapy, dietetics and speech and language therapy
  - Outpatient physiotherapy for people with musculoskeletal pain or problems
  - Inpatient rehabilitation and palliative care at Malton Hospital
  - NHS Weight management

Pocklington
- A range of Community and Specialist nursing services
- Community therapies including physiotherapy, occupational therapy, dietetics and speech and language therapy
- Outpatient physiotherapy for people with musculoskeletal pain or problems

Services provided to those further afield
- Perinatal mental health care for women from Hull, East Riding, North Lincolnshire and North East Lincolnshire from pregnancy until up to 12 months after delivery
- Medium and Low Secure inpatient facilities providing assessment, treatment and rehabilitation to people with mental health problems from the local area or nationwide

Hull and East Riding of Yorkshire
- Talking and Psychological therapies for those with anxiety and depression
- Community and inpatient mental health services
- Veterans Mental Health Transition, Intervention and Liaison Service
- Learning disability services within the community and inpatient settings
- Prevention, Wellbeing and Recovery Service, including Recovery College
- Addictions services
- Specialist Public Health Nursing, supporting families, children and young people from pregnancy until 19 years of age
- Specialist services for children including physiotherapy, occupational therapy, dietetics and speech and language therapy and support with emotional and/or mental health difficulties
- GP Practices
- Inpatient facilities for Children and Young People with mental health difficulties from Hull, East Riding, Vale of York, North Lincolnshire and North East Lincolnshire*
- Community based services for people across Hull and East Riding with forensic mental health disorders to reduce reliance on inpatient low and medium secure facilities*
- Complex Recovery Service (Rehabilitation) across Hull and East Riding*

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

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

Our Vision, Values and Strategic Aims

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

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

Our Strategic Objectives
Goal one: Innovating quality and patient safety
Goal Two: Enhancing prevention, wellbeing and recovery
Goal Three: Fostering integrate, partnership and alliances
Goal Four: developing and effective and empowered workforce
Goal Five: Maximising an efficient and sustainable organisation
Goal Six: Promoting people, communities and social values

Development and Performance

Our performance management framework tracks progress against key performance indicators. This is based on our strategic goals and is reviewed by our Board of Directors on a monthly basis. Added to this is a risk register which reports key risks identified on an ongoing basis and which therefore ensures any major concerns are dealt with. A larger set of indicators is reviewed by our Board of Directors each quarter. To support this, our service areas account to the executive team via quarterly performance accountability reviews and likewise the senior operational managers review their teams on a structured basis.

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

A Workforce and Organisational Development Committee was established in March 2019 to provide strategic overview and provide assurance to the Trust Board that there is an effective system of governance and internal control

Celebrating success

Annual Staff Awards

The inspiring and innovative work our staff do across the Trust every day to improve the lives of our patients and service users was celebrated at our annual Staff Awards on 17 October 2019 at the Mercure Grange Park

Hotel, Willerby.

This year, we received 120 nominations across 14 categories in which staff could nominate themselves or a colleague.

Our staff awards winners were (pictures to be added at a later date):

Team of the Year Mental Health Services
Goole Adult Community Mental Health Team

This compassionate team work together to deliver holistic care with the patient at the centre of everything they do. Their innovative carers pack to support carers who feel isolated is being held as a good example and shared with teams throughout the Trust.

They consistently meet the Trust targets for seven day follow ups, CPA, PADR compliance, clinical supervision compliance and mandatory trainings.

The team also have 15 minutes of protected time dedicated to meditation every week. They see this as essential to ensuring they can deliver the best possible care for their service users supported by the vast amount of research out there.

They are a team leading by example!

Team of the Year – Children's and Learning Disability Services
Granville Court Chefs

Chefs Annette McGrath and Dan Tonks work at Granville Court, a nursing home for adults who have profound and multiple learning disabilities alongside complex physical health needs.

Over 90% of the meals cooked at the home are from fresh and they cater for diverse mealtime prescriptions, birthdays, special events and end of life celebrations when Granville Court mark the passing of a person who has enjoyed a life well lived and loved.

Annette and Dan's passion, creativity and innovation are inspirational which was recognised by the CQC during the home's last inspection.

Team of the Year – Community and Primary Care
YourHealth – Prevention and Lifestyle Service

YourHealth provide a range of services to help improve the health and wellbeing of people in the East Riding and North Yorkshire.

Over the last year they have helped over 2800 people in their Social Prescribing Service, rolled out a new health service for fishermen, helped 800 people in North Yorkshire collectively loose over 1000 stone in weight, reduced smoking rates in the East Riding by over 6% in less than five years and smoking in pregnancy rates by 3% in less than a year.

The Service is now working towards being the first smoke free generation in Yorkshire and Humber by aiming to achieve less than 6% prevalence by 2022

Team of the Year - Secure Services
Swale Ward, Humber Centre

The Swale Ward provides personality disorder services in our Trust's Medium Secure Unit. The staff on this ward provide excellent patient centred care to people with extremely complex needs.

Staff on the ward have put in a lot of hard work to set up a strategy which focuses on more effective Multi-disciplinary Team working, staff wellbeing and staff training and development.

They have devised and shaped existing processes, implemented Safewards initiatives such as positive words and are devising more practical process such as CPA clinics for the nurses and self-soothing/mindfulness for the staff.

All of this has enabled the staff to develop a culture of positivity and caring, not just for the patients but for each other. There is clear drive and passion to make Swale a better ward and the overall vision is to provide our patients with outstanding care – which they all strive to do.

Team of the Year – Corporate Services
Business Intelligence Department

The Business Intelligence Department have developed some key reporting systems to support both clinical and corporate services. These include the Friends and Family Test and waiting list dashboards and the implementation of statistical process control charts which provides a greater understanding of performance and improves the way we use resources and understand services that need additional support.

The team have also been creating new KPI reports for all our new services which have received excellent feedback from the Scarborough & Ryedale CCG.

Legal and Information Governance Team

This team works tirelessly and quietly behind the scenes actively supporting staff to ensure information governance requirements are not only met but exceeded for the Trust.

They are the first port of call for all information governance matters for existing and new services and in relation to any new products. The legal experts in the team support staff and at times families through the coronial process, attending inquests subjecting themselves to emotionally distressing information whilst at all times remaining professional and being a tower of strength and support for the staff involved.

Outstanding Care Awards
Gail Hanson

Gail transcends kindness and compassion for residents of Granville Court, its staff and visitors.

Her genuine warmth and gentleness in her approach, coupled with her natural ability to support people, is both inspiring and inspirational to both new and existing staff.

Gail has supported staff at Granville Court through some challenging but exciting times, always going that extra mile to enable staff to gain confidence in new systems or ways of working.

The Trust's vision of Caring, Learning and Growing is wrapped in Gail's personality and she is a marvellous ambassador for both the home and the Trust.

Innovation Award
Dr Soraya Mayet

Soraya is passionate about making a difference through innovation for those struggling with addictions.

As well as being Trust local Principal Investigator for a number of national research studies, sitting on various national research steering committees and an active member of the Trust Research and Development Group, she also successfully competed for research funds from our local commissioner and was granted further funds from the Yorkshire and Humber Academic Health Science Network to develop an innovative and ambitious local project utilising telemedicine.

Soraya is devoted to improving the future of healthcare through innovation, whilst still maintaining safety and potentially finding new ways of working more efficiently.

Chair's Award
Joanne Bone

Joanne is dedicated, committed, passionate, hardworking and demonstrates great empathy which she shows not just to her patients and the learning disability service, but to the Trust as a whole.

Following the recent Panorama investigation into Whorlton Hall in County Durham, where serious abuse had taken place for people with Learning Disabilities, Joanne arranged a one day workshop to address the issues raised in the investigation and to highlight any areas for our own Trust we wanted to change and improve for the better. The workshop saw involvement from the Trust's Safeguarding and Positive Engagement teams, Learning Disability staff, local CCGs and Hull University.

Joanne is passionate about making these changes locally as well as nationally and is talks with the CCGs about the possibility of delivering the workshop to other organisations that provide learning disability services.

Patient and Carer Experience Award

Tom Nicklin

Tom is a very active Patient and Carer Experience Champion who has told his Patient Story at our Trust Board. Tom did a fabulous piece of research on Gaming and Mental Health and gave an excellent presentation at a Staff Champion of Patient Experience forum. Tom is a member of our Staff Champion of Patient Experience forum. He attends all of the Patient and Carer Experience Team workshops and supports the Trust by giving his lived experiences to help services to make improvements.

Tom has come on from strength to strength in his confidence and deserves to be recognised for his continued support to the Trust. He has an incredible 'can do' attitude and is a real credit to us all.

Gavin Hamilton

Gavin has used his past professional knowledge, lived experience, time and talents, to make a big contribution to Patient and Carer experience. He takes part in interview panels; PACE Forums, working groups and workshops; represents Veterans as their 'Champion'; and presentations alongside Patient and Carer Experience Manager Mandy Dawley.

Gavin is also a Founder member and active participant in the Journey's group and a Trust volunteer and peer supporter.

Gavin gives of his time to benefit people in Recovery, and those who are trying to make a difference. He does it with good grace, a friendly manner and a big heart.

Proud Award
Anne Gorman

Anne has given great commitment to the Programme of Organisational Development; she shows her belief in it in her conversations, contributed significantly to the content and development of the staff charter and leadership framework. Anne always shares the views of the wider staff group through her role as governor to ensure it is taken into consideration.

Volunteer Award
Leonard Evington

Lenny is a Patient Experience Champion. He began volunteering whilst in Townend Court and, with support, he set up a Meet and Greet service where he would make drinks for visitors, people using the out-patient service and their carers – always with a big smile on this face.

Lenny has also been part of the Learning Disability Service interview process for several posts and recently contributed to NHS England's film our Patient and Carer Experience Team.

Health Stars Sparkle Award
Speech and Language Therapists

The SALT team have worked closely with Health Stars to proactively fundraise for service enhancements. Allanah Smith-Thomas and Gemma Jones ran the Hull 10K and Gill Emerson has coordinated community involvement from the local Lions Associations to help raise funds for specialist equipment.

Apprentice of the Year
Yvonne Hepworth

Yvonne Hepworth has shown hard work, dedication and commitment whilst undertaking a level 3 NVQ qualification.

Yvonne uses the knowledge which she gains through her own individual development to support other members of the staff team with their own development and learning as well.

Throughout all of her learning, Yvonne has demonstrate a lifelong commitment to developing herself on both a personal and professional level, not only support and enhance her work at Townend Court but to also demonstrate to herself that she can achieve things in life, if she wants to.

Chief Executive's Rising Star Award
Sam Jackson

Sam is a passionate, inspiring nurse who gives so much to patients and staff. Sam qualified as a nurse in 2017 and is now a senior nurse in the Trust's Frailty and Unplanned Care team.

Sam has worked hard to achieve her aspiration of becoming a senior nurse by developing a portfolio of achievements, testimonies from staff and patients and joining the NHS Leadership Academy's Edward Jenner Programme.

Sam's passion and dedication for her job is tangible. We are sure that Sam has an exciting and inspiring career ahead of her.

National and regional success

HSJ Provider of the Year Award

The Trust celebrated after being named Mental Health Provider of the Year at the prestigious Health Service Journal (HSJ) Awards 2019.

The awards, now in their 39th year, are among the world's most fiercely contested health service awards, attracting hundreds of entries from the NHS and its partners. The ceremony held in London

celebrates the outstanding contributions of staff and organisations across the healthcare sector.

The award for Provider of the Year is awarded to an organisation who implements integrated care with a focus on outcomes, sustainable finances and delivery of value for money. The award recognises the Trust's excellent, patient-centric care, built on strong engagement between clinicians within and beyond the organisation. It also acknowledges their efforts in putting patients at the centre of everything that they do, through real patient and carer engagement, as well as their focus on providing "Right Care, in the Right Place, First Time, Every Time".

Frequent Attenders Services HSJ Shortlists
Our Frequent Attenders Services were shortlisted in three HSJ award categories: 'Acute Sector Innovation of the Year', 'Connecting Services and Information Award', and the 'Patient Safety Award'.

HSJ Patient Safety Award
The Trust was shortlisted for an HSJ Patient Safety Award in April 2019.

The Trust's approach to undertaking an organisation wide daily safety huddle facilitated by the Corporate Patient Safety Team was recognised and shortlisted for the Clinical Governance & Risk Management Patient Safety Award.

Focusing on healthcare risk assessment and management, the award acknowledges Trusts which have embedded patient safety into their organisational safety culture and adopted speak up initiatives to improve communication.

East Riding Baby Friendly Initiative Award for families across the region
East Riding of Yorkshire Council's children's centres, working in partnership with our Trust's Integrated Specialist Public Health Nursing Service, was awarded the prestigious UNICEF Baby Friendly, Achieving Sustainability Gold Award in May 2019. It is the first integrated service in the UK to achieve the gold award, and the East Riding is also the first children's centre service to achieve the gold accreditation.

The UNICEF Baby Friendly Initiative is a worldwide programme of the World Health Organisation.

It is a nationally-recognised mark of quality care for babies and mothers, based on standards designed to provide parents with the best possible care to build close and loving relationships with their baby, and to feed their baby in ways which will support optimum health and development.

Engaging Patients and Carers showcased at national NHS events

A series of five films showcasing the work of the Trust in engaging patient and carers titled 'Patient Experience for Quality Improvement' were launched by NHS England/Improvement at St George's Centre in Leeds on 13 September 2019.

The launch was first of five events across the country where the Trust's work was shared to inspire other provider Trusts and event attendees to consider how they can embed patient experience at the heart of leadership and quality improvement.

The videos, which were commissioned by NHS Improvement (now NHS England and NHS Improvement), were filmed last spring based on the patient experience improvement framework using the themes of 'Culture', 'Leadership' and 'Learning' as a way to share the our journey with other provider Trusts across the country. The films highlight the positive impact of involvement in Trust activities for our patients, service users and carers and how the development of the co-produced Patient and Carer Experience Strategy has provided the direction and focus for the work achieved by the team and champions.

Occupational Health team awarded SEQHS accreditation

Our Occupational Health team were awarded the SEQHS accreditation in October 2019. SEQOHS (Safe Effective Quality Occupational Health) is a professionally-led accreditation managed by the Faculty of Occupational Medicine, the professional and educational body for occupational medicine in the UK. It is based on a set of standards for occupational health services in the UK and beyond.

Finance Team of the Year - Yorkshire and Humber Branch Awards 2020

The Trust's Finance department won 'Finance Team of the Year' at the Yorkshire and Humber Branch Awards 2020.

Finance Professional of the Year - Yorkshire and Humber Branch Awards 2020

Our Deputy Director of Finance, Iain Omand, also took the top award for 'Finance Professional of the Year' - an incredible personal and professional success.

Allied Health Professional and Social Care Awards

Local organisations gathered to celebrate the amazing work and achievements of Allied Health Professionals and Social Care workers across the Hull and East Yorkshire regions on 11 March 2020.

Hosted by Hull Clinical Commissioning Group (CCG) and East Riding CCG a fantastic celebration event brought together various healthcare and other organisations where attendees were delighted to greet special guest and keynote speaker, Suzanne Rastrick, Chief Allied Health Professions Officer of NHS England.

Congratulations went to Emma Gillyon who took home the award for the AHP Health Professions and Social Care Support Worker of the Year.

The Creativity and Innovation award saw a nomination for our Speech and Language Dysfluency Team and Lizzie Plumber was nominated for the Rising Star Award.

Chief Nursing Officer Silver Award

The first Chief Midwifery Officer for England, Professor Jacqueline Dunkley-Bent, who has supported hundreds of women giving birth including royalty, visited the University of Hull and Hull's Women and Children's Hospital to celebrate the achievements of University staff and the region's maternity service.

During the visit Claire Marshall, Specialist Perinatal Mental Health Nurse and Clinical Lead within the Trust's Specialist Perinatal Team, was awarded a Chief Nursing Officers Silver award for the work undertaken with the Perinatal Mental Health Liaison Team in developing pathways of support and care for women with Tokophobia, which is a severe and debilitating fear of childbirth.

The silver award is intended to recognise nurses and midwives who go above and beyond the expectations of the role to support patients and their profession.

National Centre for Diversity Grand Awards

Our Workforce team were nominated in three categories for the National Centre for Diversity Grand Awards 2020. The nominations were for Most Improved Organisation of the Year, Most Innovative EDI Initiative of the Year and EDI Lead of the Year.

Accreditation by the Royal College of Psychiatrists

Our mental health response and assessment unit at Miranda House received accreditation for our ECT outstanding electro convulsive therapy (ECT) clinic.

Principal Risks and Uncertainties

The risks outlined below have been identified as the principal risks to the delivery of the Trust's strategic goals and underlying objectives.

More detail regarding the risks to which the Trust has been exposed in 2019/20 is included in full within the table in the Annual Governance Statement on page **xx.**

Innovating Quality and Patient Safety

- Inability to meet Regulation 18 HSCA (RA) Regulations 2014 regarding Safer Staffing.
- Inability to achieve a future rating of 'good' in the safe domain at CQC inspection.
- Staff are not maintaining an auditable trail of clinical supervision compliance is some clinical teams to support assurance that teams are delivering high quality care.
- Inability to develop robust processes that demonstrate thorough investigations undertaken in line with significant event analysis (SEA) methodology and can evidence organisational learning from SEAs.

Enhancing Prevention, Wellbeing and Recovery

- Failure to equip patients and carers with skills and knowledge need via the wider recovery model.
- Inability to meet early intervention targets (national – IAPT, EIP, Dementia)
- Inability to meet early intervention targets (local – CAHMS , ASD, CYP)
- Patients don't have the right level of physical healthcare support and there is not a cohesive alignment of mental health and physical health services to get parity of esteem.
- Vacancies within the CAMHS Crisis team may lead to gaps in service delivery preventing response to urgent referrals and inability to provide the crisis service overnight which may lead to other Trust services being impacted such as MHRS as well as reputational harm to the organisation.
- As a result of increased demand for ADHD assessment and limited capacity within the service, there is a significant waiting list which may lead to increased safety risk for patients and others, impacting on the wellbeing of staff as well as reputational harm to the Trust.
- Demand for access to Speech and Language Therapy services for children and young people in Hull exceeds capacity and funding, which may result in patients being unable to access timely diagnostic specific intervention and support services as well as potential reputational harm to the Trust.

Fostering Integration, Partnerships and Alliances

- Lack of Trust involvement or influence in work-stream activity associated with Sustainability and Transformation Programmes (STPs), will in turn impact on our ability to influence and shape local commissioning plans. This may result in a failure to deliver strategic priorities, with an associated risk of developing a poor reputation and reduced business/income opportunities that may challenge future sustainability.
- There is a risk to future sustainability and reputation, arising from a failure to compete effectively because we have not maintained and developed strategic alliances and partnerships and not increased our commercial/market understanding.
- Failure to utilise evidence based practice to inform and influence business decisions, resulting in the delivery of outdated service models, an inability to effectively compete with other providers and a subsequent loss of business/ income and reputation.

Developing an Effective and Empowered Workforce

- The quality of leaders and managers across the Trust is not at the required level which may impact on ability to deliver safe and effective services.
- Current qualified nursing vacancies may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce.
- With current national shortages, the inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.
- Current Consultant and GP vacancies may impact on the Trust's ability to deliver safe services resulting in increased use of costly temporary staffing solutions and potential impact on the credibility/reputation of the organisation.
- With current national shortages, the inability to retain Medical staff impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff.
- Staff Survey scores for staff with protected characteristics are worse than for staff not declaring a protected characteristics (particularly staff declaring themselves as not heterosexual and/or disabled).

Maximising an Efficient and Sustainable Organisation

- There is a risk to future sustainability and reputation, arising from a failure to compete effectively because we have not maintained and develop strategic alliances and partnerships

and not increased our commercial/market understanding.

- Adverse impact of inadequate IT systems, failing to effectively support management decisions, performance management or contract compliance.
- Trust IT systems are compromised due to a Cyber Security attack/incident - this could be a malicious attack from an external third party or an accidental attack from inside the trust network due to inappropriate actions taken by staff, patients or visitors that comprise the IT systems security.
- Risk to longer-term financial sustainability if we are unable to deliver Trust savings targets and income declines through implementation of tariff or commissioner targets.
- The Trust's cash position deteriorates adversely where day to day functioning and financial independence is impacted.
- If the Trust cannot achieve its Budget Reduction Strategy for 2019/20, it may affect the Trust's ability to achieve its control total which could lead to a significant impact on finances resulting in loss of funding and reputational harm.
- Failure to achieve the NHS Improvement Use of Resources Score for 2019/20 may result in reputational harm for the Trust and significant reduction in financial independence.
- Inability to address all risks identified as part of the capital application process due to lack of capital resource.
- Inability to improve the overall condition and efficiency of our estate.

Promoting People, Communities and Social Values

- Failure to equip patients and carers with skills and knowledge needed via the wider recovery model.
- Inability to implement the Trust's Equality and Diversity strategy may impact on the Trust's ability to have a workforce trained and engaged with the equality and diversity agenda, limit accessibility to services and prevent achievement of the Trust's E&D aims.
- Reduction in patients likely to recommend Trust services to friends and family may impact on Trust's reputation and stakeholder confidence in services provided.

The principal risks to the achievement of the Trust's strategic goals and underlying objectives are managed through the Board Assurance Framework which is reviewed on a monthly basis by the Executive Management Team and as a standing agenda item on the relevant assurance committee. The framework is presented to the Trust Board on a quarterly basis for oversight and assurance around those risks that may affect the foundation trust in delivering its objectives and/or its future success and sustainability

Going Concern

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

Performance Analysis

Summary of the Financial Year

We are reporting an operating deficit of £2.584m for the year on a turnover of £145.533m. The deficit includes an Impairment adjustment of £2.093m which has been made to reflect the revaluation of Buildings and Land owned by the Trust. Before the impairment loss, we have recorded a deficit of £0.491m.

We reported a surplus of £0.050m against our control total target deficit od £0.350m, which was after the receipt of

£1.343m Sustainability Funding (Financial Recovery Funding) and £0.333m of additional sustainability funding.

Operationally, we have continued to work very hard to achieve this result. We have developed a Budget Reduction Strategy which had an initial target of £4.7m against which recurrent savings of £3.1m were achieved against this target with the remaining savings being funded from in year non recurrent actions.

Operating Income received to deliver services increased by £15.130m compared to 2018/19. The majority of the increase in income is from clinical commissioners for new services such as the CAMHS Tier 4 unit and successful bids for Mental Health Transformation funding.

The closing cash balance increased to £15.1m, and the balance is forecast to remain at a similar underlying position throughout 2020/21.

Our total capital spend in the year was £12.4m.

We have an expected year-end risk rating of 2 which is consistent with our NHSI plan. The scale is from 1 to 4, with 1 being the lowest risk. We are expecting our governance risk rating to remain at green at the end of the year. At the time of publication this has not been confirmed by our regulator, NHS Improvement.

Financial results 2019/20 – Headlines

- Income of £145.533m, an increase of £15.130m
- Operational Deficit of £0.491m Deficit of £2.584m after Impairment
- The cash balance was £15.110m compared to £14.935m at March 2019
- Net current assets of £7.012m compared to £10.930m at March 2019
- Total net assets of £93.795 compared to £83.390m at March 2019

Income and expenditure

Income in the period was £145.533m compared to £130.403m in the previous year.   This increase relates primarily to additional income for newly commissioned services and successful invest for Mental Health Transformation monies. Expenditure has increased to service the additional income.

Section 43 (2a) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) requires that the income from the provision of goods and services for the purposes of the Health Service in England must be greater than its income from the provision of goods and services for any other purposes. The Trust met this requirement during 2019/20.

Capital Expenditure Conclusion

Capital expenditure totaled £12.467m during the year which was below the capital plan, mainly in relation to the Child and Adolescent Mental Health Services (CAMHS) Tier Four build and the LHCRE IT project.   Other schemes we supported included IT infrastructure projects, including the ongoing replacement of IT equipment and network upgrade, and estate projects to improve our clinical and non-clinical environments.

Our total assets employed increased to £93.795m compared to £83.390m a year ago.

The other most notable expenditure covered a range of projects and facilities including addressing backlog maintenance issues.

Better payment practice code - Conclusion

In accordance with the Confederation of British Industry's (CBI) Better Payment Practice Code, our policy is to pay non-NHS trade creditors within 30 days of receipt of goods or services, or of a valid invoice (whichever is later), unless other payment terms have been agreed with the supplier. The figures for non-NHS creditors by value paid within 30 days increased from84.8% to 96.4%. The number of invoices paid has also increase from 76.3% to 97.0%. NHS Trade Creditors by value increased from 70.6% to 84.5% and the number of invoices rose from 57.4% to 81.4%. We will continue to focus on this important performance measure although this is often dependent on our customers paying invoices raised by ourselves.

In 2019/20, the Trust had no liability to pay interest on invoices paid outside the 30 day payment period relating to NHS healthcare contracts or any other invoices.

	2019/2020		2018/2019	
	Number	£000	Number	£000
Total non-NHS trade invoices paid in the year	27,624	55,385	30,871	44,913
Total non-NHS trade invoices paid within target	26,810	53,373	23,541	38,073
Percentage of non-NHS trade invoices paid within target	97.0%	96.4%	76.3%	84.8%
Total NHS trade invoices paid in the year	1,372	6,406	2,543	2,323
Total NHS trade invoices paid within target	1,117	5,410	1,460	1,641
Percentage of NHS trade invoices paid within target	81.4%	84.5%	57.4%	70.6%

Financial Outlook

We have responded well to the financial challenges we and the wider NHS have faced over the last two years in particular and we have successfully met our financial targets and improved our underlying financial position.

The current covid pandemic has changed the way funding flows within the NHS, initially for the period April to July but potentially longer.   Assurance has been given the NHS will receive the resources it needs to respond to the pandemic, however we will need to ensure we continue to maintain robust systems of financial governance and control during the current unprecedented times.

When planning for post covid our existing medium-term plans demonstrate the need to continue to deliver efficiency improvements over the next three years. Given the amount already saved it is naturally more difficult to identify further savings.

We will continue to operate a very robust process for identifying and implementing cost savings projects. All projects must be approved by the Medical Director and Director of Nursing, Allied Health and Social Care Professionals to ensure there is no negative impact on patient safety or quality of care.

The programme of work for identifying savings initiatives for 2020/21 is largely complete and will continue to be reviewed on an ongoing basis in light of the current situation.

We remain committed to delivering the best possible care and service within the financial resources we have at our disposal. The focus of the cost-saving projects has therefore been very much on maintaining service provision and re-structuring the organisation to meet that service provision.

We have maintained a solid financial base but we will need to continue to improve financial management to remain in a healthy financial position. All staff are encouraged to identify where any savings can be made and to highlight

these savings through management teams to allow for formal budget savings to be made.

We delivered our expected financial performance last year which was a positive achievement given that it is becoming increasingly difficult to identify cost efficiency improvements.

As ever, it was very much a team effort across the whole organisation to deliver this financial performance. Even more importantly, the delivery of the financial results did not compromise patient care. We achieved the majority of our performance targets for the year.

We are in unprecedented times and it is inevitable that we will continue to face financial challenges both this coming year and beyond. We remain positive that these challenges will be met, although we should not be under any illusion that it will not require a great deal of effort and involve making difficult decisions.

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

How performance is measured

How we measure performance - Meeting Framework targets

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

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

Our internal reporting is split into three levels:

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

Level 2:
Monthly Divisional and Service Line Reports via a Dashboard to the Divisional Group Leads and their Directors.

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

We also report externally to our Commissioners via:

Contract Activity Report (CAR)

This is completed on a monthly basis by the Business Intelligence Department (BI Hub). The BI Hub was formed during 2017/18 to provide a more joined-up working approach which improves fluidity and enhances cohesiveness.

This system ensures that we can:

- Monitor critical clinical processes and activities using measures of clinical and corporate performance that trigger alerts when potential problems arise.

- Analyse the root cause of problems by exploring relevant and timely information from different sources and at various levels of detail.

- Steer the organization by supporting the management of people and processes to improve decisions, be more effective and subsequently enhance performance

Meetings are held regularly with Commissioners, Board Members, Divisional Directors, Service Managers and with Team Leaders and their teams.

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

Data Quality Improvement Plans

Data Quality Improvement Plans (DQUIP) are designed to highlight where services may not be meeting required performance measures. Action plans are developed to encourage improvement and progression to meet measures within set timescales.

Benchmarking

Each year the Trust participates in national benchmarking data collections projects. This consists of Adult & Older Adult Mental Health Service, Community Services (Physical Health), CAMHS (Children & Adolescent Mental Health Services), Corporate Services, Learning Disabilities and Perinatal as an example.

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

The Trust utilises a number of outputs from the data collection, such as:

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

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

Finance

The use of resources score reported earlier in this report is split by the five components, with an overall score, and is reported at a granular level.

Financial information is linked and presented to the Board of Directors who are provided with a breakdown of the Use of Resources score in the monthly finance report. This information is also linked to the Integrated Quality and

Performance Tracker (IQPT) report that is also provided to the Board every month and includes a number of the performance measurements that are covered to some extent in the Use of Resources rating and also includes reporting on bank, agency and overtime whereas the Use of Resources specifies agency.
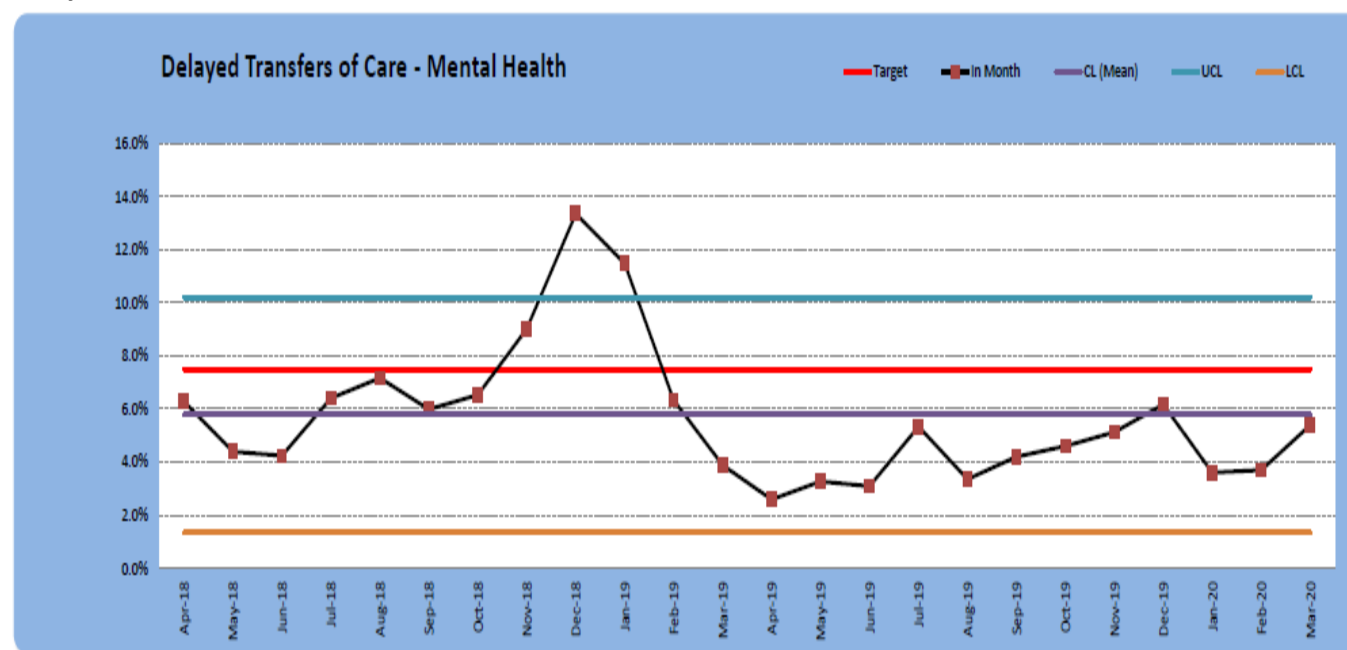
Risk Register

Where performance is not where it is expected and there is significant risk (e.g. clinical, financial), this is logged as a risk for the Trust which if sufficiently scored appears on the risk register and the Board Assurance Framework (BAF). In addition, Finance and Use of Resources is one of the five themes feeding into the Single Oversight Framework.

Performance during the year

Information continues to be presented using Statistical Process Charts for a number of key indicators, mapped against each of the Trusts Strategic Goals. The use of Statistical Process Charts allows key performance data to be analysed over a period of time to establish trends in performance, Upper and Lower statistical thresholds are utilised to analyse performance and identify where movements in performance are within normal ranges (Common cause variation) or require further investigation/understanding (Special cause variation). Our performance is reported monthly to the Trust Board and the comprehensive report is provided within our Board papers and available on our web site.

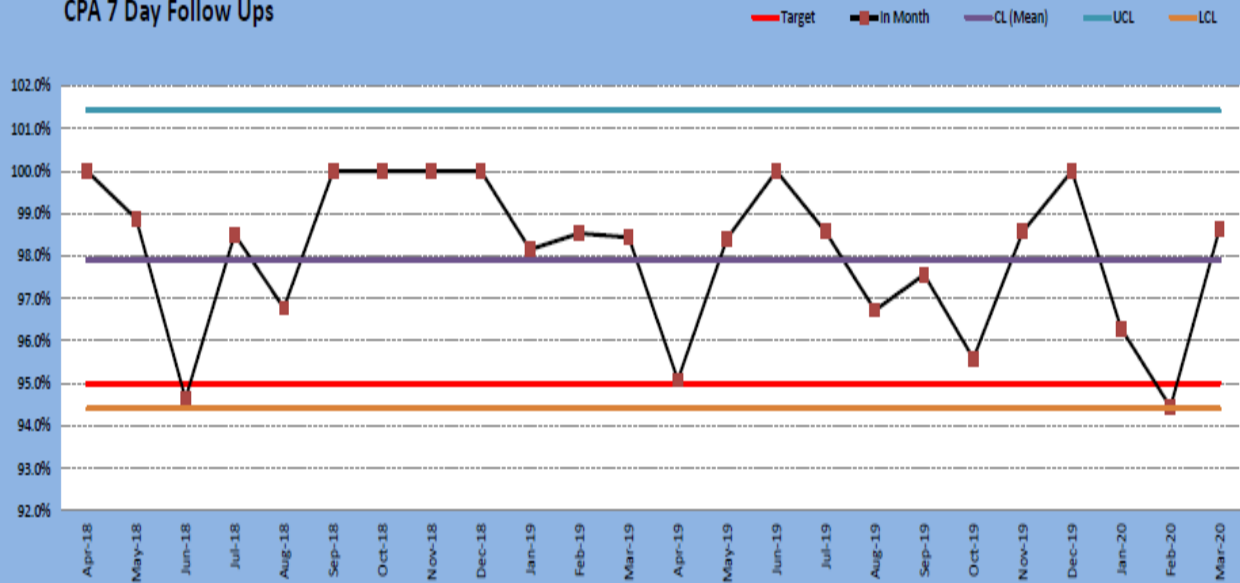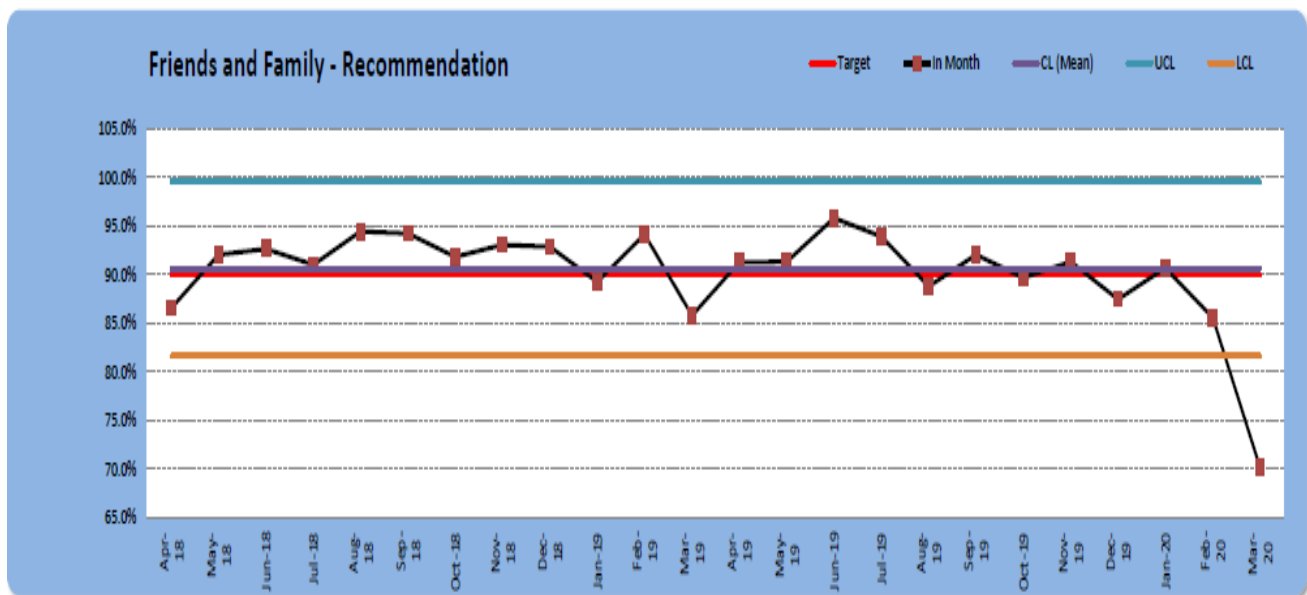**Statistical Process Charts (SPCs):**

Delayed Transfer of Care

Mandatory Training - Overall Compliance

Legend: Target, In Month, CL (Mean), UCL, LCL

CPA 7 Day Follow Ups

Legend: Target, In Month, CL (Mean), UCL, LCL

Friends and Family - Recommendation
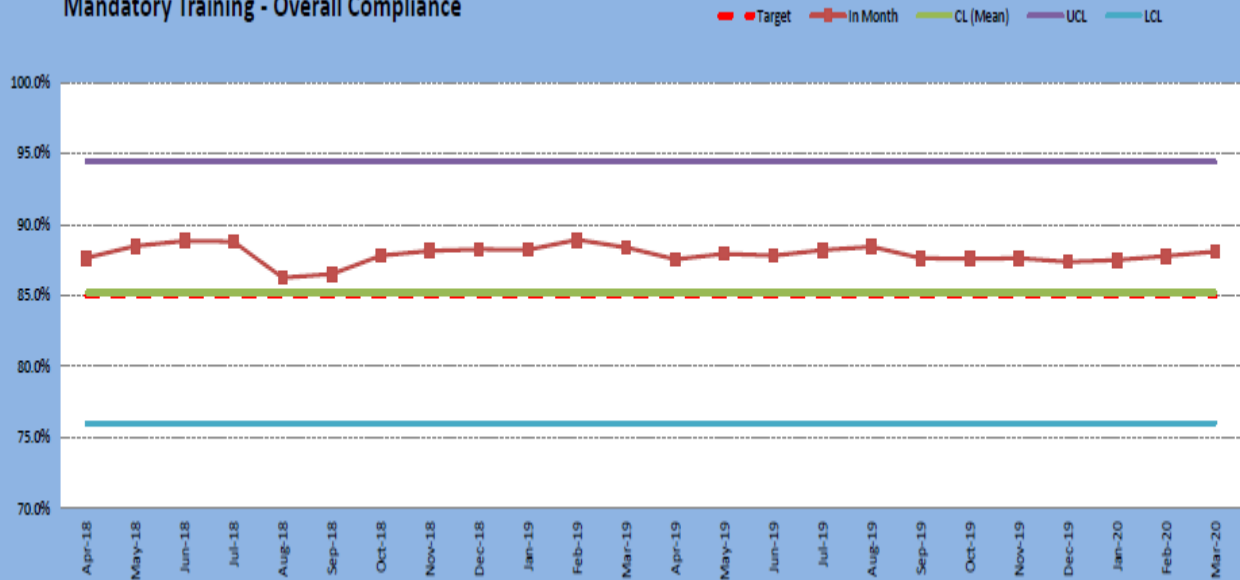
The Friends and Family Test in March 2020 reduced to 70%, this is influenced due to the fact that a higher percentage of responses are from a primary care setting, where responses are historically low.

Environmental Issues

Have House Allotment

Sustainable Development

As an NHS organisation, and as a spender of public funds, the Trust must work in a way that has a positive effect on the communities it serves. Sustainability means spending public money well, and the smart and efficient use of natural resources, and building healthy, resilient communities. By making the most of social, environmental, and economic assets we can improve health both in the immediate and long term even in the context of the rising cost of natural resources.

To fulfill our responsibilities, the Trust has created the Sustainable Development Steering Group (SDSG). The key responsibilities of this group are to monitor manage and act upon the Trust's Sustainable Development Management Plan (SDMP), and the Trust's Sustainable Development Action Plan. Working in line with government directives from the Sustainable Development Unit (SDU) and benchmarking performance through the Sustainable Development Assessment Tool (SDAT). Implementing the objectives within this plan will not only further reduce our carbon footprint but will also facilitate working together with stakeholders to initiate health improvement initiatives and reductions in inequalities. Our commitment is to ensure that we encourage and enable our staff to provide healthcare services in the most sustainable way possible and involve patients, visitors, and the wider public in helping us to meet the challenge.

As a part of the NHS, public health, and social care system, it is our duty to contribute towards the level of ambition set in the climate change act 2008. The climate change act has been reviewed this year after the announcement from the current government to reduce the United Kingdom's carbon emissions to net-zero by 2050. To contribute to this the Trust has been renewing its SDMP which will be known as The Humber NHS Foundation Trust Green Plan using guidance for this from NHS Improvements (NHSI) and the Sustainable Development Unit (SDU).

The reviewed SDMP (Green Plan) will be evaluated this year 2020/21 to comply with the new Green guide from NHSI using the results from the SDAT tool to guide the Trust with its sustainable development. The Trust will also be using SDSG to assist in monitoring the environmental agenda across the Trust, these include:

- SDMP (Green Plan & action plan with clear targets)
- Sustainable Development Steering Group (SDSG)
- Sustainable Development Assessment Tool – SDAT

This strategy will give the organisation the ability to measure its current level of sustainable development, act and monitor its progress through the group to the board.

In the coming year, the Trust will produce its Green plan replacing its SDMP continuing to use the SDSG as a conduit for all sustainable development across the Trust.
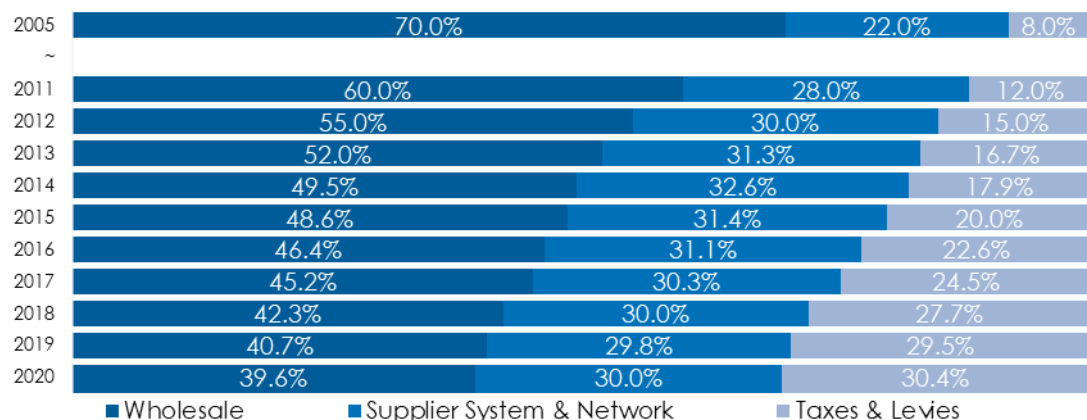
Energy

Energy costs in 2019-20, have increased from last year. There are many factors involved with the increase in energy cost; one of the main concerns for the energy market is the increase in non-commodity charges. Non-commodity charges which have increased annually by 7-14% have affected the Trust energy costs, you can see this in Table 1 - non-commodity increase, that in 2005 the wholesale (pence per kilowatt-hour – p/pkWh) cost was 70% of the total bill, the other 30% was the non-commodity costs, 22% Supplier network charges, and 8% taxes and government levies. Table 1 shows the increase in costs rising steadily from 2005 to 2020. The break down in costs for 2020 for the wholesale (p/pkWh) cost makes up only 39.6% of the total unit charge while the supplier network charges, taxes, and levies now equate to 60.4%. These charges will increase and will continue to have an effect on the Trust's energy cost increasing each year.

Due to the coronavirus and the underuse of natural resources across the world, there has been a downturn in energy costs, Gas, and Electricity. To counteract the above mentioned non-commodity cost increases the Trust, working with their Broker Inenco, has purchased their energy for the remainder of its contract with Inenco. The Trust should see these benefits of this action in 2021/22 and will assist in combating against the rise in non-
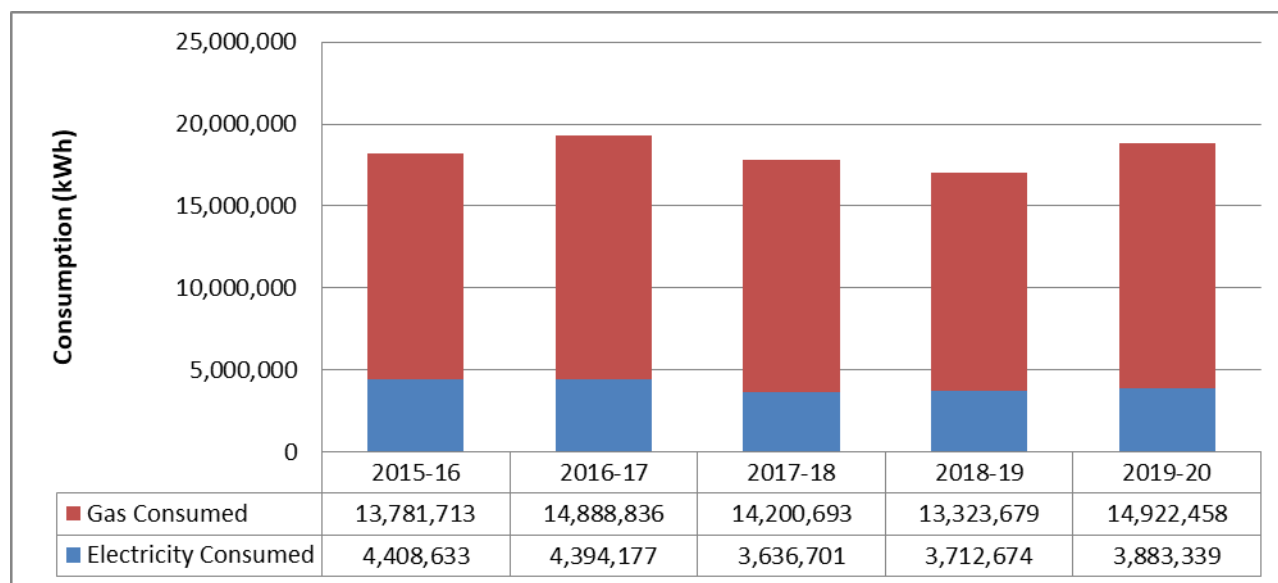
commodity charges.

Table 1 – non-commodity increase

Energy used

(Energy consumption in kWh)	2015-16	2016-17	2017-18	2018-19	2019-20
Electricity Consumed	4,408,633	4,394,177	3,636,701	3,712,674	3,883,339
Gas Consumed	13,781,713	14,888,836	14,200,693	13,323,679	14,922,458
Total	18,190,346	19,283,013	17,837,394	17,036,353	18,805,797

Carbon Emissions

CO_2 Emissions (tCO_2e)	2015-16	2016-17	2017-18	2018-19	2019-20
Electricity	2,535	2,271	1,278	1310	993
Gas	2,884	3,112	2,901	2787	3,048

	2015-16	2016-17	2017-18	2018-19	2019-20
Gas	2,884	3,112	2,901	2787	3048.36
Electricity	2,535	2,271	1,278	1310	993

Y-axis: Carbon (tCO$_2$e), scale 0 to 6,000.
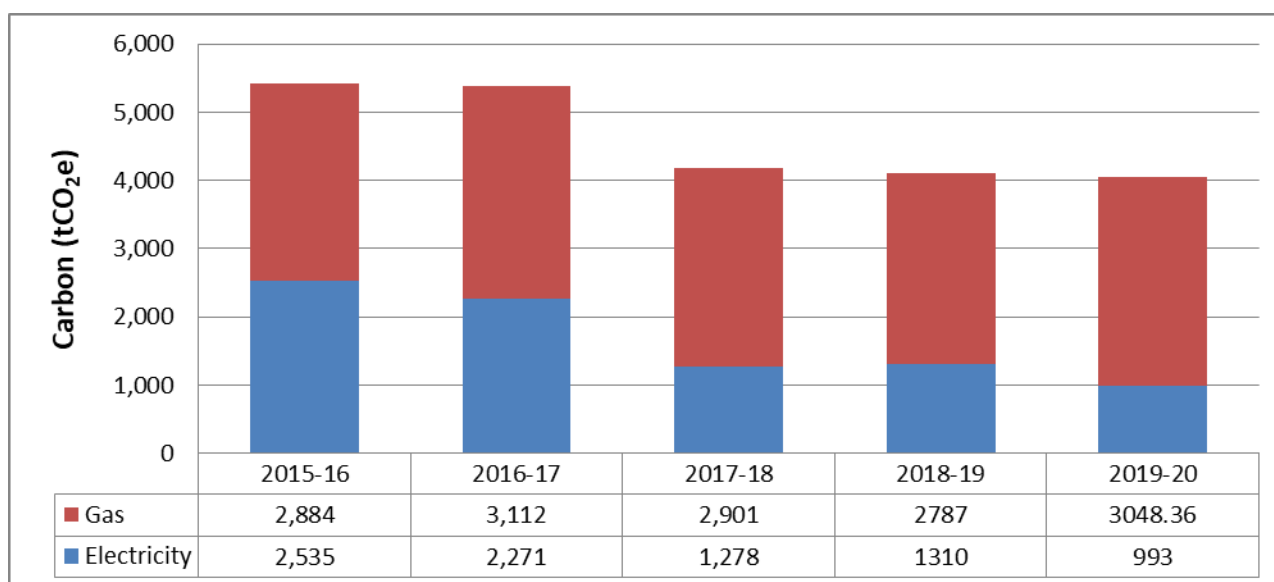
Energy – Electricity

The Trust has seen a slight increase in the electricity use which equates to 3% in 2019/20 This is in line with what was expected this year 2019/20 due to the increase in Trust estate, predominantly the GP practices and the Inspire unit.

Energy accuracy is improving with the rollout of P272 (Government mandatory regulation which affects the way all electricity suppliers settle electricity consumption for businesses within a specified energy use) which has seen the removal of NON-HH (Half-Hour) meters and a move to more accurate billing.

The cost of electricity has increased by 10%. This is due to the increase in the non-commodity charges, government levy, and the increase in the estate.

These are being counteracted by adopting an early purchasing strategy with our broker Inenco and fixing our non-commodity for the remainder of our Inenco agreement (agreement completion date 01st April 2024).

To reduce costs and energy usage further the Trust plans the installation of green technology with the continued roll-out of LED lighting. This year 2020/21 is a year of action for the Trust planning and adding to the installation of green technology. To assist the Trust and to speed up the works it is planned to access SALIX finance and other funding options that are open to the Trust.

Energy – Gas

Gas has been assessed and the usage has increased across the year which has affected the gas cost. Gas costs increased on average by 10% with a similar increase in the cost of 11%. This increase is down to several factors, the increase in the non-commodity cost also the seasonal shut down of the gas services.

Actions to counteract these increases for 2020/21 are in place with an SOP for the shutdown of the heating systems working in line with the heating seasons this has been produced and will be in effect before the summer shutdown 2020/21. The Trust is to assess the boiler systems settings adjusting the systems where they can be conducive to the ambient internal and external air temperatures. There are also plans to replace any old (10+ year) heating system/boilers with high-efficiency boiler systems and subsequent equipment and increase insulation across the Trust estate.

Finite Resources - Water

After the deregulation of the water in April 2018/19, the Trust has been reviewing the water market and its progression with the foresight of retendering its water services. While the savings are minimal the additional

services which organisations are providing for free are increasing. The Trust is currently going through this process and will be developed in 2020/21.

Performance has been in line with what was expected with the increase in estate and increase in flushing regimes across the Trust. Water has seen a slight increase in usage which has been reflected in the costs.

Finite resource use - Water	2015-16	2016-17	2017-18	2018-19	2019-20
Water volume (m³)	38,797	40,433	36,494	28,359	30,919
Waste water volume (m³)	31,038	32,346	29,195	26,752	29,171
Water and sewage cost (£)	112,727	112,742	101,865	90,961	94,805

CO_2 Emissions (tCO₂e)	2015-16	2016-17	2017-18	2018-19	2019-20
Water related emissions	35	37	33	29	31
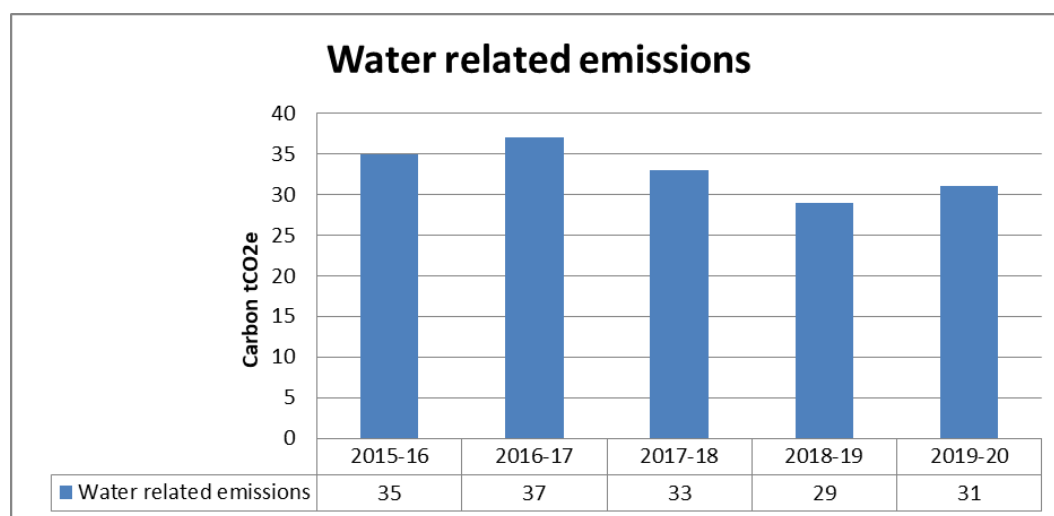
Waste produced

We are committed to using and following The Waste Hierarchy throughout the organisation to minimise our impact on the environment and reduce organisational costs.

The waste hierarchy ranks waste management options according to what is best for the environment.

It gives top priority to preventing waste in the first place. When waste is created, it gives priority to preparing it for re-use, then recycling, then recovery, and last of all disposal (e.g. landfill).

Stages

Prevention - Include using less material in design and manufacture. Keeping products for longer; reuse, using less hazardous materials

Re-use - Checking, cleaning, repairing, refurbishing, whole items or spare parts

Recycling - Turning waste into a new substance or product. Includes composting if it meets quality protocols

Other recovery -Includes anaerobic digestion, incineration with energy recovery, gasification, and pyrolysis which produce energy (fuels, heat, and power) and materials from waste; some backfilling

Disposal - Landfill and incineration without energy recovery

Our everyday business generates numerous waste streams of which the key ones are:-

- General/Domestic Waste
- Dry, mixed recyclable Waste
- Clinical Waste
- Pharmaceutical Waste

The management and disposal of clinical waste continue to be a national challenge with reduced incinerator capacity across the market which impacts the disposal methods currently available. This has had an impact on our organisation and we are no longer able to claim that we are "zero waste to landfill" in terms of our clinical/pharmaceutical waste. Our general waste and recycling contract has been unaffected and is still "zero waste to landfill".

Social Values Report

Last year we took the opportunity to publish and launch our first social values report for 2018/19. It enabled us to demonstrate as well as celebrate that are delivering on our commitment to embed social accounting within the Trust to enable us to demonstrate and measure the impact we make socially on the communities we serve. This development is particularly opportune as success in delivering the Long Term Plan for the NHS and the emerging Primary Care networks is in part predicated on developing an approach to social values.

This year, we will produce a follow up Social Values Annual Report that will also be available on our website. We aim to capture our ongoing work in this sector. The principles of social value allows the Trust to take into account the wider aspects of increasing equality, improving wellbeing and increased environmental sustainability to be considered when making decisions. Accounts of social value estimate the value of changes experienced by people. Calculations include qualitative, quantitative and comparative information in relation to how services/changes affect people's lives.

Social Community and Human Rights

The Trust serves a richly diverse population and works hard to ensure all our services are fair and equally accessible to everyone.

We aim to employ a workforce who is as representative as possible of this population; so we are open to the value of differences in age, disability, gender, marital status, pregnancy and maternity, race, gender reassignment, gender identity, gender expression, sexual orientation and religion or belief.

Our vision, which applies to staff, patients, and

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

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

The Patient and Carer Experience Strategy which runs from 2018 to 2023 includes equality, diversity and inclusion as a golden thread and is woven throughout the document. The strategy delivers our commitment to the Public Sector Equality Duty (PSED) with regard to the Equality Act 2010 and the national NHS Equality Delivery System 2 (EDS2).

A new Equality, Diversity and Inclusion Plan for staff was developed for the year 2019/20 to further outline and progress our commitment to equality, diversity and inclusion in the workplace. The aim of the strategy is to drive our equality agenda by ensuring we are employing and retaining a diverse workforce and developing robust employment practices that are free from discrimination and create equality of opportunity for everyone. In addition, this strategy aims to embrace opportunities to make further improvements to the inclusion of underrepresented groups, such as our work with Stonewall – the leading LGBT+ rights organization.

Through a process of co-production with staff networks the Trust has refreshed its Equality, Diversity and Inclusion Policy in respect of our employment. In addition, through our work with Stonewall the Trust has introduced a Transitioning at Work policy to support staff that are transitioning. The effectiveness of all of these policies is routinely monitored through incidents and other events to ensure that none of our services adversely affect any one section of the communities we serve, or any one of the protected characteristics. In addition, all our policies, transformations and associated documents are equality impact-assessed.

Anti-fraud, bribery and corruption
The Trust has a local counter-fraud specialist and there are policies in place to support counter-fraud and corruption. It is the Trust's policy that all allegations of fraud must be referred to the Trust's Director of Finance.

The Trust has a publicly available Anti-Bribery statement and leaflet on the Trust's public website. In addition, the Trust has an intranet fraud page for staff which refers to bribery. The Audit Committee receives regular updates from the Local Counter Fraud Specialist.

Bribery is also referenced in various policies including the Bribery Prevention Policy, Standing Orders, Scheme of Delegation and Standing Financial Instructions, Local Anti-Fraud, Bribery and Corruption Policy, and Standards of Business Conduct and Managing Conflict of Interest Policy, which includes the requirements around gifts and hospitality that was updated in-year to take account of revised NHS England guidance. In addition, the Bribery Act will continue to be incorporated into all staff fraud awareness literature and presentations.

Emergency Preparedness, Resilience and Response (EPRR) Assurance
All NHS Trusts have a duty to plan for and respond to major, critical and business continuity incidents whilst

maintaining services to patients.

In order to provide assurance that it has addressed this duty, the Trust has reviewed itself against NHS England's core standards for Emergency Preparedness, Resilience and Response and for the sixth year running has rated itself as 'substantially' compliant in 2019.

Overall assessment:	Substantially compliant

The Trust continues to improve care and service safety, resilience and response through a programme of training, testing and learning from incidents internally, through networks and partners.

The Trusts overall assurance rating has been signed off by the Executive Management Team, the Trust Board and shared with the Local Health Resilience Partnership.

Conclusion

We delivered our expected financial performance last year despite national efficiency requirements being applied. This was a positive achievement given the difficulties in identifying further cost improvements. As ever, it was very much a team effort across the whole organisation to deliver this financial performance without compromising patient care. We achieved the majority of our performance targets for the year.

In conclusion, we will continue to face significant financial challenges in 2019/20 and beyond; however, we remain positive that these challenges will be met despite the effort required to do so and the likelihood of having to face some difficult decisions in future.

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

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

Signed: **Date: 24 June 2020**

Chief Executive

Accountability Report

Directors' Report

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

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

The table below provides details of the composition of the Board of Directors throughout the year. During the year there was a change at Board level that is summarised below:

Dean Royles was appointed as a Non-Executive Director from 1 September 2019 replacing Paula Bee who left in August 2019

The Chair of the Board of Directors is Sharon Mays and the Board of Directors is comprised of six Non-Executive Directors (including the Chair) and six Executive Directors (including the Chief Executive). Peter Baren, Non-Executive Director, is the Senior Independent Director. Steve McGowan, Director of Workforce and Organisational Development, is a non-voting member of the Board of Directors.

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

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

The Care Quality Commission undertook a well led inspection in February 2019 and their findings are detailed within the Annual Governance Statement on page 85. Where scope for improvement was found, recommendations were made and appropriate action plans were agreed and implemented

Each Board of Directors sub-committee produces an annual effectiveness review report on its activities,

achievements and plans for the year ahead which is presented to the Board of Directors by the committee chair.

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

The Council of Governors approved an extension to Sharon Mays the Chair's term of office for an additional year which will now end 15 September 2021 and also approved an extension to Peter Baren, the Senior Independent Director's term of office for an additional two years which will now end 31 January 2022.

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

Composition of the Board of Directors			
Non-Executive Directors:			
Name	**Position**	**Appointed to Humber Teaching NHS Foundation Trust**	**Term of office ends**
Sharon Mays	Trust Chair *Chair of Council of Governors* *Chair of Remuneration and Nomination Committee*	16 September 2014	15 September 2021
Peter Baren	Independent Non-Executive Director *Chair of Audit Committee* *Senior Independent Director*	1 December 2013	31 January 2022
Paula Bee	Independent Non-Executive Director *Chair of Charitable Funds Committee up to August 2019*	1 March 2016	31 August 2019
Mike Cooke	Independent Non-Executive Director *Chair of Quality Committee* *Chair of Charitable Funds Committee from September 2019*	1 September 2016	31 August 2022
Mike Smith	Independent Non-Executive Director *Chair of Mental Health Legislation Committee*	1 October 2016	30 September 2021
Francis Patton	Independent Non-Executive Director, *Chair of Finance & Investment Committee* *Chair of Workforce & Organisational Development Committee from March 2019 to January 2020*	1 January 2018	31 December 2020
Dean Royles	Independent Non-Executive Director *Chair of Workforce &*	1 September 2019	31 August 2022

	Organisational Development Committee from February 2020		
Executive Directors			
Michele Moran	Chief Executive	29 January 2017	N/A
Peter Beckwith	Director of Finance	10 March 2017	N/A
John Byrne	Medical Director	1 October 2017	N/A
Hilary Gledhill	Director of Nursing, Allied Health and Social Care Professionals	1 June 2015	N/A
Lynn Parkinson	Chief Operating Officer (COO)	1 October 2018	N/A
Steve McGowan (non-voting)	Director of Workforce & Organisational Development	18 June 2018	N/A

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

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

Executive and Non-Executive Directors have an open invitation to attend the Council of Governors' meetings, the Governor groups and Governor development days that are held. They also receive copies of the Council of Governors' meeting papers, including the minutes. The Chair, supported by the Senior Independent Director, promotes an engaging relationship between the Board of Directors and Council of Governors. Sessions with Board members and Governors take place within the development day meetings which give an opportunity for Governors to engage with Executive and Non-Executive Directors. There has also been regular attendance by Governors at the Board of Directors' public meetings. A Governor, Non-Executive and Executive Knowledge and Engagement visit programme to inpatient units, services and teams is also in place.

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

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

Trust performance was closely monitored during the year by the Board of Directors through the presentation of reports and discussion of key performance information at each of its meetings. The Board of Directors acknowledges its responsibility for preparing the Annual Report and Accounts and considers that, taken as a

whole, they are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the Trust's performance, business model and strategy.

The Trust is committed to embedding an integrated approach to managing risk, and recognises that the proactive and continuous management of risk is essential to the efficient and effective delivery of services. The Trust Board has in place a Risk Management Strategy which sets out the Trust's commitment to embedding an integrated approach to managing risk.

The Trust's risk management strategy was reviewed and updated in November 2019. The development of the new three-year Risk Management Strategy has commenced and will be finalised in 2020. It is recognised that a proactive approach to risk management can enable a reduction in harm to patients and staff, assist in creating safer care environments and is essential for the achievement of the organisation's strategic goals as well as the Trust's corporate and clinical The Trust continues to undertake annual self-assessments to identify further areas for improvement within risk management and has developed a risk management action plan as part of its annual risk management report for 2019-2020.

A review was undertaken in 2019/20 as part of the Trust Board strategy sessions to review the definition of the Trust's risk appetite or the level of risk that it is prepared to accept, tolerate, or be exposed to. A revised risk appetite statement was developed following agreement by the Trust Board which defines the level of risk that can be accepted against the Trust's strategic goals. This updated appetite statement has been included in the Trust Risk Management Strategy as part of the review undertaken in November 2019.

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

Regular updates from the Executive Management Team and the Trust's Audit, Quality, Workforce & Organisational Development and Finance and Investment Committees are received by the Trust Board to provide further assurance around the application of risk management within the Trust.

Audit Committee is the Board committee with overarching responsibility for the management of risk within the Trust. The role for the committee is to scrutinise and review the Trust's systems of governance, risks 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, as well as the Trust-wide risk register and Board Assurance Framework, to focus on individual risks and suitability of identified controls.

The Quality Committee, Workforce and Organisational Development Committee and the Finance and Investment Committee are also responsible for risk management within the organisation and have assigned sections of the Board Assurance Framework that are reviewed on a cyclical basis for oversight of risks to achievement of the Trust's strategic objectives. The Quality Committee also receives a register of all of the Trust risks in relation to quality for regular review, and to strengthen the confirm and challenge arrangements around risk management within the organisation. The Workforce and Organisational Development Committee undertakes a similar function as the Quality Committee, but with regards to workforce related risks facing the Trust.

Leadership for risk management across the Trust is provided by the Executive Management Team and is chaired by the Chief Executive. The Executive Management Team gives consideration to the development of systems and processes, with individual directors championing risk management within their own areas of responsibility. The group fulfils the lead function for managing the Trust-wide risk register, reviewing all proposed new risks for

inclusion, monitoring existing risk entries on a regular basis and considering requests for risk de-escalations. Further responsibility extends to the regular review of project risks that pose potential to significantly impact on the delivery of key Trust projects or affect delivery of Trust strategic objectives.

The Operational Delivery Group is chaired by the Chief Operating Officer and considers the risks register at a divisional and directorate level. The group is responsible for ensuring that risk assessments are consistent, timely and that appropriate actions have been taken to manage and mitigate the level of risk. Divisions and Directorate risk registers are cross-referenced to identify any emerging themes or trends in terms of risk, and items can be escalated for the consideration of the Executive Management Team where required.

These arrangements are in place to ensure that the Trust has effective processes for managing all types of risk and that it is making appropriate risk management decisions to enable the organisation to deliver on its objectives.

Enhanced quality reporting
Humber Teaching NHS Foundation Trust uses a 'traffic light' or 'RAG-rating' system to report on performance and quality against selected priorities and key performance indicators (KPIs). This is translated to reflect the organisation's performance on the selected priorities and initiatives and is reported internally at three levels:

Level 1:   Monthly and quarterly performance and quality reports to the Board of Directors via the Integrated Board Performance Report.
Level 2:   Monthly care group reports via a dashboard to the operational care groups and their directors.
Level 3:   Monthly performance reports at team level to service managers and team leaders.

The Trust reports externally to our commissioners via contract activity reporting on a monthly basis which highlights service performance and quality within the organisation.

Reporting processes within the Trust ensure that it can effectively monitor its clinical processes and activity through performance and quality reporting that trigger alerts when issues are identified. It also allows for the analysis of root causes of problems by considering timely information gathered from different sources at various levels of the Trust. As such, the Trust is able to effectively manage people and processes to improve decisions, be more effective in service delivery and deliver better quality services.

The Trust continues to focus its performance reporting to Board on key performance indicators aligned to the organization's strategic goals. Information is presented using Statistical Process Charts (SPC) for a number of key indicators, mapped against each of the Trusts Strategic Goals. The use of Statistical Process Charts allows for key performance data to be analysed over a period of time to establish trends in performance. Upper and lower statistical thresholds are utilised to analyse performance and identify where movements in performance are within normal ranges (common cause variation) or require further investigation/understanding (special cause variation). Exceptions are highlighted alongside the Statistical Process Charts and operational commentary is provided for further assurance around performance metrics.

Meetings are held regularly with commissioners, board members, divisional general managers/ divisional clinical leads, service managers and with team leaders and their teams. Internal and external audits are undertaken to ensure our methods of calculation and delivery meet national and local guidelines.

All key NHS Improvement and CQC indicators are reported in the Trusts Integrated Board Performance Report and in divisional dashboards. KPIs that are failing to either meet target or are showing continued downward trajectory (subsequently at risk of breaching a target) are reported by exception on performance indicator returns (PIs). PIs are discussed with operational staff to understand the issues and problems and current action plans are agreed that support the development of services and make improvements that will enable the Trust to meet its contractual obligations.

A new accountability framework has been launched and accountability reviews have been developed and implemented during 2019-20 to further review performance information with divisional leads on a regular basis. The framework mirrors the NHS Single Oversight Framework and monitors key performance indicators (KPIs) and identifies areas for improvement.

More information on the governance arrangements within the organisation can be found in the Annual Governance Statement and the Annual Quality Accounts.

The improvement journey of the Trust was progressed further this year. Our Quality Account, which is provided as part of this report, provides a detailed summary of quality priorities we said we would achieve this year and evidences our delivery against each. In addition, our Quality Account includes statements received direct from our service users.

Quality remains at the heart of everything we do and we will continue on our improvement journey.

The Care Quality Commission

The Care Quality Commission (CQC) carried out its announced scheduled Well-Led inspection of the Trust from 12–14 February 2019.

Following the inspection, the Trust received a full report into the quality of care provided. The overall rating of the Trust was 'Good', the same as our prevision rating. The CQC rated the domains of effective, caring, responsive and well-led as 'good'. The safe domain was rated as 'requires improvement' and work will continue to drive improvement in this area.

The CQC identified a number of actions that the Trust was required to take in order to comply with legal obligations. Further information regarding the CQC inspection can be found in the Annual Governance Statement and the Annual Quality Accounts later in this report.

Financial Requirements

The Trust remains compliant with cost allocations and charging requirements laid down by HM Treasury and did not receive any income from fees and charges in 2019/20 and 2018/19.

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

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

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

Remuneration Report

Annual Statement on Remuneration

The Remuneration and Nomination Committee determines the salaries of the Chief Executive and the other Executive Directors by considering market rates. All directors are on permanent contracts with the Chief Executive and other directors having a six-month notice period. There is no performance-related pay and no compensation for early termination for directors. The Chief Executive has the potential to earn a discretional annual non-consolidated performance-related bonus.

The Council of Governors determines the pay for the Chair and Non-Executive Directors and in so doing takes into account comparative remuneration of other foundation trusts, whilst acknowledging the recent guidance on Chair and Non-Executive pay and the need to 'comply or explain'. They are on fixed term, renewable contracts. There is no performance-related pay and no compensation for early termination. The Chair and Non-Executive Directors did not receive an increase in 2019/20.

The Remuneration and Nomination Committee agreed a cost of living award for the Chief Executive and Executive Directors with effect from 1st April 2019, in line with the pay award of Band 9 of Agenda for Change. The committee reviewed senior pay during the year which resulted in an uplift for the Director of Finance in April 2019, followed by a further benchmarked review in November 2019 where the committee agreed a pay increase of 5% for the Medical Director, Director of Nursing, Allied Health & Social Care Professionals and Chief Operating Officer and an increase of 2% for the Director of Finance and Director of Workforce and OD. This was paid with effect from 1 April 2019.

Policy on Board of Directors Remuneration

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

Details of salaries and allowances paid to the Chair and Non-Executive Directors during 2018/19 and 2019/20 are provided in Table 3. The information included in this table is subject to audit. These allowances are not pensionable remuneration.

TABLE 1   Non-Executive Director Remuneration Policy

Element	Policy
Fee payable	A 'spot fee' which is reviewed annually. The setting of that fee and the subsequent review are undertaken with reference to national benchmarking data and national pay awards (Agenda for Change).
Percentage uplift (cost of living increase)	Reviewed annually by the Remuneration and Nominations Committee taking into consideration national pay awards and financial implications.
Travel	Travel and subsistence expenses are reimbursed and paid with remuneration via payroll.
Pension contributions scheme	Non-Executive Directors do not have access to the NHS Pension.
Other remuneration	None.

Executive Director Remuneration Policy
The Chief Executive and Executive Directors hold permanent Trust contracts with six-month notice periods and standard NHS terms and conditions. The Remuneration and Nomination Committee aims to ensure the executive Board members are fairly rewarded having proper regard to the Trust's circumstances and linked to national advice such as uplift for directors.

When setting the remuneration policy for senior managers the pay and conditions of employees were taken into by comparing relevant director salaries of all equivalent trusts and we set ours at the lower median. After consultation with the successful applicant the relevant salary award was agreed and in line with comparative benchmark.

We did not require NHSI approval as we did not meet the threshold to seek an opinion. All posts with the relevant benchmarks were presented to the Remuneration and Nominations Committee for ratification. The Trust pay and conditions are in keeping with comparative Trusts.

Directors do not receive any bonus-related payments. The Chief Executive has the potential to earn a discretional annual non-consolidated performance-related bonus. Details of the salaries and allowances of the Chief Executive and other Executive Directors during 2018/19 and 2019/20 are shown in Table 3. Details of the pension benefits of the Chief Executive and other Executive Directors are also shown in Table 5. The information in these tables is subject to audit.

The Remuneration and Nomination Committee is not involved in setting the remuneration and terms of service of other managers currently employed within the Trust, with the exception of one senior manager who is on a Very Senior Manager contract. All current senior managers are on permanent contracts with three-month notice periods and standard NHS terms and conditions. The remuneration of these senior managers is based on the NHS-wide job evaluation scheme (known as Agenda for Change) which is uplifted annually by the Executive Management Group in line with the national uplift advised by the Department of Health.

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

TABLE 2   Executive Director Remuneration Policy

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

TABLE 1 SALARIES AND ALLOWANCES OF TRUST BOARD AND OTHER SENIOR MANAGERS (1st April 2019 – 31st March 2020) (subject to audit)

CHAIR AND NON-EXECUTIVE DIRECTORS

Name & Title	2019/20						2018/19					
	Salary (Bands of £5000)	Taxable Benefits (Nearest £100)	Annual Performance Related Bonus (Bands of £5000)	Long Term Performance Related Bonus (Bands of £5000)	Pension Related Benefits (Bands of £2,500)	Total (Bands of £5000)	Salary (Bands of £5000)	Taxable Benefits (Nearest £100)	Annual Performance Related Bonus (Bands of £5000)	Long Term Performance Related Bonus (Bands of £5000)	Pension Related Benefits (Bands of £2,500)	Total (Bands of £5000)
S Mays Chairman	45-50					45-50	45-50					45-50
F Patton Non-Executive Director	10-15					10-15	10-15					10-15
P Baren Non-Executive Director	10-15					10-15	10-15					10-15
P Bee Non-Executive Director (left in September 2019)	5-10					5-10	10-15					10-15
M Cooke Non-Executive Director	10-15					10-15	10-15					10-15
M Smith Non-Executive Director	10-15					10-15	10-15					10-15
D Royles Non-Executive Director (Started in September 2019)	5-10					5-10						
D Crick Non-Executive Director (Left in 2018/19 Financial Year)							0-5					0-5

EXECUTIVE DIRECTORS (subject to audit)

Name & Title	2019/20					2018/19				
	Salary (Bands of £5000)	Taxable Benefits (Nearest £100)	Annual Performance Related Bonus (Bands of £5000)	Pension Related Benefits (Bands of £2,500)	Total (Bands of £5000)	Salary (Bands of £5000)	Taxable Benefits (Nearest £100)	Annual Performance Related Bonus (Bands of £5000)	Pension Related Benefits (Bands of £2,500)	Total (Bands of £5000)
M Moran Chief Executive	145-150	300	30-35	15-17.5	195-200	145-150		30–35	7.5-10	180-185
J Byrne Medical Director	150-155	5,500		47.5-50	205-210	140-145	5,000		10-12.5	155-160
S McGowan Director of Workforce & Organisational Development (from 18th June 2018)	100-105	5,700		7.5-10	115-120	75-80	3,800		62.5-65	140-145
L Parkinson Chief Operating Officer	105-110	9,800		0	115-120*	110-115	5,400		0	115–120
H Gledhill Director of Nursing, Allied Health & Social Care Professionals	110-115			45-47.5	155-160	100-105			10-12.5	110-115
P Beckwith Director of Finance	115-120	7,000		207.5-210	330-335	95-100	5,400		15-17.5	115-120
E Thomas Director of Human Resources & Diversity (Left 30th April 2018)						5-10				5-10

The 2018/19 values for the Chief Operating Officer includes costs charged to the trust during a secondment period, the amount in total does not represent the actual salary received by the individual.

The Benefits in Kind represent the monetary value of the provision of cars. The 2019-20 pension related benefits have been adjusted for employee pension contributions. There were no long term performance related bonuses in either 2019/20 or 2018/19.

Reporting bodies are required to disclose relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce. The banded remuneration of the highest-paid director in Humber Teaching NHS Foundation Trust in the financial year 2019/20 was £175,000 – £180,000. This was 7.1 times the median remuneration of the workforce, which was £24,907, (in 2018/19 it was 7.3 times and the median salary was £24,214). Only one employee earned an amount in excess of the highest paid Board member, with remuneration in the banding £185,000-190,000 (In 2018/19 there was no one exceeding the salary of the highest paid Board member)

The range of salary paid to employees was £15,839 - £187,714 (2018/19 £15,311 - £176,389)

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

TABLE 2   PENSION BENEFITS OF TRUST BOARD AND OTHER SENIOR MANAGERS (1ˢᵗ April 2019 – 31ˢᵗ March 2020) (subject to audit)

EXECUTIVE DIRECTORS

Name and Title		Real increase in pension at age (bands of £2500) £000	Real increase in pension lump sum at pension age (bands of £2500) £000	Total Accrued pension at pension age at 31 March 2020 (bands of £5000) £000	Lump sum at pension age related to accrued pension at 31 March 2020 (bands of £5000) £000	Cash Equivalent Transfer Value at 1 April 2019 £000	Real Increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 31 March 2020 £000
M Moran	Chief Executive	0-2.5	5.0 – 7.5	65 – 70	200 – 205	1437	56	1549
J Byrne	Medical Director	2.5-5	0- 2.5	15 – 20	15 – 20	207	29	263
S McGowan	Director of Workforce & Organisational Development	0-2.5	0	5 – 10	0	53	1	69

L Parkinson Chief Operating Officer	0	0	50 – 55	160-165	1535	0	1152
H Gledhill Director of Nursing, Allied Health & Social Care Professionals	2.5-5	7.5 – 10	25 – 30	85 - 90	604	61	696
P Beckwith Director of Finance	10-12.5	0	60-65	0	659	143	835

Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the members' accrued benefits and any contingent spouse or civil partner's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves the scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures include the value of any pension benefits in another scheme or arrangement, which the individual has transferred to the NHS pension scheme and any additional benefits accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period. The Current CPI applied to Pensions is 2.4%.

The pension benefits and CETV's do not take account of any potential future adjustments that may arise as a result of the Court of Appeals judgement in the McCloud legal challenge.

The CETV values shown for 31 March 2019 and at 31 March 2020 may have been calculated on different methodologies due to the introduction of GMP equalisation. Where this is the case there may be an impact on the value of the real increase in CETV.

Remuneration and Nomination Committee

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

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

The Committee considers the approval of any new or replacement Board-level appointments, taking into account job descriptions/person specifications and proposed remuneration packages using NHS benchmarks and relevant Very Senior Managers guidance. Appointments are made using robust recruitment and selection processes which include stakeholder sessions and a formal panel interview. Appointments are then ratified by the committee.

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

Policy on Board Remuneration

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

Four meetings of the Remuneration and Nomination committee were held during the period of this report and details of attendance are presented in the Board of Directors' attendance table on page 65. The terms of reference for the committee are available on the Trust's website or from the Trust Secretary.

Michele Moran
Chief Executive

Date: 24 June 2020

Staff Report

Staff costs

	Permanent £000	Other £000	2019/20 Total £000	2018/19 Total £000
Salaries and wages	79,726	6,414	**86,140**	78,849
Social security costs	7,778	-	**7,778**	7,347
Apprenticeship levy	393	-	**393**	367
Employer's contributions to NHS pension scheme	14,351	-	**14,351**	9,550
Pension cost - other	262	-	**262**	238
Other post-employment benefits	-	-	**-**	-
Other employment benefits	-	-	**-**	-
Termination benefits	-	-	**-**	-
Temporary staff	-	4,145	**4,145**	2,190
Total gross staff costs	**102,510**	**10,559**	**113,069**	**98,541**
Recoveries in respect of seconded staff	-	-	**-**	-
Total staff costs	**102,510**	**10,559**	**113,069**	**98,541**
Of which				

Costs capitalised as part of assets*	-	-	**-**	451

For 2019/20 all staff costs where charged to revenue with recharges were made to the capital programme based on the proportion of time staff spent supporting capital projects.

Average number of employees (WTE basis) (subject to audit)

	Permanent Number	Other Number	2019/20 Total Number	2018/19 Total Number
Medical and dental	60	15	**75**	50
Ambulance staff	-	-	**-**	-
Administration and estates	701	16	**717**	488
Healthcare assistants and other support staff	214	8	**222**	619
Nursing, midwifery and health visiting staff	1,136	164	**1,300**	881
Nursing, midwifery and health visiting learners	-	-	**-**	1
Scientific, therapeutic and technical staff	166	7	**173**	248
Healthcare science staff	-	-	**-**	-
Social care staff	78	-	**78**	82
Other	-	-	**-**	-
Total average numbers	**2,355**	**210**	**2,565**	**2,369**

Of which:

Number of employees (WTE) engaged on capital projects	-	-	**-**	3

Breakdown of Staff	Male	Female
Directors	3	3
Senior managers	117	70
Employees	495	2175

Information on the remuneration of the directors and on the expenses of the governors and the directors						
	2019/20			**2018/19**		
	Governors	**Directors**	**Total**	**Governors**	**Directors**	**Total**
The total number of [governors / directors] in office	25	14	39	25	13	38
The number of [governors / directors] receiving expenses in the reporting period and	12	12	24	12	12	24
The aggregate sum of expenses paid to [governors / directors] in the reporting period.	£1,773	£15,728	£17,501	£2,196	£17,991	£20,187

Staff Sickness Absence

The DHSC are not providing staff sickness absence figures in the Cabinet Office format for this calendar year. However, we have provided a summary of financial year data for 1 April 2019 to 31 March 2020 and 2018/19 in our report this year along with the previous year's DHSC information

	2019/20 (1/4/19-31/3/20)	**2018/19** (1/4/18-31/3/19)	**2018/19** *DHSC information from 2018/19 report Calculated on a calendar year basis*

5

Total FTE Days Lost	45,250.15	43,486.46	26,077
Total FTE Days Available (Years)	2,389.73	2,303.74	2,265
Average Sick Days per FTE	18.94	18.88	12
DHSC Staff Sickness Absence figures rates calculated on a calendar year basis for 2018/19			
Trust Staff Sickness Absence figures provided for financial years 1April-31March 2019-20 and 2018-19			

Further information may be available via this link throughout the year:
https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates/october-2019-to-december-2019-provisional-statistics

Workforce

Social Community and Human Rights

The principles of the NHS Constitution recognise that the NHS is dependent upon its staff and that only when staff feel valued and supported that patients receive excellent care.   Research clearly demonstrates a relationship between staff engagement, patients and organisational outcome measures, such as staff absenteeism and turnover, patient satisfaction and mortality. The more engaged staff members are, the better the outcomes for patients.

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

The framework sets out behavioural expectations that our staff and patients feel are important to them. These behaviours are not those you would necessarily find in a job description but more about the way we approach our work.

These include:

- Putting patients at the centre of what staff do
- Listening
- Considering impact on others
- Learning from mistakes and successes
- Recognising diversity and celebrate this
- Taking ownership of decisions and choices
- Seeking clarity when needed
- Be understanding of other's views and ideas
- Be friendly and welcoming
- Apologising when a mistake is made
- Sharing intentions with others
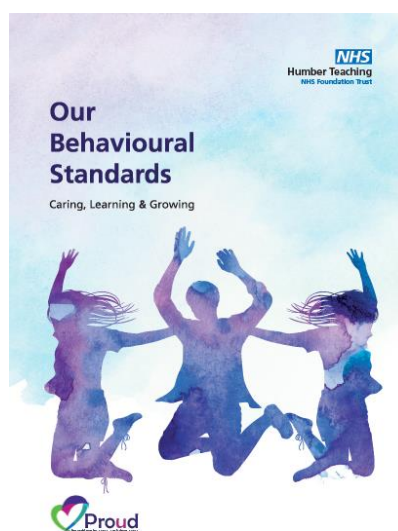
As a Trust we have invested in the **PROUD** programme 'investing in you, valuing you' our programme of organisational development with staff at the heart of it. We have:

Staff Policies and actions applied during the Financial Year

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

  The Trust's Recruitment & Selection policy gives full and fair consideration to applications for employment received from disabled persons, having regard to their particular aptitudes and abilities and recognising the Disability Confident Employer accreditation and NHS Employment Standards. Along with a policy for Recruitment and Selection, the Trust provides training and guidance to recruiting managers. There are future plans to enhance recruitment and selection for the Trust with the introduction of TRAC Recruitment System to support managers and the candidate experience and to support a reduction in the time to recruit.

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

  The Trust has a Sickness Absence Policy and Toolkits and this reinforces support available to staff. To support staff to remain at work the policy enables managers to engage with staff with long term conditions, giving consideration to reasonable adjustments and redeployment where required. The Trust has a SEQOHS accredited in-house Occupational Health Service providing support and advice to employees and Managers and there are policies in place to support the services. These include Occupational Health Nurse specialists, a back care specialist as well as access to counselling provision. There are further developments underway to support staff to remain in work including the provision of MSK physiotherapist services and intensive counselling support.

  The Trust has a Flexible Working Policy and Special Leave Policy to support employees in continuing in employment and managing work life balance.

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

  The Trust has an Equality, Diversity & Inclusion policy with a requirement for all Managers and employees to adhere to and as part of the mandatory training package all staff are required to undertake training on equality and diversity.

  All policies that affect staff are subject to an Equality Impact Assessment and trade unions are involved in the development of both new and revised policies through the Trust Consultation & Negotiating Committee.

  The Trust has a refreshed Appraisal Policy which sets out clear expectations to support Talent Management and succession planning for the Trust.

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

  The Trust communicates with staff on a regular basis through email bulletins which include weekly EMT News Headlines, Midweek Global and Midday Mail and Humber Proud staff newsletter. There is also a monthly 'Board Talk' newsletter and regular face-to-face meetings with staff. The Trust also publishes a Blue Light Alerts and Practice Notices to raise awareness on clinical matters.

  Monthly trade union meetings take place through the Trust Consultation and Negotiation Committee (TCNC).

  Management and clinical supervision is encouraged and there are policies in place to support the sharing of information with staff on a 1:1 basis.

The Trust has a 'Freedom to Speak up Guardian'. Their roles and the procedures for raising concerns are promoted across the Trust.

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

  The following details the approach taken to ensuring consultation and information sharing takes place with staff and/or the representatives:

  - Participation in the quarterly Staff Friends and Family Survey and the production of local surveys to establish the views of employees and formulates action plans based upon the findings from the National Survey.
  - Learning the lessons events that take place for staff to attend to update their knowledge.
  - Opportunities to meet with the Chief Executive with regular 'meet Michele' sessions with staff across the Trust in a number of geographical locations. This is an opportunity for staff to raise questions with the Chief Executive in a forum style approach.
  - A Senior Leadership Forum and a newly developed Leadership Forum and together these support mangers with updates and information in relation to developments in the Trust.
  - Staff Governors on the Council of Governors who meet with the Chair every 6 weeks and have the opportunity to discuss staff engagement and health and wellbeing. Staff governors also meet with a number of executive directors and are involved in organisational development work.

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

  There are:
  - Bi-monthly Trade Union meetings to share information on Trust's performance
  - Bi-monthly Senior Leadership and Leadership Forums where information on Trust performance is shared.
  - Staff Engagement & Health & Wellbeing Group made up of staff representatives across the Trust to inform and identify opportunities to support the health and wellbeing of staff to aid improvement in performance.
  - Equality, Diversity and Inclusion Group to share development and performance on equality and diversity such as the Workforce Race Equality Scheme and the Workforce Disability Equality Scheme as well as results from the national staff survey.

  There is also an established Workforce and Organisational Development Committee which is a sub-committee of the Trust Board providing strategic overview and assurance to the Trust Board and there is an effective system of governance and internal control across workforce and organisational development that supports the Trust to deliver its strategic objectives and provide high quality care to patients.

  As part of the recruitment process for staff within the Trust all staff are encouraged to be active members of the Trust and an Annual Members Meeting is held for all members of the Trust to attend.

  Information on the findings and feedback of the Staff Friends and Family Survey and the National Survey is shared with staff.

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

- **Actions taken in the financial year to encourage health and wellbeing for employees.**

  The Trust has an internal Occupational Health Service providing accessible support and advice on wellbeing matters for all trust staff. The Service provides opportunities for staff to attend appointments across key geographical areas. Employees have the opportunity to make a direct self-referral to the Service for further

support and signposting.

Through the Trust's Staff Engagement and Health and Wellbeing Group a plan developed with the aim of supporting staff engagement, health and wellbeing and this is linked with the outcomes of the National Staff Surveys

- The Trust has a well-established Leadership Forum and this has been refreshed to make sessions more interactive and focused on key priorities and challenges.

- The Trust is in its second year of a Reward Scheme designed to give staff an additional day of annual leave (pro rata) if they undertake all of their statutory and mandatory training, completion of their appraisal and have received their flu vaccination if they are working within a clinical area.

- The Trust has a well-developed Staff Employee of the Month scheme and Annual Staff Awards event in addition to quarterly awards for long service and retirement.

- **Actions taken to provide information on policies and procedures with respect to counter fraud and corruption**

The Trust's counter fraud activity plays a key part in deterring risks to the organisation's financial viability and probity. An annual counter fraud plan is agreed by the audit committee which focuses on the deterrence, prevention, detection and investigation of fraud. Staff are actively encouraged actively promote the mechanism for staff to report any concerns about potential fraud, bribery or corruption. All concerns of fraud, bribery and corruption are investigated by the counter fraud team and the outcome of all investigations are reported to the audit committee.

- The Counter Fraud Plan was reviewed and approved by the audit committee and the local counter fraud specialist (LCFS) presented regular reports throughout the year detailing progress towards achievement of the plan, as well as summaries of investigations undertaken.

- Local anti-fraud and corruption policy reviewed and refreshed during the year and relaunched to staff for information and to encourage reporting.

- Presentations have been given to staff groups to raise awareness and a suite of fraud awareness videos and other material distributed to all staff via global email.

- The trust intranet and website have been updated throughout the year with fraud awareness information, posters and newsletters.

- Counter fraud alerts have been distributed to relevant staff for information and action.

- **Actions taken to Develop New Roles and Develop our Staff into hard to Recruit roles**

  o There are challenges facing the attraction and retention of certain posts and a Hard to Recruit to Task and Finish Group has been developed to address the challenges with a focus on how we recruit to our most difficult to recruit to roles and how we develop new roles.

There is also an initiative for hard to recruit roles with a financial incentive to any staff member who introduces to the Trust a successful candidate for a hard to recruit to post. The candidate would also receive a financial incentive.

There are now over 100+ Apprentices supported through the Apprenticeship Levy and this continues to grow.

In conjunction with Hull University supports a Trainee Clinical Psychologist Programme and currently offers employment opportunities to 44 students as part of their training and qualification requirements.

Occupational Health

There is an Occupational Health service which and provides a service internally and externally to other organisations.

The service offers confidential and independent support on pre-employment health screening, health referrals, vaccinations, back care support and counselling.

The Occupational Health Service drives forward the national flu campaign for the Trust and in 2019/20 was successful in improving the take up of the flu vaccines to 78.3% of Trust's front line Health Care Workers had opted to have the flu vaccination by the end of the campaign compared to 71.6% in 2018/19 and 61.2%% in 2017/18.

Health and Safety

The Trust's Health and Safety department supports the Health and Wellbeing agenda with regular stress audits across the Trust.

Staff Survey

The NHS Staff Survey is predominantly aimed at NHS organisations, to inform local improvements in staff experience and well-being. Nationally, the NHS Staff Survey results provide an important measure of performance against the pledges set out in the NHS Constitution. The Constitution outlines the principles and values of the NHS in England, setting out a number of pledges that define what staff should expect from NHS employers.

The Trust's Workforce and Organisational Development Strategy, along with the Communication Strategy, supports continued improvement to staff engagement, which is measured in the national annual Staff Survey and the Staff Friends and Family Test (FFT).

The Strategy is underpinned by a plan of work that supports development in the following areas:

Attract, Recruit and Retain Staff	Provide tools to support staff productivity	Coaching and Mentoring
Promote Equality, Diversity and Inclusion	Development of Staff for the future	Behavioural Standards
Talent Management	Leadership and Management Development Programme	Staff Health Wellbeing and Engagement
	Workforce Transformation	

Summary of Performance of the Trust NHS Staff Survey

Statement of approach to Staff engagement

In alignment with of the Trust's six Strategic Goals there has been the introduction of a Workforce and OD Committee which is a sub-committee of the Trust Board. The Committee has the overall purpose to provide strategic overview assurance to the Trust Board that there is an effective system of governance and internal control across workforce and organisational development.

The Trust has taken the following actions to support staff engagement particularly as part of the staff survey response with clear visual communications of the staff survey outcomes to enable staff across the Trust to respond to the outcomes in their care divisions and corporate areas by encouraging discussion and focus groups that will see changes that are owned and embedded.

These include:
- o Clear communications to staff on the outcomes of the staff survey through information including emails and other methods of sharing information with staff such as briefings and the staff newsletter. This approach which will enable areas to own their results by encouraging discussion and focus groups that will see changes owned and embedded
- o Clear communications and engagement with staff on the proposed actions following the response to the staff survey
- o Provision of information to staff representatives through our Trade Union Consultation and Negotiation Committee
- o Provision of information to our Senior Leadership Forum and Leadership Forums
- o Detailed information and support provided to the Care Divisions and Corporate areas including the 10 engagement scores for their directorate areas
- o Provision of information engagement with the Health, Wellbeing and Engagement Group and aligning with the plan of work for the group
- o Provision of information to the Equality, Diversity and Inclusion Group and aligning with a plan of work for the group.

The NHS staff survey is conducted annually. From 2018 onwards the results from questions have been grouped to give scores in ten indicators. The indicator scores are based on a score of 10 for certain questions with the indicator score being the average of those.

The 2019 National Staff Survey was conducted between October and November 2019. The response rate to the 2019 survey among Trust staff was 40% (2018 45%). Scores for each indicator together with that of the survey benchmarking group (Combined Mental Health, Learning Disability and Community Trusts) are presented below:

	2019/20		2018/19		2017/18	
	Trust	Benchmarking Group	Trust	Benchmarking Group	Trust	Benchmarking Group
Equality, Diversity and inclusion	9.2	9.1	9.3	9.2	9.2	9.2
Health and Wellbeing	5.9	6.1	5.8	6.1	6.0	6.1
Immediate Managers	6.9	7.2	7.0	7.2	6.5	7.1
Morale	6.1	6.3	6.0	6.2	n/a	n/a
Quality of Appraisals	5.0	5.7	4.8	5.5	4.5	5.4
Quality of Care	7.2	7.4	7.2	7.4	6.9	7.4
Safe Environment – Bullying and Harassment	8.2	8.2	8.1	8.2	7.9	8.3
Safe Environment – violence	9.5	9.5	9.4	9.5	9.3	9.5
Safety Culture	6.6	6.8	6.5	6.8	6.1	6.7
Staff Engagement	6.7	7.1	6.7	7.0	6.4	7.0
Team Working	6.7	6.9	6.6	6.9	6.3	6.9

Future Priorities

The Leadership team is committed to ensuring there are improvements against the priority areas and to monitor this there will be regular updates from senior managers and professional leads and the priorities will be aligned to individual appraisal objectives to support improvement.

The approach to this will be through a number of forums including the Senior Leadership Forum, Leadership Forum, Health, Wellbeing and Engagement Group, Equality, Diversity and Inclusion Group, Trade Union Consultation and Negotiation Committee and the Workforce and OD Committee as well as information provided to operational areas and staff groups.

The Trust launched a revised Appraisal Policy in 2019, supported by development sessions on delivering quality appraisals and the Trust's PROUD Programme will support the improvements to the appraisal process.

The Trust continues to work with senior leaders, its employees, trade unions, governors and feedback from our patients to make improvements on our future survey outcomes.

Learning and Development

The Trust has a Learning and Development Service, providing opportunities for training and development for all our staff. There is access to a wide range of mandatory and statutory training through both face to face and e-learning packages.

Within the service there is a Clinical Skills Team, who continues to work across the Trust delivering and developing clinical skills training to support the diverse range of services.

Learning programmes are designed by subject specialists and developed in line with clear aims, objectives and suitable audience information. This allows additional learning needs to be identified. Programmes are developed to include: NICE guidelines; Professional standards (NMC, HCPC, GMC); and National standards from HEE. Other specialist courses are developed in line with requirements from regularity bodies as well as legislative requirements. Reviews of Datix reports and SUI's investigations are carried out involving Learning & Development which helps to inform updates to training.

Training is delivered to accommodate a range of learning styles and previous learning experience; trainers are happy to flex programmes where required so that those who require additional support are not left behind the

group and those who are more experienced or able to progress more quickly are stretched to meet their capabilities.   Many training courses are dual facilitated which allows for this approach.

Trainers work with teams and service managers to allow regular communication regarding staff learning need. All Trust staff receive an annual Appraisal which includes identification of training needs. In addition teams are requested to compile an annual training plan which considers the specific needs of the team, the staff and particular client group. The plan is submitted to the Learning Centre to help plan course development.

Gender Pay Gap Report

Equal pay deals with the pay differences between male and females who carry out the same jobs, similar jobs or work of equal value. It is unlawful to pay people unequally because of their gender. Humber Teaching NHS Foundation Trust supports the fair treatment and reward of all staff irrespective of gender or any other protected characteristic. In producing this report we recognise that we have more to do to reduce the gender pay gap and we remain committed to a workplace that respects and harnesses equality and diversity. We will work to improve the gender pay gap by undertaking the actions set out at the end of this report.

Information on the Trusts 2019 Gender Pay Gap report can be found on the Trust website at https://www.humber.nhs.uk/Documents/Trust%20Gender%20Pay%20Gap%20Report%202019.pdf

Details of the Trusts Gender Pay Gap reporting to the Cabinet office can be found at https://gender-pay-gap.service.gov.uk/Employer/MR7rAEq0/2019

Exit packages

During 2019/20 Humber Teaching NHS Foundation Trust undertook a Mutually Agreed Resignation Scheme (MARS)

(NB initial payment offset by recurrent savings within the financial year)

Exit package cost band (including any special payment element)	Number of compulsory redundancies **Number**	Number of other departures agreed **Number**	Total number of exit packages **Number**
<£10,000	-	9	**9**
£10,000 - £25,000	-	4	**4**
£25,001 - 50,000	1	2	**3**
£50,001 - £100,000	-	-	**-**
£100,001 - £150,000	-	-	**-**
£150,001 - £200,000	1	-	**1**
>£200,000	-	-	**-**
Total number of exit packages by type	**2**	**15**	**17**
Total cost (£)	£227,000	£205,000	**£432,000**

Reporting of compensation schemes - exit packages 2018/19

Exit package cost band (including any special payment element)	Number of compulsory redundancies **Number**	Number of other departures agreed **Number**	Total number of exit packages **Number**
<£10,000	-	-	**-**

	£10,000 - £25,000	-	-	-
£25,001 - 50,000	-	-	-
£50,001 - £100,000	-	-	-
£100,001 - £150,000	-	-	-
£150,001 - £200,000	-	-	-
>£200,000	-	-	-
Total number of exit packages by type	**-**	**-**	**-**
Total resource cost (£)	£0	£0	**£0**

Exit packages: other (non-compulsory) departure payments

	2019/20		2018/19	
	Payments agreed	**Total value of agreements**	**Payments agreed**	**Total value of agreements**
	Number	**£000**	**Number**	**£000**
Voluntary redundancies including early retirement contractual costs	-	-	-	-
Mutually agreed resignations (MARS) contractual costs	15	205	-	-
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	-	-	-	-
Exit payments following Employment Tribunals or court orders	-	-	-	-
Non-contractual payments requiring HMT approval	-	-	-	-
Total	**15**	**205**	**-**	**-**
Of which:				
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	-	-	-	-

Off-payroll arrangements

To ensure adherence to HM Treasury requirements in respect of tax and national insurance for public sector appointees, we have arrangements in place for the appropriate use of external contractors where engagements last for six months or more and the daily rate exceeds £245. These arrangements apply when we contract with an individual through an intermediary company, and also where the contract is direct with an individual, and provides the appropriate assurances that the independent contractor is complying with their income tax and national insurance obligations. The Trust's current position is presented below:

For all off-payroll engagements as of 31 Mar 2020, for more than £245 per day and that last for longer than six months

	Number of engagements
Number of existing engagements as of 31 Mar 2020	11
Of which:	
Number that have existed for less than one year at the time of reporting	9
Number that have existed for between one and two years at the time of reporting	2
Number that have existed for between two and three years at the time of reporting	-
Number that have existed for between three and four years at the time of reporting	-
Number that have existed for four or more years at the time of reporting	-

For all new off-payroll engagements, or those that reached six months in duration, between 01 Apr 2019 and 31 Mar 2020, for more than £245 per day and that last for longer than six months

2019/20

	Number of engagements
Number of new engagements, or those that reached six months in duration between 01 Apr 2019 and 31 Mar 2020	11
Of which:	
Number assessed as within the scope of IR35	-
Number assessed as not within the scope of IR35	11
Number engaged directly (via PSC contracted to trust) and are on the trusts payroll	-
Number of engagements reassessed for consistency/assurance purposes during the year	-
Number of engagements that saw a change to IR35 status following the consistency review	-

For any off-payroll engagements of board members, and/or senior officials with significant financial responsibility, between 1 Apr 2019 and 31 Mar 2020

2019/20

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

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

Table 1: Relevant union officials

Number of employees who were relevant union officials during the relevant period	*Full-time equivalent employee number*
26 Trade Union Representatives	24.49 FTE

Table 2: Percentage of time spent on facility time

Percentage of time	*Number of employees*

Percentage of time	Number of employees
0%	7
1-50%	19
51%-99%	0
100%	0

Table 3: Percentage of pay bill spent on facility time

First Column	Figures
Provide the total cost of facility time	£15,872
Provide the total pay bill	£108,942,000
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.014%

Table 4: Paid trade union activities

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100 0% NB *Staff side have not declared any trade union activities for this period*	

Code of Governance

Humber Teaching NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code revised in 2018. Schedule A to the Code of Governance sets out the requirements in six categories and the Trust's response and declarations for each area are below. All statutory requirements as per category 1 of Schedule A of the Code of Governance have been complied with, if appropriate in the year.

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

During the financial year 2019/20 the principles of the code were applied and requirements met. Schedule A of the Code of Governance sets out the requirements in six areas and the response and declaration from the Trust for each area is included in the table below.

As per section 1 of Schedule A of the Code of Governance, all statutory requirements have been complied with, if appropriate.

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

Code of Governance Reference	Requirement
A.1.1	The schedule of matters reserved for the board of directors should include a clear statement detailing the roles and responsibilities of the council of governors. This statement should also describe how any disagreements between the council of governors and the board of directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the board of directors and the council of governors operate, including a summary of the types of decisions to be taken by each of the boards and which are delegated to the executive management of the board of directors. Comply – SFIs - Board of Directors **–** P62-64 & P70-74
A.1.2	The annual report should identify the chairperson, the deputy chairperson (where there is one), the chief executive, the senior independent director (see A.4.1) and the chairperson and members of the nominations, audit and remuneration committees. It should also set out the number of meetings of the board and those committees and individual attendance by directors. Comply – Board of Directors – p64 and P65 - 69
A.5.3	The annual report should identify the members of the council of governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead governor. Comply – Council of Governors – p74
B.1.1	The board of directors should identify in the annual report each non-executive director it considers to be independent, with reasons where necessary. Comply - Board of Directors – p65-67
B.1.4	The board of directors should include in its annual report a description of each director's skills, expertise and experience. Alongside this, in the annual report, the board should make a clear statement about its own balance, completeness and appropriateness to the requirements of the NHS foundation trust. Comply - Board of Directors – p65

B.2.10	A separate section of the annual report should describe the work of the nominations committee(s), including the process it has used in relation to board appointments. Comply – Board of Directors – p39
B.3.1	A chairperson's other significant commitments should be disclosed to the council of governors before appointment and included in the annual report. Changes to such commitments should be reported to the council of governors as they arise and included in the next annual report. P69 Comply – register of interest is publicly available for the Chair and all those on the Board of Directors. It is presented at each meeting of the Board of Directors. P68
B.5.6	Governors should canvass the opinion of the trust's members and the public, and for appointed governors the body they represent, on the NHS foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the board of directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied. Comply – Council of Governors – p72-73
B.6.1	The board of directors should state in the annual report how performance evaluation of the board, its committees, and its directors, including the chairperson, has been conducted. Comply – Board of Directors – p61
B.6.2	Where there has been external evaluation of the board **and/or governance of the trust**, the external facilitator should be identified in the annual report and a statement made as to whether they have any other connection to the trust. Comply as required – Board of Directors – None undertaken
C.1.1	The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS foundation trust's performance, business model and strategy. Directors should also explain their approach to quality governance in the Annual Governance Statement (within the annual report). Comply – Board of Directors – p36 External Auditors responsibilities – p64 Annual Governance Statement – p79
C.2.1	The annual report should contain a statement that the board has conducted a review of the effectiveness of its system of internal controls. Comply – Annual Governance Statement –p79
C.2.2	A trust should disclose in the annual report: (a) if it has an internal audit function, how the function is structured and what role it performs; or (b) if it does not have an internal audit function, that fact and the processes it employs for evaluating and continually improving the effectiveness of its risk management and internal control processes. Comply –Audit Committee –p85
C.3.5	If the council of governors does not accept the audit committee's recommendation on the appointment, reappointment or removal of an external auditor, the board of directors should include in the annual report a statement from the audit committee explaining the recommendation and should set out reasons why the council of governors has taken a

	different position. Comply - not applicable	
C.3.9	A separate section of the annual report should describe the work of the audit committee in discharging its responsibilities. The report should include: • the significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed; • an explanation of how it has assessed the effectiveness of the external audit process and the approach taken to the appointment or re-appointment of the external auditor, the value of external audit services and information on the length of tenure of the current audit firm and when a tender was last conducted; and • if the external auditor provides non-audit services, the value of the non-audit services provided and an explanation of how auditor objectivity and independence are safeguarded. Comply –Audit Committee – p85	
D.1.3	Where an NHS foundation trust releases an executive director, for example to serve as a non-executive director elsewhere, the remuneration disclosures of the annual report should include a statement of whether or not the director will retain such earnings. Comply –not applicable	
E.1.5	The board of directors should state in the annual report the steps they have taken to ensure that the members of the board, and in particular the non-executive directors, develop an understanding of the views of governors and members about the NHS foundation trust, for example through attendance at meetings of the council of governors, direct face-to-face contact, surveys of members' opinions and consultations. Comply – Board of Directors – p70	
E.1.6	The board of directors should monitor how representative the NHS foundation trust's membership is and the level and effectiveness of member engagement and report on this in the annual report. Comply- foundation trust membership – p75	

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

To comply with section four, re-appointment of the Non-Executive Directors, the Chair will confirm to governors that following formal performance evaluation, the performance of the individual proposed for re-appointment continues to be effective and demonstrates commitment to the role. This action was required during the year when Peter Baren Non-Executive Director was reappointed to the Board of Directors.

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

The Trust complies with all provisions of section six.

External Reviews
A full inspection review of the Trust was undertaken by the CQC as reported earlier. No costs were attached to this review.

Board of Directors Sub-Committees

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

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

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

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

The committee reviewed the Annual Report and Accounts, including the opinion of our External Auditors prior to their submission to Trust Board. The committee approved the annual audit and counter-fraud plans and reviewed all internal and external audit reports.

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

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

Charitable Funds Committee
The Charitable Funds Committee oversees the administration of the charitable funds on behalf of the Trust (charity number 1052727). The committee meets bi-monthly and provides advice to the Board of Directors. The committee is chaired by Mike Cooke, Non-Executive Director following the resignation of Paula Bee during the year. The committee comprises another Non-Executive Director, the Director of Finance, acting as financial trustee, the Charitable Funds Manager and the Financial Services Manager. The method of appointment of trustees is governed by the Trust's standing orders, with the Charitable Funds Committee structure established within its terms of reference.

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

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

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

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

During the year a decision was taken to change the frequency of meetings to bi-monthly in line with other sub committees and this came into effect after the December 2019 meeting.

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

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

The Committee is chaired by Mike Smith, Non-Executive Director and comprises of another Non-Executive Director (who are also designated Associate Hospital Managers), Medical Director, Chief Operating Officer, Deputy Director of Nursing and Quality, Mental Health Act Clinical Manager, Mental Health Legislation Manager, one Consultant Psychiatrist who has recognised particular experience in Mental Health and related legislation, a Local Authority representation

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

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

The Committee also provides the strategic overview of and assurance against clinical and quality governance, clinical risk and patient and carer experience and engagement issues in the Trust as well as:
- providing a strategic overview of Clinical Governance, Risk and Patient Experience to the Board of Directors.
- providing oversight and assurance to the Board of Directors in relation to all activities relating to Quality, Patient Safety and Patient Experience on behalf of the Board.
- providing an assurance to the Trust Board that risks and governance issues of all types are identified, monitored and controlled to an acceptable level.

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

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

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

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

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

The chair of the committee until March 2020 was Francis Patton, Non-Executive Director when Non-Executive Director Dean Royles took over as Chair.

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

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

There were a number of Board of Directors and sub-committee meetings held during the period of this report. The table below shows the attendance by members of the Board of Directors. Some members of the Board of Directors are not members of some of the committees but will attend by request if there is a specific item to be discussed.

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

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

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

Name & Position	Board	Remun-eration and Nomination Committee	Mental Health Legislation Committee	Charitable Funds Committee	Audit Committee	Quality Committee	Finance and Investment Committee	Workforce & Organisati onal Develop-ment Committee	Council of Governors*
Sharon Mays Chair	10/10	5/5	*1**	*1**	*1**	*1**	*5**	*1**	4/4
Michele Moran Chief Executive	10/10	2*	*n/a*	3*	4*	1*	8*	3*	4/4
Peter Baren Non-Executive Director (Senior Independent Director)	10/10	5/5	2/2	4/4	5/5	1*	10/10	3*	4/4
Paula Bee Non-Executive Director (up to 31 Aug 2019)	4/5	2/2	2/2	2/2	n/a	2/3	n/a	n/a	1/2
Mike Cooke Non-Executive Director	10/10	4/5	n/a	2/2	1*	6/6	n/a	5/5	3/4
Mike Smith Non-Executive Director	10/10	5/5	4/4	1*	2/5	5/6	n/a	n/a	4/4
Francis Patton Non-Executive Director	10/10	4/5	n/a	n/a	5/5	*n/a*	10/10	5/5	3/4
Dean Royles Non-Executive Director (from September 2019)	7/7	2/3	2/2	n/a	n/a	2/2	n/a	1/3	1/2
Peter Beckwith Director of Finance	10/10	n/a	n/a	4/4	5/5	n/a	10/10	n/a	4/4*
John Byrne Medical Director	9/10	n/a	4/4	n/a	n/a	5/6	3*	4/5	1/4*
Hilary Gledhill Director of Nursing, Allied Health and Social Care Professionals	9/10	n/a	n/a	n/a	n/a	6/6	n/a	n/a	1/4*
Steve McGowan, Director of Workforce & Organisational Development	10/10	1	n/a	n/a	1*	n/a	n/a	5/5	2/4*
Lynn Parkinson Chief Operating Officer	10/10	n/a	3/4	n/a	1*	4/6	8/10	4/5	3/4*

*denotes optional attendance at committee

External Audit

For 2019/20, the Trust's external auditor was Mazars. No non-audit work was undertaken by Mazars in year.

Mazars have undertaken appropriate tests on the Trust's accounts to ensure they have been completed in

accordance with the appropriate accounting and reporting standards.

Internal Audit
In public sector organisations internal audit work is regulated by the Public Sector Internal Audit Standards, which became effective on 1 April 2013 and govern the way in which all internal audit services operating within the public sector (including the NHS) should undertake their functions with regard to assurance audits and consultancy activity. The standards also support the professional practice of internal audit across the NHS.

AuditOne provides the internal audit service for the Trust. The Director of AuditOne takes a strategic role for overseeing the effective delivery of the audit service at the Trust and the operational element of the service is undertaken by a team led by an audit manager who maintains regular contact with Trust staff. Executive responsibility for the internal audit function lies with the Director of Finance.

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

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

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

Board of Directors: Expertise and Experience

Sharon Mays, Chair (term of office expires 15 September 2021)

Prior to taking up the position of Chair, Sharon served as a governor, Non-Executive Director, Deputy Chair and Senior Independent Director of the Trust. She joined the Board of the Trust in July 2011 and was appointed as Chair of the Trust with effect from September 2014.
Before joining the Board of the Trust, Sharon was a non-executive director of East Riding of Yorkshire Primary Care Trust. Sharon was a member of the Joint Independent Audit Committee of the Police and Crime Commissioner for Humberside and Humberside Police force. She was also the Principal Independent Person for standards investigations undertaken by the East Riding of Yorkshire Council in connection with alleged breaches of the Council's Code of Conduct.

Sharon is a qualified lawyer and prior to her involvement with the NHS was a partner at a locally based commercial law firm where she specialised in property regeneration and other commercial property transactions.

Peter Baren, Non-Executive Director (term of office expires 31 January 2022)

A chartered accountant with a degree in Business Finance, Peter has many years' experience working in organisational finance at the most senior level.

Peter has held group finance controller positions in engineering and manufacturing companies for almost 30 years, with his most recent post being Group Finance Director of Cheshire-based national housebuilder and commercial property developer the Emerson Group from 2001 to 2012.

He serves as a Non-Executive Director with social landlord Beyond Housing Limited and has been a member of the Finance and Capital Development Committee at York St John University.

Paula Bee, Non-Executive Director (left 31 August 2019)

Having originally trained as a physiotherapist, Paula has been involved in the wellbeing of older people throughout her career, which went on to encompass various community roles both in a voluntary and professional capacity. Throughout this time, she developed a passion for enabling people to fulfil their potential. As Chief Executive of Age UK Wakefield District and Vice -Chair of the Age England Association, Paula has been fortunate to be at the forefront of local and national changes that have the potential to alter the experience of ageing for us all.

Paula is also currently active in the development of locally led Voluntary Sector responses within the Health and Social Care economy, working with Commissioner and Provider Boards to effect change.

Mike Cooke, Non-Executive Director (term of office expires 31 August 2022)

Mike Cooke joined Humber Teaching NHS Foundation Trust on 1 September 2016 and is delighted to bring his NHS and wider leadership experience and to help in any way he can to benefit patients, service users and staff. He Chairs the Trust Quality Committee, Charitable Funds Committee and is the Non-executive Director lead for safety and mortality and Board Champion for Research, and has joined the Workforce and Organisational Development Committee.

Mike had a 32-year career in NHS provider leadership roles - half of this time spent as Chief Executive, most recently at Nottinghamshire Healthcare.

Mike was founder and first Chair of the Mental Health Foundation Trust Network and helped set up and then chaired the East Midlands Leadership Academy. He has a long-held interest in health services research and was Special Professor in Healthcare Innovation and Leadership at the University of Nottingham, chaired several research collaborations and networks in the East Midlands and served two terms on The National Advisory Board of the National Institute of Health Research. He was heavily involved in the success of The Institute of Mental Health and is affiliated with the University of York since his move to the East Riding. Mike is a long-term service user and was lead chief executive for ImROC, an important recovery movement across sectors in mental health. He was in 2010 awarded a Commander of The Order of the British Empire for services to mental health.

Mike is Chair of Yorkshire Wildlife Trust, chairs several Advisory Groups to key Applied Research Programmes, works with The University of York, Executive mentor and coach and lives in Storwood on Pocklington Canal.

Mike Smith, Non-Executive Director (term of office expires 30 September 2021)

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

He has an honours degree in law, a Master's in business administration and in 2016 received his third degree - a Master's in mental health law for which he was given a commendation.

Mike has extensive experience in the public and private sectors, has been the president of his local chamber of commerce, serves as a director of the Magna Science Adventure Centre and as an enterprise adviser to a special school in Rotherham where he lives. He is an Associate Hospital Manager for another NHS Foundation Trust and for a private hospital. When not working in the NHS, Mike enjoys travel and horse riding.

Francis Patton, Non-Executive Director (term of office expires 31 December 2021)

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

Francis retired from Punch at the end of 2007 but moved into a series of non-executive roles as well as starting his own PR business with some colleagues and becoming a part-time lecturer at Leeds Beckett University. At present Francis teaches part-time at Leeds Beckett University, is Non-Executive Chair of the commercial arm of SIBA, is Chair of Cask Marque, an accreditation company for quality beer, is a trade advisor for the BII, is Vice Chair and SID for Barnsley Hospital NHSFT, is Chair of Barnsley Facility Services, a wholly-owned subsidiary company of Barnsley Hospital FT, and is part-owner in and director of Fleet Street Communications, one of the top PR agencies in the hospitality and leisure sector.

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

Dean Royles, Non-Executive Director (term of office expires 31 August 2022)

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

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

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

Michele Moran, Chief Executive appointed January 2017

Michele is a nurse, midwife and health visitor by background and has more than 30 years' experience of front-line roles in NHS management and care.

Michele was appointed to the role of Chief Executive at Humber on a permanent basis in February 2017. Prior to her four years as Chief Executive at Manchester Mental Health and Social Care NHS Trust, Michele served as Deputy Chief Executive/Chief Operating Officer/Chief Nurse at Leeds and York Partnership NHS Foundation Trust for seven years.

An ex-chair of the Foundation Trust Network Clinical Leads Network and a member and current Non-Executive Director of the National Skills Academy for Health. Michele has extensive experience in the primary care and acute sectors.

A qualified nurse, mental health nurse and midwife, Michele also has a Master's degree in health services management from the University of Manchester.

Peter Beckwith, Director of Finance appointed 10 March 2017

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

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

Dr John Byrne, Medical Director, appointed 1 October 2017

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

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

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

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

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

Hilary joined the Trust in June 2015 and has over 30 years' experience in the NHS. She qualified as a registered nurse in 1983 and worked as a nurse in acute hospital services and the community before moving into senior quality improvement and nurse leadership roles, gaining experience in community care and commissioning organisations.

Hilary has a working experience of many healthcare sectors and services including prison health, mental health services, ambulance services, hospital and community services.

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

Lynn Parkinson, Chief Operating Officer appointed 1 October 2018

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

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

Born in Bedford, Steve began his career in 1992 at Lincolnshire County Council, working in an HR administrative support role while studying to become a member of the Chartered Institute of Personnel and Development and gain a Master's degree in HR Management.

He then worked as an HR Officer and HR Manager at Cannock Chase District Council before becoming Head of HR at Bromsgrove District Council and then Head of HR Operations and later Head of HR for Regional Collaboration at Lincolnshire Police.

Steve returned to the West Midlands in 2013 to become Head of HR at Walsall Metropolitan Borough Council, where he remained until moving to United Lincolnshire Hospitals NHS Trust as Deputy Director of Human Resources and Organisational Development in 2016.

Register of Directors' Interests

The Register of Directors' Interests is held by the Trust Secretary. It is a public document which can be accessed by contacting the Trust Secretary on 01482 389107 or through the website in the Board papers section. Directors' interests have been fully considered and it has been concluded that there are no such interests which may conflict with their management responsibilities as per the requirements of Monitor's code of governance.

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

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

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

Council of Governors

An annual report is an appropriate time to reflect on the past year; Message from the Lead Governor, Huw Llewelyn Jones

This is my first opportunity to write a message in the Annual Report as Lead Governor having taken up the position this year. I'd like to start by thanking my predecessor, Julie Hastings for embodying the purpose of a Governor, to help improve services for local people.

Governors have an important role in making an NHS foundation trust publicly accountable for the services it provides. We bring valuable perspectives and contributions to the Trust's activities and reflect the interests of our members and the public. This is a really important task and provides a link between key partner organisations and the Trust as well as with the wider public and staff.

As Governors we have the opportunity to appreciate services through a series of visits as well as attending a range of meetings and development sessions. This year we have had the privilege to see up close the skills and abilities of our teams as they deliver the wide range of services across the many locations we cover.

I have been involved in the health service in one way or another since 1987 and over thirty years on I am still amazed and thankful for the professionalism and dedication of the staff working in the NHS and in our partner organisations. I would like to take this opportunity to share my thanks on behalf of the Governors and the communities we represent for their commitment to our patients and service users. It is good to see increased funding now through the mental health programme however there are still pressures in the system in relation to mental health and community services.

During the past 12 months, Governors have continued to contribute in a number of ways such as championing carers and patients as part of the Trust's patient and carer experience work, supported the staff awards and apprenticeship awards, been involved in the development of the Quality Report, contributed to the development of the Trust's operational plan, appointed a new Non-Executive to the Board of Directors and much more.

I would like to shine a light on just some of the developments that we have been involved in as Governors to show how we have reflected the views of constituencies.

One area of focus was to extend the range of autism diagnostic and support services available. These services are now delivered through a formal partnership between the Trust with Matthew's Hub.
We have also tried to shine and increase focus on services to young people and how we can include young people more in our work as a Council of Governors. We have also started to look at how we can improve engagement with our members and this work will continue into next year.

Our Annual Members Meeting is a key opportunity for members of the Trust to see what is being done to improve health and health services. This year it was great to see students from St Mary's College attending the meeting. The meeting is an opportunity to learn more about our services, ask questions about how the Trust is performing, meet members of staff and find out about our plans for the future. It is also an opportunity to meet Governors.

Involvement in the Trust can be at many levels – as a member of the public, as a member of the Trust or standing to become a Governor. Attending our Annual Members Meeting is a great way for anyone to start or continue their involvement. The meeting is also streamed live on youtube. I encourage you to attend or tune in and share your views and suggestions with our Board of Directors and Governors so that we can continue to develop and improve services.

Council of Governors

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

NHS Improvement (NHSI), the organisation that incorporates Monitor, the sector regulator for health services in England, requires foundation trusts to appoint a Lead Governor. Huw Jones was elected for a second term from 1 February 2020

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

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

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

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

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

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

Composition of the Council of Governors	
Public - 14 Governors	6 East Riding of Yorkshire
	4 Hull
	1 Wider Yorkshire and Humber
	2 Service User and Carer
	1 Whitby
Staff - 5 Governors	3 non clinical
	2 clinical
Partner Organisations - 6 Governors	University of Hull
	Humberside Police
	Voluntary Partner
	Hull Local Authority
	East Riding Of Yorkshire Local Authority
	Humberside Fire and Rescue

Council of Governors' Meetings

The Council of Governors met on a quarterly basis, of which the April, July, October and January meetings fell within the 2019/20 reporting period, and also held an Annual Members' Meeting in September. Council of Governors' public meetings are open for members of the public to attend and the meeting dates and papers are published on our website. Governor attendance at these meetings is provided in the table later in this section. Governors are involved in setting the agenda for the Council's meetings. Each meeting, when possible, begins with a patient story which is a presentation by a patient/service area team which allows them to give their views on services and the challenges they may have had to face during their journey.

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

Council of Governors' Sub Committee/Groups

The Council of Governors may not delegate its responsibilities but can choose to carry out its duties through groups, committees or individuals. A subcommittee (statutory requirement) and three governor groups hold meetings which are detailed below:

- Appointments, Terms and Conditions Committee
- Finance, Audit & Strategy, Workforce and Quality Governor Group
- Engaging with Members Governor Group

Appointments, Terms and Conditions Committee

The Appointments, Terms and Conditions Committee met three times during 2019/2020. This committee is chaired by Sam Muzaffar elected governor for East Riding. The group consists of a team of governors and valued support and guidance from Senior Independent Director, Peter Baren. The Director of Workforce and Organisational Development attends, and, when required, invited guests who share their expertise and specialist knowledge. Any decisions made by this group are presented to the full Council of Governors for its approval.

During this year the committee has been involved in the process for re-appointing a Non-Executive Director and extending the term of office for the Chair before their terms of office ended as part of the Trust's forward planning. In addition the committee has been involved in the process for appointing a new Non-Executive Director. In considering these appointments the committee took into account the views of the Board of Directors regarding the skills, experience and qualifications required for these roles. A recommendation for re-appointment was made to

the Council of Governors for approval to re-appoint both the Chair and the Non-Executive Directors on varying terms of office.   Further work is being undertaken by the committee around succession planning for the Non-Executive Directors.

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

Engaging with Members Governor Group

The group meets to ensure we make the most of our membership.   This includes reviewing where we are, how representative our membership is, ways to engage members and make membership more meaningful, enabling members to support and influence the work of the Trust. The group works to identify and deliver actions required to ensure we are able to target any areas for enhancement or improvement.

Finance, Audit, Strategy and Workforce and Quality Governor Group
This group has specific focus on the areas of finance, audit and strategy and workforce and quality. The group meets four times a year as a minimum with meetings split to concentrate on finance, audit and strategy of the Trust, paying particular attention to its financial performance against its own targets and those of the Government. During the year the group was also involved in the appointment of the external auditors.
 The other area which this group concentrates on is workforce and quality.

These meetings are chaired by a Governor and attended by the relevant Non-Executive Director Chair of the Board Sub Committee and the relevant Executive Director.

Governors other activities

During the year governors were involved with the Patient-Led Assessment of the Care Environment (PLACE) inspections and were part of the inspection panels. The visits involved talking to patients about the environment they are in and asking what they think of the food and service they receive. Visits for 2020 will take place later in the year and governors will be again involved.

Some Governors have taken part in the Recovery College Board. Governor champions have been identified to be part of the Patient Experience Group which will take forward the Patient and Carer Experience pledges outlined in the Patient and Carer Experience Strategy.

Governors have taken part in the recruitment process for a new Non-Executive Director during the year either as part of the panel or on the stakeholder groups. Dean Royles was appointed following this process.   Governors have also been involved in the Non-Executive Directors' appraisal process both via the review panels and by submitting their views on their performances.

Governors have been involved in the development of the Quality Report and representatives attended an event to decide what the priorities would be for the coming year. Governors were asked to make comments on the report and those received were published in the Quality Report.

In contributing to the development of the Operational Plan Governors draw on their personal experiences, expertise and liaison with the members that they represent. Governors have continued to participate in a programme of development opportunities over the last 12 months. They have also engaged with members of their constituencies and attended events such as:

- Annual Members' Meeting
- Public Governor meetings with the Chair
- Patient-Led Assessments of the Care Environment (PLACE) assessment visits
- Governor Knowledge and Engagement visits to services
- Public Board of Directors' meetings
- Non-Executive Director recruitment/reappointment
- Involved in Non-executive Director appraisals
- Executive and Non-Executive Director recruitment/reappointment

- Corporate Events at the Trust – Apprenticeship Award ceremony, Staff Awards event which includes judging applications
- Involved in the Patient and Carer Experience forums.
- Involved in the appointment of External Auditors

Staff Governors have attended or been involved with the following:
- Staff Governor meetings with the Chair
- Governor Development Session meetings
- Governor Knowledge and Engagement Opportunities - includes visits to units and observing team meetings in corporate services and community teams
- Involvement in patient and carer experience forums
- Judging panel for staff awards
- Involvement in organisational development work to discuss priorities for the organisational development plans
- Improving / extending relationships with other Governors – understanding the strategic priorities / activities for the Trust better, opportunities for networking in role
- Meeting prospective / new Governors to explain role purpose
- Informally at meetings / training etc. representing role as Staff Governor - explain role & trust strategies, e.g. Health and Wellbeing
- Attendance at staff awards

Bi-monthly Governor development days were held with various topics being discussed including membership and engagement, research & development, organisational development, staff health and wellbeing, Local Health and Care Record Exemplar, behavioural framework and quality indicators. Public, staff and partner Governor meetings also take place with the Chair.

The Board of Directors recognises the importance of ensuring that the Governors have sufficient knowledge and understanding in order to fulfil their roles and therefore supported several Governors to attend a number of external events including Governwell training and regional events. This engagement ensures that all parties maintain an understanding of the views and aspirations of the Trust and its members, and contribute to the future development of the Trust.

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

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

Governors are invited to attend the Trust's public Board of Directors meetings. The Board of Directors meets on a monthly basis (with the exception of August and December) with every meeting held in public. The agenda and supporting papers for the public meetings are published on our website. Details of attendance at these meetings for the period of this report are detailed in another section of this report.

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

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

Council of Governors Members and their Attendance in 2019/20

Name	Constituency	No of Council Meetings attended / possible total	Term of Office ended/s
Current Governors			
Robert Hunt (elected)	Hull Public	2/4	Jan 2020
Eric Bennett (elected uncontested)	Hull Public	4/4	Jan 2022
Suzanne Milan (elected uncontested) resigned Oct 2019	Hull Public		Jan 2022
Sam Muzaffar (elected)	East Riding Public	4/4	Jan 2022
Ros Jump (elected)	East Riding Public	4/4	Jan 2021
John Cunnington	East Riding Public	4/4	Jan 2021
Huw Jones (Lead Governor)	East Riding Public	3/4	Jan 2021
Christopher Duggleby (elected)	East Riding Public	4/4	Jan 2022
Fiona Sanders (elected)	East Riding Public	4/4	Jan 2022
Mike Oxtoby (elected) resigned Jan 2020	Service User and Carer	1/4	Jan 2021
Stephen Christian (elected)	Service User and Carer	0/4	Jan 2021
Doff Pollard (elected uncontested)	Whitby Public	4/4	Jan 2021
Anne Gorman (elected)	Staff non clinical	4/4	Jan 2022
Mandy Dawley (elected)	Staff non clinical	4/4	Jan 2022
Craig Enderby	Staff clinical	3/4	Jan 2023
Sam Grey (elected uncontested)	Staff non clinical	2/4	Jan 2021
Jack Hudson (elected uncontested)	Staff clinical	3/4	Jan 2021
Gwen Lunn (appointed)	Kingston upon Hull City Council	3/4	May 2022
Andy Barber (appointed)	HEY Smile Foundation	2/4	Feb 2021
Governors who left during 2019/20			
Rob Hunt	Hull Public	Term of office ended	
Suzanne Milan	Hull Public	Resigned	
Mike Oxtoby	Service User and Carer	Resigned	

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

Expenses

Governors receive no remuneration for their role. However, the Trust provides appropriate reimbursement, for example to cover travel expenses for governors who participate in events or activities arranged by the Trust. During the period 1 April 2019 to 31 March 2020, a total of 10 Governors claimed reimbursement for expenses. This included those Governors who are no longer in post or who have left during the year. The total cost reimbursed to Governors for this period was £2,198.25 compared to £2,182.34 paid to 11 governors in 2018/19.

Register of Interests

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

Membership

Governor Elections

Elections were held during October/December 2019 for four Governor seats covering three constituencies. The details are below:

- Public – Hull: Two seats were available with two people elected in an uncontested election
- Public – Wider Yorkshire and Humber: one seat was available which was filled in an uncontested election
- Staff: One clinical seat was available which was filled in an uncontested election

A total of 344 new public members joined our Trust during 2019/20, taking our membership total (excluding staff members) to 13,110. The Trust aims to develop its membership to reflect the diversity of services provided and to ensure it is representative of the people it serves. One of the greatest benefits of being a foundation trust is having a vibrant membership that is passionate about the people we care for and the services we provide.

As of 31 March 2020, the Trust had 6,205 in the East Riding, 5,582 in Hull, 786 in the wider Yorkshire and Humber area, 48 in the Whitby area, 59 patient and service users, 2625 staff members and 489 members living outside our catchment area. Our Trust membership is fairly static; however, there are plans to hold more recruitment events within the constituencies to ensure our membership is as representative as possible of the communities we serve. Our staff are broadly representative of the Trust's public membership in numerical terms.

During 2019/20 membership recruitment opportunities were included as part of other events that took place throughout the year including when the Board of Directors meetings were held in different locations and attending patient and carer groups.

The charts below show how membership is made up and the ethnicity profile up to 31 March 2020. While wanting to maintain membership levels in the year, a greater focus has been given to engagement and better understanding the composition of the membership. Every effort will be made to increase our membership.

Membership Size and Movement		
Public Constituency (at 31.3.20)	**2019/20**	**2020/21 (est)**
At year start 1 April	13,297	13,110
New Members	344	300
Members Leaving	531	700
At year end 31 March 2020	13,110	12,710

Staff Constituency (at 31.3.20)	**2019/20**	**2020/21 (est)**
At year start 1 April	2,547	2,625
New Members	358	400
Members Leaving	280	300
At year end 31 March 2020	2,625	2,725

Patient/Carer Constituency (at 31.3.20)	**2019/20**	**2020/21 (est)**
At year start 1 April	69	59
New Members	3	100
Members Leaving	13	15
At year end 31 March 2020	59	144

Analysis of Current Membership*

Public Constituency	Number of Members	Eligible Membership
Age (years)		
0 – 16	0	1,056,844
17 – 21	40	324,859
22+	12,145	3,812,884
Ethnicity		
White	11,790	4,428,220
Mixed	58	82,451
Asian or Asian British	189	379,633

Black or Black British	129	79,498
Other	32	40,101
Gender Analysis		
Male	4,375	2,577,852
Female	8,712	2,639,482

Patient/Carer Constituency	Number of Members	Eligible Membership
Age (years)		
0 – 16	0	0
17 – 21		0
22+	32	0

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

The Trust's members play an important part in our future development and can become involved in services by working with our governors if they wish. Membership is about community engagement and developing our organisation in partnership with the community.

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

One of the greatest benefits of being a foundation trust (FT) is having a membership that can influence the services we provide. We produce a membership magazine, Humber People, which gives information on what is happening within the Trust, patient activities, puzzles and competitions.

Our Membership Plan identifies what members can do including:-

- Support the Trust – by taking part in meetings, giving their feedback on services, suggesting ways the Trust can improve or save money;
- Be informed and kept up to date – by taking part in meetings, via the Trust's members' magazine, *Humber People*;
- Inform the Trust and help shape service development – by sending their views to the Membership Officer, Non-Executive and Executive Directors, and Governors;
- Get involved in voluntary activities – by supporting the Trust's charity, Health Stars, and volunteering to assist the work of services, for example the Recovery College;
- Recruit other members – by talking to people in their own communities, taking part in Trust member recruitment drives in the community;

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

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

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

Tel. 01482 389132

Email. HNF-TR.governors@nhs.net

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

NHS England and NHS Improvement's Single Oversight Framework

The Trust has an Integrated Quality Performance Tracker which reports performance against identified key performance indicators to the Board of Directors on a monthly basis. Indicators reported are based around both the NHS England and NHS Improvement's Oversight Framework and the Care Quality Commission's Intelligent Monitoring Framework (Caring, Effective, Safe, Responsive and Well Led).

Segmentation

Humber Teaching NHS Foundation Trust is recorded as being in Segment 2 by NHS England and NHS Improvement at the time of preparing this annual report.

Finance and Use of Resources

The Finance and Use of Resources theme is based on the scoring of five measures from '1' to '4', where '1' reflects the strongest performance. These scores are then weighted to give an overall score. Given that Finance and Use of Resources is but one of the five themes feeding into the Single Oversight Framework, the segmentation of the Trust disclosed above might not be the same as the overall finance score here.

Area	Metric	2019/20 Q1 Score	2019/20 Q2 Score	2019/20 Q3 Score	2019/20 Q4 Score forecast
Financial sustainability	Capital service capacity	4	4	4	3
	Liquidity	1	1	1	1
Financial efficiency	I&E margin	4	4	4	2
Financial controls	Distance from financial plan	1	1	1	1
	Agency spend	1	1	2	3
Overall scoring		3	3	3	2

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

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require [name] NHS foundation trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of [name] NHS foundation trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

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

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

• make judgements and estimates on a reasonable basis

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

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

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

• prepare the financial statements on a going concern basis.

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

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

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

Signed

Chief Executive   **Date: 24 June 2020**

Annual Governance Statement

Scope of responsibility

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

The Board of Directors through its Audit Committee agreed the Trust's 2019/20 Internal Audit Plan with its internal auditors which consisted of 26 audits that have all been undertaken. The results of these audits culminated in the Head of Internal Audit's opinion on the system of internal control which has been incorporated as part of this statement.

The Purpose of the System of Internal Control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Humber Teaching NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Humber Teaching NHS Foundation Trust for the year ended 31 March 2020 and up to the date of approval of the annual report and account.

Capacity to Handle Risk

The Trust has a comprehensive, integrated framework in place to ensure that a structured control environment is in place where risks are identified, assessed and properly managed, where high standards are safeguarded and

excellence can flourish. To support this, we have a Corporate Risk Manager responsible for the development and implementation of the Trust Risk Management Strategy and framework across the organisation. This role provides dedicated leadership and coordination to development and delivery of the Risk Management Strategy Implementation Plan and leads in the development of information technology solutions to support the intelligent risk management environment.

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

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

All Executive Directors, Divisional General Manager, Divisional Clinical Leads and Managers are responsible for identifying, communicating and managing the risks associated with their portfolios in accordance with the Trust's risk management framework. They are responsible for understanding the approach towards risk management of all key clients, contractors, suppliers and partners and mitigate where necessary, where gaps are found. They are responsible for identifying risks that should be escalated to and from the Trust-wide Risk Register.

Guidance on populating risk registers and managing risk is available to all staff electronically via the Trust intranet. Roles and responsibilities in terms of risk management are incorporated into the Trust Risk Management Policy and Strategy and are also displayed via the intranet on the dedicated Risk Management pages. All staff employed by the Trust are required to attend the mandatory and statutory training that is relevant to their role and to ensure they meet their own continuous professional development requirements. Training covers mandatory requirements and elements that are dependent on the job role.

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

The Risk and Control Framework

Humber Teaching NHS Foundation Trust is committed to embedding an integrated approach to managing risk, and recognises that the proactive and continuous management of risk is essential to the efficient and effective delivery of services. The Trust Board has in place a Risk Management Strategy which sets out the Trust's commitment to embedding an integrated approach to managing risk. The Trust's risk management strategy was reviewed and updated in November 2019. The development of the new three-year Risk Management Strategy has commenced and will be finalised in2020. It is recognised that a proactive approach to risk management can enable a reduction in harm to patients and staff, assist in creating safer care environments and is essential for the achievement of the organisation's strategic goals as well as the Trust's corporate and clinical objectives.

The Trust has undertaken a self-assessment to identify further areas for improvement within risk management and have developed a risk management action plan as part of its annual risk management report for 2019-2020, in an effort to further develop the risk management culture of the organisation.

A review was undertaken in 2019/20 as part of the Trust Board strategy sessions to review the definition of the Trust's risk appetite or the level of risk that it is prepared to accept, tolerate, or be exposed to. A revised risk appetite statement was developed following agreement by the Trust Board which defines the level of risk that can be accepted against the Trust's strategic goals. This updated appetite statement has been included in the Trust Risk

Management Strategy as part of the review undertaken in November 2019.

The management of risks is a key factor in achieving the provision of the highest quality care, requiring the identification, management and minimising of activities or events which could result in unnecessary risks to service users, staff and visitors/members of the public. All of our staff are expected to identify, manage and reduce risk as one of their fundamental duties in an environment of honesty and openness, where mistakes and untoward incidents are identified quickly and dealt with in a positive and responsive way.

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

To ensure risk management is robust, we have used the 'Alarm National Model for Risk Management' to undertake a self-assessment of our 'risk maturity'. We will continue to use this resource as a development tool, identifying areas for improvement, as well as setting and implementing clear plans. A review has commenced in 2020 as part of the development of a refreshed Risk Management Strategy to re-assess the Trust level of 'risk maturity' and to inform any additional actions required to further develop risk managements arrangements within the Trust.

Trust-wide Risks

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

Risk Description	Mitigating Controls	Further Mitigating Actions
Current qualified nursing vacancies may impact on the Trust's ability to deliver safe services and have an effective and engaged workforce	• Recruitment strategy • Issues discussed at STP level around place-based recruitment strategies for hard-to-fill roles across the health sector • Streamlining proposal at STP level reducing time to recruit • Recruitment and retention initiatives. • Skill-mix reviews within Trust services. • Paper to EMT in relation to utilising funds around healthcare, clinical posts, nursing and nursing associate with proposal to take forwards posts and to utilise levy to develop foundations to 'grow our own' staff • Recruitment and Retention Summit • Leadership and management programme dates for 2020 • Workforce planning and alternative ways of working • Hard to recruit task and finish group (Nursing, GPs and Consultant - vacancies down to 10%) • Glide path to recruit 122.66 registered nurses by March 2021 headed up by Deputy Director of Nursing (standard	• Development of new roles for Associate Practitioners • Expansion of the number of Advanced Clinical Practitioner roles • Review and refresh of Preceptorship programme taking account of previous feedback from newly qualified nurse who have previously undertaken the course • Development of Nurse Preceptorship programme for Nurse Associates • Implementation of programme to support Trainee Nurse Associates through courses with aim to reduce likelihood of attrition

Risk Description	Mitigating Controls	Further Mitigating Actions
	recruitment / international recruitments / advancing staff through apprentice schemes and nursing degree)	
With current national shortages, the inability to retain qualified Nurses impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff	• Organisational Development (OD) and Workforce Strategy Implementation Plan • Appraisal process • Leadership and management development programmes • Staff engagement though TCNC (Trust Consultation and Negotiation Committee) • Staff Health & Wellbeing Group and action plan • Trust retention plan as agreed with NHSI. • PROUD programme launched • Recruitment and Retention Summit • Trust-wide workforce plan • Divisional Accountability Reviews • Health and Social Care Professional Strategy	• HR Business Partners to review exit questionnaire results and identify any hot spot • To identify opportunities for career pathways/development opportunities • Working Group to be established to develop recruitment and retention packages linked to qualified nurse development • New starter survey to help understand when new members of staff commence in post
Current Consultant/ GP vacancies may impact on the Trust's ability to deliver safe services resulting in increased use of costly temporary staffing solutions and potential impact on the credibility/reputation of the organisation	• Consultant roles advertised at NHS jobs • Medical Workforce attendance at recruitment fairs. • Arrangement in place with recruitment head-hunter partner to identify consultant resource • Attendance at recruitment fairs • Recruitment and retention initiative • Recruitment Plan • Contract in place for consultant roles to be advertised through the BMJ • Primary Care Divisional plan around GP recruitment • Recruitment and Retention Summit • Primary Care Recovery Plan • Reviewing where we recruit (wider than NHS jobs) • Looking at skill-mix proactively ECP / Flexible working for GPs • Hard to recruit to task and finish group (Nursing, GPs and Consultant - vacancies down to 10%) • Glide path developed as part of the recruitment task and finish group - looking at offer available / alternative recruitment tools for GP vacancy advertisement / 'growing our own' consultants	• Primary Care and Community Services Division to review current GP recruitment opportunities and way that Trust recruits with Workforce and Organisational Development Directorate • Review of GP practice skill mix and different ways of working

Risk Description	Mitigating Controls	Further Mitigating Actions
With current national shortages, the inability to retain Medical staff impacts on the ability to deliver services and/or puts financial pressure through the use of agency staff	• Organisational Development (OD) and Workforce Strategy Implementation Plan • Appraisals process • Leadership and management development programmes • Staff engagement though TCNC (Trust Consultation and Negotiation Committee), • Staff Health & Wellbeing Group and action plan • Trust retention plan as agreed with NHSE/NHSI • PROUD programme • Recruitment and retention incentives • Local Medical Council - Positive staff engagement with medical workforce	• HR Business Partners to review exit questionnaire results and identify any hot spots • Completion of PROUD programme implementation plan
Risk to longer-term financial sustainability if tariff increases for non-acute Trusts are insufficient to cover agenda-for-change pay award and if sustainability funding is not built into tariff uplift for providers who are not using PBR tariff	• Budgets agreed • Monthly reporting, monitoring and discussion with budget holders • Small contingency / risk cover provided in plan • Medium Term Financial Plan developed to inform plans • Service plans • Regular reviews with NHSE/I and relevant Commissioners • Budget Reduction Strategy established with Medium Term Financial Plan • Non-recurrent savings • Budget Reduction Strategy reporting to Finance and Investment Committee • Trust Control Total agreed • Financial plan agreed	•Budget Reduction Strategy implementation 2020-21

On signing the Annual Governance Statement for the period of this report which includes the trust wide risks above, in line with the Trust's business continuity arrangements which were implemented during the COVID-19 pandemic, a risk register was developed to support the Trust's command structure and to capture all COVID-19 related risks. The highest rated risks captured on the COVID-19 risk register have been incorporated into the Trust-wide risk register for ongoing management and are also referenced below.

Risk Description	Mitigating Controls	Further Mitigating Actions
Increased levels of anxiety, fatigue and potential mental health impact to staff working across Trust staff as a result of the COVID-19 national emergency and the implemented changes / different ways of working adopted by the organisation which could impact on the quality and sustainability of services	• Trust occupational health support arrangements in place • Trust Clinical Group established • Health and Wellbeing Group • Fast track access to Trust Psychologists (self-referral) • 'Shiny Minds' self-help app procured and available for all staff	• Trust Divisions to determine what additional support can be offered the staff

As a result of the COVID-19 national emergency and isolation measures implemented, there a risk of a post-COVID Mental Health surge and increased demand on Trust services	• Trust tactical surge plan developed • Surge Plan in place and approved by Gold command	• Trust plans will be reviewed continuously through the command arrangements and operational sitreps
As a result of the COVID-19 national emergency there is increased demand on the Infection Prevention and Control team. Demand on their service is currently exceeding capacity. If this is sustained this may impact upon the safety of patients and members of staff as this specialist knowledge may not be available when needed	• Monitoring of team capacity vs demand through Nursing and Qualitiy Directorate command meetings three times a week • Matrons and infection control link nurses supporting the team and undertaking audits • Infection control guidance produced and disseminated to guide practice • Trust completion of national Healthcare Acquired Infection board assurance document	• Continue to provide healthcare acquired infection guidance in line with any changes • Recruit additional capacity to the Infection Control team • Infection Control team to audit practice against latest COVID infection control guidance
Potential impact on staffing as a result of the introduction of the 'track and trace' application and associated arrangements	• Guidance issued around the management of the track and trace application for health and care staff • Isolation of staff members exposed to colleagues with positive test results not required is appropriate personal protective equipment has been worn during interaction and social distancing measure observed	• Ongoing monitoring of staffing levels and COVID-19 related absences
As a result of social distancing requirements and national guidance around safe working there is a risk that we do not have suitable accommodation to deliver Trust services safely	• Reverted to essential maintenance work only • Reactive maintenance calls are being maintained • Requests for estates work via Estates help desk being reviewed to prioritise essential work • Workplace risk assessment programme	• Schedule being developed to undertake all required Estates works in line with national safety requirements

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

CQC Compliance

An announced scheduled 'well-led' inspection was carried out by the CQC in 2019, from 12 to 14 February 2019. This was preceded by a number of unannounced inspections across eight core services and substance misuse services. We retained our rating of 'Good' overall, however, despite improvements across a number of services we remained rated 'requires improvement' for the Safe domain. Further quality improvements have been

implemented to further build on the progress we have made and address the areas which continue to impact on our rating within the Safe domain.

Overall, the Trust was rated as Good. The CQC rated the effective, caring and well-led domains as good. The safe domain was rated as requires improvement, which was unchanged from the previous 2017 inspection. However, our mental health inpatient units and the Mental Health Response Service both improved their ratings in the safe domain from requires improvement to good, which is testament to the hard work of our staff since the previous inspection.

Areas of outstanding practice were identified within the Trust's acute wards for adults of working age and psychiatric intensive care services, child and adolescent mental health services and Trust-wide.

A comprehensive improvement plan was developed and delivered to address the concerns raised via 'must' and 'should' do actions that were detailed in the final inspection reports. The Quality and Regulations Governance (QRG) Group monitored and drove the delivery of the must and should do actions and continues to monitor internal arrangements working towards future CQC inspections. The QRG group regularly reports through the Executive Management Team (EMT), the Quality and Patient Safety (QPaS) group and the Quality Committee which received quarterly assurance in relation to action plan delivery which is presented to the Board through the Quality Committee assurance report.

Humber Teaching NHS Foundation Trust has in place a robust process for 'Fit and Proper Persons' testing in line with current guidance to ensure compliance with NHS provider license' general condition 4 : Fit and proper persons. Self-declaration forms are used for both Board members and Council of Governors members and testing arrangements are in place to review the disqualified director, insolvency and removed charities trustee registers to ensure fit and proper eligibility. Self-declarations are completed on an annual basis for both governors and directors to ensure continuity of up-to-date information and assurance that testing requirements are met.

Humber Teaching NHS Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission (CQC) as at the 31 March 2020**.**

Governance Structure

Each of the Trust's Board Committees and aligned sub-groups have a collective responsibility to ensure that effective risk management is embedded within the organisation and to ensure that governance arrangements are in place to monitor its application as they discharge their duties, and this is reflected in their respective Terms of Reference. Through their work plans they will contribute towards reducing the organisation's exposure to risk. Risks identified by Committees and reporting groups will be communicated and recorded on the appropriate risk register and will be subject to overview, monitoring and intervention by the Corporate Risk Manager, providing assurance to the relevant Committee and the Board of Directors.

Audit Committee - is the Board Committee with overarching responsibility for risk management. The role of the Committee is to scrutinise and review the Trust's systems of governance, risk management, and internal control. It seeks regular assurance on the Trust's risk management arrangements to enable it to review the organisation's approach to risk, as well as reviewing the Trust-wide risk register and Board Assurance Framework regularly.

The Committee reviews the adequacy of all risk and control related disclosure statements together with any accompanying Head of Internal Audit statement, External Auditor opinion or other appropriate independent assurances. On occasion it will commission internal or external auditors to review and report on aspects of risk management or on the management of significant risks. The committee has also commissioned a rolling review of Care Group and Directorate risk register undertaken through deep-dives to review the quality and appropriateness of risk register entries across the organisation on a recurring basis.

Finance and Investment Committee – is the Board Committee with overarching responsibility for oversight of the Trust's Finances and investments. The role of the Committee is to scrutinise and review the Trust's financial position and activity. It seeks regular assurance on the Trust's risk management arrangements specifically related to finance risks and is responsible for one section of the Board Assurance Framework, which it also reviews as a standing agenda item at each meeting. The committee also has the remit to conduct independent and objective review and

oversight of the Trust's trading and commercial investment activities on behalf of the Board of Directors, and to ensure compliance with Investment Policy and Strategic Objectives.

Quality Committee – is the Board Committee with overarching responsibility for oversight of the Trust's quality and improvement agenda. The role of the Committee is to scrutinise the Trust's quality and improvement work programmes seeking assurance on all related areas covering the Trust's clinical risk management arrangements, CQC compliance, service improvements and redesign linked to quality improvement, research and clinical governance and the relevant sections of the Board Assurance Framework related to these areas. The Quality Committee also receives a register of all of the Trust risks in relation to quality for regular review, and to strengthen to the confirmand challenge arrangements around risk management within the organisation.

Mental Health Legislation Committee – is the Board Committee whose remit it is to provide strategic leadership pertaining to the Mental Health Act, the Mental Capacity Act and their respective Codes of Practice and other mental health related legislation, as well as to monitor, provide challenge and seek assurance of compliance with external standards relating to Mental Health Legislation and approve and review Mental Health Legislation polices and protocols. The committee also regularly reviews the Trust's Board Assurance Framework as well key risks linked to mental health related legislation.

Workforce and Organisational Development Committee - is the Board Committee, established to provide strategic overview and provide assurance to the Trust Board that there is an effective system of governance and internal control across workforce and organisational development that supports the Trust to deliver its strategic objectives and provide high quality care. The committee has overarching responsibility for oversight of the Trusts' workforce and organisational development agenda. The committee scrutinises the Trust's workforce-related metrics and seeks regular assurance regarding the Trust's risk management arrangements specifically related to workforce. The committee is also responsible for the relevant section of the Board Assurance Framework.

Remuneration and Nominations Committee – is the Board Committee established to ensure the executive Board members are fairly rewarded having proper regard to the Trust's circumstances and linked to national advice such as uplift for directors.

Executive Management Team (EMT) – involves all Executive Directors and is chaired by the Chief Executive. The Executive Management Team provides the leadership for risk management across the Trust, considering and approving the development of systems and processes, as well as championing risk management within their areas of responsibility. This group is the lead for managing the Trust-wide Risk Register, monitoring the management of risk. They consider and accept new items on to the Trust-wide Risk Register and reviewing and revising risk entries on a regular basis, as well as the approval/removal of any risks from the Register at the request of the Corporate Risk Manager. The Trust-wide risk register and Board Assurance Framework are reviewed by the Executive Management Team on a monthly basis.

Operational Delivery Group – is chaired by the Chief Operating Officer and considers the Divisional and Directorate risk registers. This group is responsible for ensuring that risk assessments are consistent, timely and that appropriate actions to mitigate risks are being taken. Similar risks identified across the Trust are also highlighted, cross-referenced and considered as a whole. The group is also responsible for reviewing escalated or newly identified significant risks for inclusion on the Trust-wide risk register and referring them to the Executive Management Team for review and ongoing monitoring. This group is responsible for the effective implementation of plans and actions arising from EMT and to escalate any significant matters arising when an EMT decision is required. Operational Delivery Group also supports the delivery of the Workforce and Organisational Development Strategy and the effective implementation of the Health and Wellbeing Strategy, the development and implementation of the Trust's Estate Strategy and gives support to the delivery of the Trust Communication Plan.

Divisional Operational Delivery Groups – are held within each Care Group, and are responsible for ensuring that appropriate risk registers are in place, risks are being effectively captured and appropriate mitigating actions are being taken. They are also responsible for highlighting risks for escalation/ de-escalation, based on the current risk score and perceived business impact for the Trust, to/from the Trust-wide risk register via the Executive Management Team.

Quality and Patient Safety Group (QPAS) – is accountable to the Executive Management Team (EMT). It oversees

and coordinates all aspects of quality improvement (patient experience/patient safety & clinical effectiveness), assurance and clinical governance activity and delivery. The Committee has responsibility to escalate any issues which may have a potential impact on the delivery of the organisational objectives to the Executive Management Team.

Clinical Risk Management Group (CRMG) – reports to QPAS and has responsibility for ensuring clinical risk management systems, processes and related clinical risk management strategies and policies are regularly reviewed and implemented Trust-wide. The group ensures that systems and processes are developed and maintained to enable Trust-wide monitoring and review of all clinical risks to ensure appropriate investigation, and maximisation of learning from incidents.

Capital Programme Board – reports to EMT following the assessment and prioritising of capital applications based on underlying risk. Regular reviews are undertaken on capital bids to ensure that any residual risk is monitored and managed by the relevant Trust area should a bid be declined.

The key to effective governance within the Trust is a robust integrated committee structure and management process, which gives the Board of Directors confidence that all risks are being effectively controlled and managed and that attention is focused on the core business of the organization, which is to care for and treat patients. The governance structure in place within the Trust and referenced in this section of this statement is subject to ongoing review to ensure that it is effective and provides appropriate scrutiny and oversight.

Annual Governance Statement/ Board Assurance

The requirement to produce an Annual Governance Statement as part of the Annual report and accounts, enable the Board of Directors to demonstrate that risks with the potential to impact upon the delivery of the Trust's principal strategic objectives are being appropriately managed. The validity of the information detailed within the statement can be evidenced in practice through the use of the Board Assurance Framework within the Trust. The framework is used to monitor the principal risks to the corporate objectives which underpin the Trust strategic goals, as well as monitoring mitigating controls and actions, sources of assurance and positive /negative assurances contributing to the overall rating assigned to the strategic objective. Through the established assurance processes implemented within the Trust, the Board of Directors maintain oversight of systems and standards regarded as appropriate for a supplier of healthcare services in the NHS.

Development of the Board Assurance Framework has continued throughout 2019-20, and the content of the framework has been further developed with input from the Board of Directors and its assuring committees. Information is presented with a focus on actual assurances received, as well as the risks to the key objectives that underpin each of the strategic goals. The Board Assurance Framework (BAF) aims to allow the Board of Directors to monitor progress against the Trust's six strategic goals, as well as progress against individual identified risks, with the framework highlighting the movement of current risk ratings from the previous quarter's position. This format allows for clear consideration to be given to the risks, controls and assurances, which will enable a focused review and discussion of the challenges to delivery of the organisational objectives.

The strategic objectives for the Trust have been refreshed in 2019-20 and proposed a portfolio of potential measures have been developed in conjunction with the relevant Executive Leads. The portfolio of potential measures has now been refined jointly with Executive and Delivery Leads, and progress has been made on specifying baselines and targets for achievement in 2020/2021 and 2021/2022.

A reporting procedure has also been developed for consideration by the Chief Executive. The proposed procedure enables the Executive and Non-Executive Leads for each strategic goal to take ownership of delivery against the refreshed strategic objectives via the formal Committee meetings. The Strategy Manager, on behalf of the Committees, would then provide assurance reports to the Board highlighting successes, key risks and the Committees' mitigation plans for managing those risks. This would provide the Board with overview assurance in the knowledge that they can request further detail of performance against each of the individual measures if required.

The next steps are for a project group to be established to complete the development of measures and to finalise a reporting template to implement the monitoring framework.

The Trust has a number of processes in place to ensure that workforce strategies and staffing systems are in place to assure the Board that staffing processes are safe, sustainable and effective. These include a governance structure that provides assurance to the Board. In 2019 the Trust established a Workforce and Organisational Development Committee to provide strategic overview and provide assurance to the Trust Board that there is an effective system of governance and internal control across workforce and organisational development that supports the Trust to deliver its strategic objectives and provide high quality care. In addition, the Quality Committee receives regular reports on safer staffing performance and data which in turn is reported to Board.

In addition, each year the Trust participates in the national benchmarking data collections projects that allow for comprehensive benchmarking of activity, finance, workforce and quality metrics.

The framework also provides a comprehensive evidence base for compliance against internal and external standards, as well as targets and requirements including CQC registration. The Framework is monitored closely by the Executive Management Team on a monthly basis. Individual meetings also take place with each of the Trust Executives on a monthly basis to undertake a review of their allocated strategic goal(s) and their aligned risks. This process ensures that there is robust confirm and challenge prior to submission to the Board of Directors and assigned committees.

Risk management activities undertaken within the Trust operate at a number of levels: for example, a health or social care professional creating a risk management plan for a service user; health and safety assessments of local facilities, incident reporting and organisational learning, corporate planning around the organisational response to a major incident; or risk assessment and mitigation for business expansion and development. The Trust risk management strategy and its related procedures serve to set these various risk management activities within a broader corporate framework and to identify a consistent approach to risk management across the Trust. Risk management is also embedded throughout the committee and organisational structure of the Trust with clear escalation routes of risks between units and the Board of Directors ranging from operational sub-groups up to the Board of Directors.

Public stake-holders involvement is sought where appropriate by the Trust and is managed through the Patient and Carer Experience Strategy (Humber Way). Governors are actively involved with service areas and their activity with patients and carers. There is clear focus on improving information, involvement in training, culture issues related to service delivery and involvement in development and review of services. Skills support packages are offered to members of the groups as required. Active development of working relationships with HealthWatch and Overview and Scrutiny Committees is being pursued. The Patient Advice and Liaison Service (PALS) is well established within the Trust and there is effective reporting quarterly to the Trust's Quality Committee and Board of Directors meetings. The Board of Directors hold a meeting in public on a monthly basis and stakeholder attendance is encouraged.

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

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

The foundation trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

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

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

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

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

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

Trust performance is monitored by the Board of Directors on a monthly basis. Finance reporting is undertaken, which informs the Board of the Trust's current financial position and provides a comparison with the planned position for the reporting period. Regular reports are also provided in relation to the Trust's Budget Reduction Strategy (BRS) and its level of achievement. Finance and Investment Committee is responsible for oversight of the Trust's financial position and meets on a monthly 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 in regards to finance, clinical and workforce key indicators alongside national or local targets and objectives. Any areas of concern or poor performance are highlighted and mitigating actions are determined as appropriate by the Board of Directors. Specific reporting of service waiting times and regular updates for the Trust's Divisions are also considered through the Trust Board to ensure that resources are being used effectively within the Trust and that any areas of concerns can be addressed quickly.

A new accountability framework has been launched in 2019-20 and accountability reviews have been developed and implemented during 2019-20 to further review performance information with divisional leads on a regular basis. The framework mirrors the NHS Single Oversight Framework and monitors key performance indicators (KPIs) and identifies areas for improvement.

Information Governance

'The Trust maintains a strict management and accountability framework for information governance and data security. Information Governance is assured by the annual information governance self-assessment using the NHS Data Security and Protection (DSP) Toolkit. The self-assessed scores have been independently audited for 2019/20 which identified that governance, risk management and control arrangements provide **substantial assurance** that the DSP Toolkit assertions are being managed effectively. Due to the Coronavirus, the DSP Toolkit submission deadline has been amended nationally to 30 September 2020. The DSP Toolkit assessment status for 2019/20 is expected to be '**Standards Met**'

In order to provide assurance that information governance practices are compliant with Trust policy, legal and regulatory requirements and are embedded in the Trust culture, a programme

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

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

Twelve serious incidents were declared during 2019/20 by the Trust in relation to confidentiality breaches. All twelve incidents have been closed by the Information Commissioner's Office with no further action. Any recommendations from the ICO are followed up to ensure they are implemented.

Cyber threats are constantly evolving, and increasingly digital health and care organisations must remain prepared. The Trust has accessed Cyber Operational Readiness Support (CORS) to ensure cyber specific security risks are identified and addressed. CORS provides a roadmap for the Trust to enhanced cyber resilience, embedding cyber security into the Trust culture with a view to achieving Cyber Essentials Plus by 2021. To support this work we have appointed one of our Non-Executive Directors as the non-executive lead for cyber security.

Annual Quality Report

Annual Quality Accounts are published as part of the Trust Annual Report and in their development for 2019/20, the Trust has worked with key stakeholders such as: Governors; HealthWatch; local authority members; representatives from local community groups; patients/ carers and their representatives as well as commissioners, to ensure that the priorities selected for review were appropriate and that the publication fairly represented the quality of our service delivery.

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

In order to develop the quality priorities for 2020/21 an event with patients, carers, staff and representatives from local community groups was held and feedback from the event resulted in the following priorities being put forward for consideration by the Board of Directors prior to incorporation as Quality Priorities in the Quality Account.

The final agreed key qualities priorities described in the table below:

Humber Teaching NHS Foundation Trust Quality Priorities 2019/20:

Priority 1
Ensure we have meaningful conversations with patients/carers to develop therapeutic relationships and engagement in service delivery

Strategic Goal 1
Innovating quality and patient safety

Strategic Goal 2
Enhancing prevention, wellbeing and recovery

Strategic Goal 5
Fostering integration, partnerships and alliances

Priority 2
Ensure that quality improvement is a part of every staff member's role to maximise patient safety across all of our services

Strategic Goal 1
Innovating quality and patient safety

Strategic Goal 3
Developing an effective and empowered workforce

Priority 3
Embed best available evidence in practice utilising patient reported and clinical reported outcome measures (PROMS, CROMS)
Enhancing prevention, wellbeing and recovery

Strategic Goal 1
Innovating quality and patient safety

Strategic Goal 2
Maximising an efficient and sustainable organisation

Strategic Goal 6
Enhancing prevention, wellbeing and recovery

Priority 4
Ensure physical health screening is routinely undertaken across all secondary mental health services

Strategic Goal 1
Innovating quality and patient safety

Strategic Goal 3
Developing an effective and empowered workforce

Strategic Goal 6
Enhancing prevention, wellbeing and recovery

Humber Teaching NHS Foundation Trust Quality Priorities 2020/21

The Trust is committed to continuous quality improvement and uses a range of initiatives to drive improvement in all of the services it provides. Throughout 2019-20 we worked to address the priorities identified in the Quality Account, and have made significant progress.

In January 2020, we held a 'Building our Priorities' workshop with patients, service users, carers, third sector organisations, commissioners and staff. During this workshop we presented our progress in relation to the 2019/20 priorities. This was followed by three separate presentations in relation to Patient, Service User and Carer Experience, Clinical Effectiveness and Patient Safety. The attendees used the presentations as a basis to suggest our 2020/21 Quality Priorities; in groups they ranked the priorities in order of priority. These were then proposed to the Board and as a result four priorities were agreed.

Full details of our priorities and progress made against them are detailed within our Quality Account.

Data Quality

The Trust has continued to take necessary steps to assure itself of the robustness of its data quality. Processes are in place within the Trust for the monitoring of performance information, both centrally through the Trust's Performance team and at operational level within the Divisions, such as regular meetings to review waiting time data. During 2019/20, the Trust has further developed the Integrated Board Performance Report which serves as useful tool for bringing together all aspects of Trust performance and allows for effective identification of trends, as well as the escalation of key issues to the Trust Executive Management Team and Board of Directors as required. The report format has undergone further review during 2019/20 and information is now presented using Statistical Process Charts for a number of key indicators, mapped against each of the Trusts Strategic Goals. The use of Statistical Process Charts allows for key performance data to be analysed over a period of time to establish trends in performance. Upper and lower statistical thresholds are utilised to analyse performance and identify where movements in performance are within normal ranges (common cause variation) or require further investigation/understanding (special cause variation). Exceptions are highlighted alongside the Statistical Process Charts and operational commentary is provided for further assurance around performance metrics.

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

Review of Effectiveness

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

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

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

My review is also informed by assurances from other sources which include the Care Quality Commission, patient and staff surveys, Patient Led Assessment of the Care Environment (PLACE) inspections, NHS Resolution, a number of Foundation Trust driven external reviews and the registration requirements of the Care Quality Commission and₁₀

Information Governance Toolkit self-assessments.

Of the planned audits for 2019/20 that have been completed, 8 provided substantial assurance, 13 provided good assurance, 5 provided reasonable assurance and none provided limited assurance. Work is ongoing within the organisation to address the recommendations made by internal audit and to strengthen the systems and processes in place, but no significant internal control issues have been identified.

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

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

Conclusion

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

The system of internal control has been in place in Humber Teaching NHS Foundation Trust for the year ended 31 March 2020 and up to the date of approval of the Annual Report and Accounts.

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

Signed   **Date: 24 June 2020**

Chief Executive

Equality and Diversity

The Trust as an employer is committed to recruit, develop and retain a workforce that reflects the local population and promote equality of opportunity for all employees.

Recognising the importance to further develop our performance on Equality, Diversity and Inclusion, the Trust appointed a dedicated Equality, Diversity and Inclusion Lead who commenced in the role in March 2019. The role will work closely with the Trusts Patient & Carers Experience Lead to drive forward improvements for the workforce and to support our patient and carers.

In support of our Public Sector Equality Duty (PSED), the Trust has produced its Equality, Diversity and Inclusion Annual Report, (due for renewal in May 2020) and set objectives for 2020/21.

In working towards the objectives set for 2019/20, the Trust has successfully recruited a dedicated Equality & Diversity Lead, updated the Equality, Diversity and Inclusion policy, partnered with Stonewalls Diversity Partners programme, developed new policy for Transitioning at Work, refreshed Equality & Diversity e-learning training package to incorporate unconscious bias awareness and continues to ensure Equality & Diversity training is mandatory with a completion rate of 88% above the Trust target rate.

Working with the Patient and Carer Experience Lead, links have been made with local groups who represent people with Protected Characteristics within our communities including the Disability Action Group and Hull and East Riding Lesbian, Gay, Bisexual and Trans (LGBT+).

A regional Equality, Diversity and Inclusion Partnership has been established with local care providers and the Trust is part of this partnership.

The Trust published its Gender Pay Gap report in 2019 and in summary the data is:

- The Trust's mean gender pay gap is 12.64%
- The Trust's median gender pay gap is 0.77%
- The Trust's mean bonus gender pay gap is -0.88%
- The Trust's median bonus gender pay gap is 50.00%
- The proportion of males receiving a bonus payment is 1.36%
- The proportion of females receiving a bonus payment is 0.29%

The proportion of males and females in each quartile pay band is:
- Quartile 1: 81.18% Female and 18.82% Male
- Quartile 2: 74.96% Female and 25.04% Male
- Quartile 3: 81.64% Female and 18.36% Male
- Quartile 4: 74.07% Female and 25.93% Male

The Trust has completed the Equality Delivery System 2 (EDS2), Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) reporting requirements, in line with NHS guidelines, which are accessible on the Trust's website.

Workforce Race Equality Standard (WRES)

In the Workforce Race Equality Standard (WRES) for 2019 key areas of improvement are as follows:

- 20% of BME staff experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months

- 81.8% of BME staff believe that the organisation provides equal opportunities for career progression or promotion

- 11.4% of BME staff have experienced discrimination at work from manager/team leader or other colleagues in the last 12 months

The Trust will continue to review the experiences of our BME employees and establish objectives and action plans to support our staff.

Workforce Disability Equality Standard (WDES)

In the Workforce Disability Equality Standard (WDES) for 2019 key areas of improvement are as follows:

- 34% of disabled staff reported experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months

- 79.5% of disabled staff believe that their organisation provides equal opportunity for career progression or promotion

- 79.4% of disabled staff say their employer has made adequate adjustments to enable them to carry out their work

The Trust will continue to review the experiences of our Disabled employees and establish objectives and action plans to support our staff.

Equality Impact Assessments

The Trust undertakes Equality Impact Assessments (EIA's) when reviewing and establishing new services, policies, and strategies

Modern Slavery Act 2015
We are committed to ensuring there is no modern slavery or human trafficking in our supply chains or any part of our business activity. Our commitment is covered by our approach to modern slavery and human trafficking, which is part of our safeguarding strategy and arrangements, our policies including our recruitment policy and approach and our procurement and supply chains. Our Slavery and Human Trafficking Annual Policy Statement is publically available on our website.

Michele Moran   **Date: 24 June 2020**
Chief Executive

Independent auditor's report to the Council of Governors of Humber Teaching NHS Foundation Trust

Report on the financial statements

Opinion on the financial statements

We have audited the financial statements of Humber Teaching NHS Foundation Trust ('the Trust') for the year ended 31 March 2020 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows, and notes to the financial statements, including the summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by HM Treasury's Financial Reporting Manual 2019/20 as contained in the Department of Health and Social Care Group Accounting Manual 2019/20, and the Accounts Direction issued under the National Health Service Act 2006.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2020 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2019/20; and
- have been properly prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Accounting Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the Trust's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Key audit matters

Key audit matters are those matters that, in our professional judgement, were of most significance in our audit of the financial statements of the current period and include the most significant assessed risks of material misstatement (whether or not due to fraud) that we identified. These matters included those which had the greatest effect on the overall audit strategy, the allocation of resources in the audit, and directing the efforts of the engagement team. These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters.

Key audit matter	Our response and key observations
Revenue recognition The Trust recognised £145m of revenue from activities in the Statement of Comprehensive Income. The Trust's primary source of revenue is through contracts with commissioning bodies in respect of the provision of mental health, learning disability, community, children's, primary care and addictions services. Notes 3.1 and 3.2 provide further information on the nature and source of the Trust's revenue. Auditing standards include a rebuttable presumption that there is a significant risk in relation 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 financial environment increases the risk of fraudulent financial reporting leading to material misstatement and means we are unable to rebut the presumption. We consider specific risks in relation to income recognition to be in the following areas: - recognition of income and receivables around the year end; - recognition of Provider Sustainability Fund (PSF) income during the year. Furthermore, the Trust claimed additional income of circa £0.4m from the Department of Health and Social Care (DHSC), to fund the Trust's expenditure incurred to respond to the Covid-19 pandemic in 2019/20. We consider there to be a further specific risk in relation to this funding because of the incentive and opportunity to claim for the reimbursement of expenditure that is not Covid-19-related.	Our audit procedures included, but were not limited to: - evaluating the Trust's accounting policy in respect of revenue recognition to ensure that it is in line with the requirements of the Group Accounting Manual (GAM); - evaluating the design and implementation of key controls in place to mitigate the risk of income being recognised in the incorrect year; - testing of material income and material year end receivables for accuracy, completeness and occurrence; - testing a sample of receipts in the pre and post year end period to ensure they have been recognised in the correct financial year; - reviewing intra-NHS reconciliations and data matches provided by the DHSC and challenging management and seeking direct confirmation from third parties as required; - testing of PSF income to year end confirmation from NHS Improvement; and - testing a sample of expenditure items for which the Trust has claimed additional funding from the DHSC to obtain assurance that these were correctly recorded as Covid-19-related expenditure items. **Key observations** There were no significant findings arising from our work on revenue recognition.
Valuation of property, plant and equipment Note 15.1 to the financial statements discloses information on the Trust's holding of property, plant and equipment (PPE) which includes £76.7m of land and buildings held at current value at 31 March 2020. Land and buildings are the Trust's highest value assets accounting for £76.7m of the Trust's £82.9m Property, Plant and Equipment balance. These assets are subject to periodic revaluation in line with the requirements of the Group Accounting Manual (GAM).	Our audit procedures included, but were not limited to: - assessing the scope and terms of engagement with the District Valuer; - assessing how management used the District Valuer's report to value land and buildings in the financial statements; - reviewing the valuation methodology used, including sample testing the completeness and accuracy of underlying data provided by the Trust and used by the valuer as part of their valuations;

Key audit matter	Our response and key observations
Valuation of property, plant and equipment (continued) Note 1.8 to the financial statements describes the Trust's accounting policy with respect to the valuation of land and buildings and Note 15 discloses further information on the balance. Management engages the District Valuer as an expert to provide the Trust with valuations in accordance with Royal Institution of Chartered Surveyors (RICS) requirements. We consider there to be a significant risk of material misstatement in relation to the valuation of the Trust's land and buildings as a result of : • the high degree of estimation uncertainty associated with the valuations; • the level of judgement applied by management and the valuer in estimating current values; and • the extent to which the valuations are reliant on complete and accurate source data on individual assets being provided to the valuer. The significant risk of material misstatement is further increased due to the additional estimation uncertainty arising from the Covid-19 pandemic and Note 16 of the Trust's financial statements discloses a 'material valuation uncertainty' in relation to this uncertainty.	• obtaining an understanding of the skills, experience and qualifications of the District Valuer, and considering the appropriateness of the instructions to the valuer from the Trust; • considering relevant market and cost data to assess the reasonableness of the valuation as at 31 March 2020; and • assessing the effect of the valuation uncertainty disclosed by the Trust's valuer and the adequacy of disclosure in Note 16 of the financial statements. **Key observations** Whilst drawing attention to Note 16 of the financial statements, where the Trust has highlighted the material valuation uncertainty raised by its valuation expert caused by the impact of Covid-19, we obtained sufficient appropriate evidence to conclude that the valuation of land and buildings included in the financial statements is reasonable.

Our application of materiality

The scope of our audit was influenced by our application of materiality. We set certain quantitative thresholds for materiality. These, together with qualitative considerations, helped us to determine the scope of our audit and the nature, timing and extent of our audit procedures on the individual financial statement line items and disclosures, and in evaluating the effect of misstatements, both individually and on the financial statements as a whole. Based on our professional judgement, we determined materiality for the financial statements as a whole as follows:

Overall materiality	£2.5m
Basis for determining materiality	1.7% of operating expenses from continuing operations
Rationale for benchmark applied	Operating expenses from continuing operations was chosen as the appropriate benchmark for overall materiality as this is a key measure of financial performance for users of the financial statements.
Performance materiality	£1.625m
Reporting threshold	£0.075m

An overview of the scope of our audit

As part of designing our audit, we determined materiality and assessed the risk of material misstatement in the financial statements. In particular, we looked at where the Accounting Officer made subjective judgements such as making assumptions on significant accounting estimates.

We gained an understanding of the legal and regulatory framework applicable to the Trust and the sector in which it operates. We considered the risk of acts by the Trust which were contrary to the applicable laws and regulations including fraud. We designed our audit procedures to respond to those identified risks, including non-compliance with laws and regulations (irregularities) that are material to the financial statements.

We focused on laws and regulations that could give rise to a material misstatement in the financial statements, including, but not limited to, the National Health Service Act 2006.

We tailored the scope of our audit to ensure that we performed sufficient work to be able to give an opinion on the financial statements as a whole. We used the outputs of our risk assessment, our understanding of the Trust's accounting processes and controls and its environment and considered qualitative factors in order to ensure that we obtained sufficient coverage across all financial statement line items.

Our tests included, but were not limited to:
- obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by irregularities including fraud or error;
- review of minutes of board meetings in the year; and
- enquiries of management.

As a result of our procedures, we did not identify any Key Audit Matters relating to irregularities, including fraud (other than the Key Audit Matter on revenue recognition outlined above).

The risks of material misstatement that had the greatest effect on our audit, including the allocation of our resources and effort, are discussed under 'Key audit matters' within this report.

Other information

The directors are responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We are also required to consider whether we have identified any inconsistencies between our knowledge acquired during the audit and the directors' statement that they consider the Annual Report is fair, balanced and understandable and whether the Annual Report appropriately discloses those matters that we communicated to the audit committee which we consider should have been disclosed.

We have nothing to report in these regards.

Responsibilities of the Accounting Officer for the financial statements

As explained more fully in the Statement of Accounting Officer's Responsibilities, the Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

The Accounting Officer is required to comply with the Department of Health and Social Care Group Accounting Manual and prepare the financial statements on a going concern basis, unless the Trust is informed of the intention for dissolution without transfer of services or function to another entity. The Accounting Officer is responsible for assessing each year whether or not it is appropriate for the Trust to prepare its accounts on the going concern basis and disclosing, as applicable, matters related to going concern.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:
- the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2019/20; and
- the other information published together with the audited financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Annual Governance Statement	
We are required to report to you if, in our opinion: • the Annual Governance Statement does not comply with the NHS Foundation Trust Annual Reporting Manual 2019/20; or • the Annual Governance Statement is misleading or is not consistent with our knowledge of the Trust and other information of which we are aware from our audit of the financial statements.	We have nothing to report in respect of these matters.

We are required to report to you if:

- we refer a matter to the regulator under Schedule 10(6) of the National Health Service Act 2006 because we have a reason to believe that the Trust, or a director or officer of the Trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency; or
- we issue a report in the public interest under Schedule 10(3) of the National Health Service Act 2006.

We have nothing to report in respect of these matters.

The Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

Matter on which we are required to report by exception

We are required to report to you if, in our opinion, we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2020.

We have nothing to report in this respect.

Responsibilities of the Accounting Officer

The Chief Executive as Accounting Officer is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in the Trust's use of resources, to ensure proper stewardship and governance, and to review regularly the adequacy and effectiveness of these arrangements.

Auditor's responsibilities for the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required by Schedule 10(1) of the National Health Service Act 2006 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in April 2020, as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined this criterion as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2020.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary.

Use of the audit report

This report is made solely to the Council of Governors of Humber Teaching NHS Foundation Trust as a body in accordance with Schedule 10(4) of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust as a body for our audit work, for this report, or for the opinions we have formed.

Certificate

We certify that we have completed the audit of Humber Teaching NHS Foundation Trust in accordance with the requirements of chapter 5 of part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

Mark Dalton,
Key Audit Partner

For and on behalf of Mazars LLP

5th Floor
3 Wellington Place
Leeds
LS1 4AP

24 June 2020

Humber Teaching
NHS Foundation Trust
Quality Account
2019/20

2019/20
Quality Account

'Humber and Proud'

Caring, Learning and Growing

Contents

If you require any further information about the Quality Account please contact the Trust Communications Team on HNF-TR.communications@nhs.net

Caring, Learning and Growing

Part One: Introduction to the Quality Account and Humber Teaching NHS Foundation Trust

Welcome and Introduction to the Quality Account

Welcome to the Humber Teaching NHS Foundation Trust Quality Account. All providers of NHS care are required to produce an annual Quality Account showcasing the work undertaken during the year to continuously improve the quality of our services based on national policy drivers and patient, staff and stakeholder feedback. We are proud to be able to share with you the fantastic work that our staff, patients and carers have undertaken together throughout 2019/20.

This document is divided into three sections:

Part One: Provides an overview of Humber Teaching NHS Foundation Trust and shares with you a celebration of our successes over 2019/20. We also include a statement from our Chief Executive, Michele Moran. The section concludes with two stories, one from Georgina a carer and another from Tom a patient.

Part Two: Outlines the progress we have made during 2019/20 in relation to the quality priorities we set in out last Quality Account. We also share the priorities we have set for the coming year (2020/21) that have been agreed with our patients, carers, staff and stakeholders. This section then goes on to share our performance against a number of mandatory performance indicators identified by NHS Improvement.

Part Three: In this section we report on key national indicators from the Single Oversight Framework (SOF) and will also share performance in relation to other indicators monitored by the Board and not already reported in Parts 2 or 3 of the Quality Account.

In this section we will share with you the comments we have received in relation to the Quality Account from our Commissioners, Healthwatch and our external auditors. This section also contains a glossary of terms used within the document.

The purpose of Quality Accounts is to enable:

- **Patients and their carers to make better informed choices**

- **Boards of providers to focus on quality improvement**

- **The public to hold providers to account for the quality of NHS Healthcare services they provide**

Humber Teaching NHS Foundation Trust at a glance…

Rated Good by the Care Quality Commission

We are the Health Service Journal Mental Health Provider of the Year 2019

HSJ AWARDS 2019

We employ more than 2,800 staff across 79 of our sites at locations throughout five geographical areas; Hull, the East Riding of Yorkshire, Whitby, Scarborough and Ryedale.

94% of our staff area aware of our values of caring learning and growing

We provide care to a population of 765 thousand people of all ages who live within an area of more than 4,700 square kilometres

What our patients and carers say...

"Listened to all of us, gave my child time, excellent."

"The staff are very professional and offered support to our daughter and to us as parents."

"The team is courteous, caring, friendly and honest."

"Extremely caring and compassionate attitude and conscientious about providing help and support."

What our staff say...

"I am encouraged by the shift in emphasis away from a target driven approach to a focus on quality and clinical leadership."

"Good training opportunities and investment in staff. In my team I feel very valued."

"The importance of teamwork runs throughout the trust which makes me feel very supported in my role."

"Flexible working has allowed me to maintain a great work-life balance for me and my family."

About the Trust

Humber Teaching NHS Foundation Trust are a highly successful, highly reliable multispecialty health and social care provider who aims to improve the physical, mental and social health and wellbeing of our patients and service users.

We are a leading provider of integrated health services with the care of our patients at the heart of what we do. We are committed to listening to and learning from our staff, patients and service users to continuously improve and develop our services to enhance the health outcomes and experiences of our communities.

We provide a broad range of community and therapy services, primary care, community and inpatient mental health services, learning disability services, healthy lifestyle support and addictions services.

We also provide specialist services for children including physiotherapy, speech and language therapy and support for children and their families who are experiencing emotional or mental health difficulties.

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

We hold a total of eight GP practice contracts registered to provide care with the Care Quality Commission (CQC). These are a mixture of GMS, Personal Medical Services (PMS) and Alternative Provider Medical Services (APMS) contracts across Hull, Hessle, Cottingham, Market Weighton and Bridlington.

We employ approximately 2800 staff working across over 79 sites covering five geographical areas; Hull, the East Riding of Yorkshire, Whitby, Scarborough and Ryedale

We have approximately 16,000 members who we encourage to get involved, have their say, elect governors and make a difference to how local healthcare services are provided. The views of Trust members are represented by our Council of Governors. We have 22 governors made up of public governors, service user and carer governors, nominated governors and staff governors. More than half of the Council of Governors is elected by local people. Nominated governors include representatives of local partnership organisations.

We also have more than 120 volunteers who are passionate about working in our services and are available to help patients, staff and visitors. Our volunteers are dedicated and caring members of the community who give their time and skills freely to support us. Their work can make a huge difference to our patients' experience while improving their own health and wellbeing. Our volunteers complement the work of our staff and provide practical support to our patients, their families and carers.

Through our high quality services, excellent employee experience and outstanding and innovative practice and research we are able to meet our strategic objectives and the expectations of those in our care. Humber Teaching NHS Foundation Trust are a highly successful, highly reliable multispecialty health and social care provider who aims to improve the physical, mental and social health and wellbeing of our patients and service users.

Caring, Learning and Growing

Our Values

CARING	Caring for people while ensuring they are always at the heart of everything we do
LEARNING	Learning and using proven research as a basis for delivering safe, effective, integrated care
GROWING	Growing our reputation for being a provider of high-quality services and a great place to work
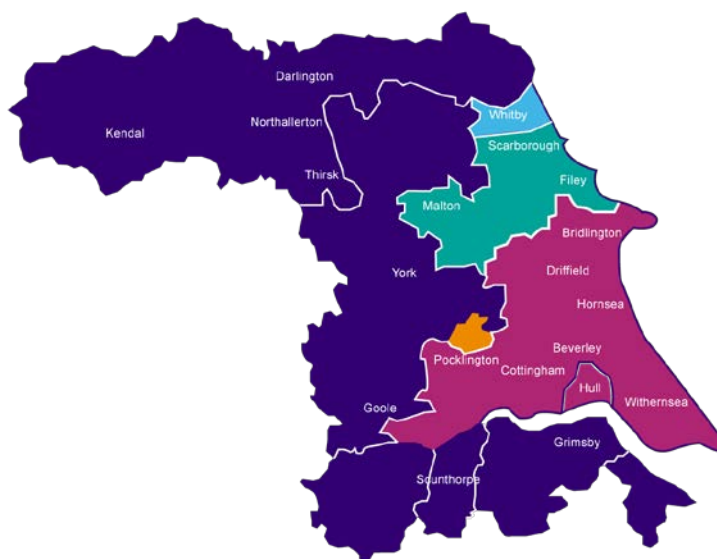
These values shape the behaviour of our staff and are the foundation of our determination to:

- ✓ Foster a culture in which safe, high-quality care is tailored to each person's needs and which guarantees their dignity and respect;
- ✓ Achieve excellent results for people and communities;
- ✓ Improve expertise while stimulating innovation, raising morale and supporting good decision-making;
- ✓ Unify and focus our services on early intervention, recovery and rehabilitation;
- ✓ Engage with and listen to our patients, carers, families and partners so they can help shape the development and delivery of our healthcare;
- ✓ Work with accountability, integrity and honesty; and
- ✓ Nurture close and productive working relationships with other providers and our partners.

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

Our Strategic Goals

Innovating quality and patient safety	Enhancing prevention, wellbeing and recovery
Developing an effective and empowered workforce	Promoting people, communities and social values
Fostering integration, partnerships and alliances	Maximising an efficient and sustainable organisation

For further information on our strategic goals, please see Annex 4.

Caring, Learning and Growing

Our Development and Success Highlights for 2019 - 2020

2019

January	✓ We held our 'Building our Priorities' event with patients, service users, carers, commissioners and third sector organisations to agree our 2019/20 Quality Account Priorities. ✓ 17 January, a meeting was held with the Trust governors to agree the local indicator for the Quality Account. The indicator they chose was clinical supervision.
February	✓ The Trust joined thousands of other groups, schools and members of the public in having conversations about mental health on Time to Talk Day (7 February) ✓ The CQC undertook its 'Well Led' inspection of the Trust 12-14 February.
March	✓ Humber Teaching NHS Foundation Trust's Frequent Attenders Service was shortlisted as a finalist for a Specialist Service Award in the 2019 HSJ Value Awards. ✓ The East Riding Social prescribing team launched the first ever Social Prescribing Day on 14 March to raise awareness of the service and celebrate smashing set healthcare targets with over 2,500 referrals made since launch.
April	✓ In April 2019, the Trust launched Proud, an organisational development programme that aims to recognise and enhance the skills of staff, celebrate our strengths as individuals and teams and promote solution focussed and collaborative working. Significant progress has been made during 2020/2021 to introduce the things that were important to our staff, including health and wellbeing, equality and diversity and leadership development.
May	✓ The Trust maintained "Good" rating with "Outstanding" features, after being inspected by the Care Quality Commission (CQC). ✓ Inspectors awarded a rating of "Good" to the Trust for being well-led, effective, caring and responsive; and "Outstanding" for their services to support young people who are at risk at developing mental health problems. ✓ The Trust was awarded the lead contract from the East Riding of Yorkshire Council in May 2018 in a bid to help people tackling non-medical issues without needing medical assistance. ✓ Our third annual research conference was attended by over 170 people individuals from over 26 organisations including commissioners, universities, NHS trusts, independent providers, local Clinical Research Network, and professional groups. Results from research were shared with the audience and new exciting opportunities for participation in future studies presented.

June	✓ We were one of the first 13 trusts to implement electronic prescribing. We have taken a phased implementation approach to launch the system, which will help improve patient safety by reducing the risks associated with traditional methods of prescribing and administering medicines. ✓ The Trust Occupational Health service was awarded the SEQOHS (safe, effective, quality occupational health services) accreditation. The accreditation assessed the team against standards to evidence a culture of continual quality improvement. The service was congratulated on its thorough and documented comprehensive processes including audit of the management of vaccines.
July	✓ Our first Professional Strategy for Health and Social Care Staff was launched. The strategy was developed by professionals who represent our diverse, dedicated and highly skilled workforce and aims to create the right climate for professionals to be empowered to deliver great care and have fulfilling and lifelong career. ✓ Our Social Values report was also published as part of the Trust's NHS Day Celebrations. Our social values report highlights how our teams and patients have embraced the significant challenges facing the NHS as it adjusts to increasing complexity in delivering high quality health care.
August	✓ The Integrated Specialist Public Health Nursing Service (ISPHNS) joined thousands of breastfeeding mothers, babies and children across the world to gather in their communities to take part in the Global Big Latch On. ✓ The events were an opportunity to celebrate been awarded the prestigious UNICEF Baby Friendly, Achieving Sustainability Gold Award. The team working in partnership with East Riding of Yorkshire Council are the first integrated service in the UK to achieve the gold award, and the East Riding is also the first children's centre service to achieve the gold accreditation.
September	✓ A series of five films showcasing the work of Trust in engaging patient and carers titled 'Patient Experience for Quality Improvement' were launched by NHS England/Improvement over five events across the country. They highlight the positive impact of involvement in Trust activities for our patients, service users and carers and demonstrate how the development of the co-produced Patient and Carer Experience Strategy has provided the direction and focus for the work achieved by the team and champions. ✓ Our Patient Safety Strategy was launched on at the first World Patient Safety Day. The launch was part of a patient safety educational event 'Speak Up for Safety' hosted for staff. The strategy demonstrates that safety is at the heart of all we do and supports a leadership culture that supports staff to feel safe to report patient safety issues without fear of retribution, and be empowered to act swiftly to address risk.

October	✓ The Trust was named as one of 11 pilot sites to test new integrated mental health care services for adults. These sites will collectively receive more than £70million in additional funding during 2019/20 and 2020/21. The new models of care will more closely align community-based mental health teams to the emerging Primary Care Networks, helping to remove barriers between primary care and secondary care to create a seamless service. This will enable people to receive appropriate care from community mental health services within four weeks from referral to treatment.
November	✓ The Trust was awarded the prestigious Mental Health provider of the Year award at the Health Service Journal Awards. ✓ The award recognises the dedication and commitment of our teams to ensure that we are delivering the best possible care to the communities that we serve. The Judges said that "The journey for this organisation is exemplary…….they don't know quite how impressive they are. They retain an understated wow factor in their progress to change, patient safety and embedded positive culture. A unique presentation from a unique Trust".
December	✓ The Trust became the Lead Provider for IAPT service across the East Riding of Yorkshire CCG geographic Boundary from the 1st December 2019.
2020	
January	✓ The Trust's new children's and adolescent mental health inpatient unit serving the young people of Hull, East Riding of Yorkshire, North Lincolnshire and North East Lincolnshire was opened. ✓ Inspire marks a national step-change in CAMHS delivery as a service that has been shaped with young people at its heart. Young people and their families were involved in each stage of the building from identifying a suitable location, designing interiors and developing the best practice and services that will be used during treatment. ✓ Humber Trust Charity, Health Stars raised over £300,000 through their Impact Appeal which has been used to enhance the unit with special touches and enhanced features.

February	✓ The results of a Care Quality Commission (CQC) led survey of our mental health inpatient services has ranked our Trust better or equal to the national average compared to other NHS Trusts. ✓ Our Trust was in the top 20% for patients being involved in decisions about their care and treatment (39.7%), the quality of our hospital food (72.5%), explaining the purpose of medications given to patients (55.9%), and not delaying discharge for any reason (86.3%) which was the highest score amongst all Trusts. ✓ A new café providing those with complex needs a place to work and develop their skills opened its doors at Trust headquarters. The café is run by charity Autism Plus who supports adults and young people with autism, learning disabilities, mental health conditions and complex needs. The outlet, which is supported by Trust charity Health Stars, provides freshly prepared food daily for staff and visitors whilst supporting workers to build their careers, gain qualifications and build confidence.
March	✓ Work started on site for the Whitby Hospital remodelling project. The project, which is been led by the NHS Property Services will see all services come together in the current tower block. The hospital redevelopment is part of the CCG's Vision for Whitby and surrounding areas which sets out a direction of travel for sustainable health and social care services including the transformation of community services. ✓ During March the COVID-19 pandemic began to take hold nationally and the Trust moved into a phase of emergency preparedness, establishing a dedicated COVID-19 rapid response team, developing COVID-19 treatment cohort wards; refreshing and developing a range of clinical policies and procedures to support clinicians and a range of measures to further support staff to promote workforce resilience during these unprecedented times. These measures were all in place by the time the Trust saw the first case of COVID-19.

1.1 Chief Executive's Statement

It gives me great pleasure to once again introduce the annual Quality Account and share with you our achievements, challenges and successes over the past year and areas we have identified to support our continued improvement journey.

It has been a proud year for the Trust as we were named as Mental Health Provider of the Year at the Health Service Journal Awards on 6 November 2019. This demonstrates the dedication and commitment of our staff to ensuring that we deliver the best possible care to the communities that we serve. However, while we are incredibly proud of this award, we continue on our journey to be recognised as Trust that continuously delivers services that are outstanding for the communities we serve.

In May 2019 we received the outcome of our Care Quality Commission (CQC) inspection and the Trust maintained "Good" rating with "Outstanding" features. Although we retained a rating of 'requires improvement' for the CQC safe domain it is important to note that the majority of our services were rated "Good", demonstrating our continued improvement journey.

In order to continue to improve our performance in relation to safety we launched our Patient Safety Strategy in September 2019. This strategy aligns with the ambitions set out in the national NHS Patient Safety Strategy (2019), builds on the fantastic achievements from our previous strategy (2016-18), and sets ambitious goals for the next three years in order to realise our ambition to become an outstanding organisation.

Central to the delivery of high quality, safe, and effective care is our commitment to patient, service user and carer involvement. Our approach has been recognised nationally and in September 2019 a series of five films showcasing the work of Trust in engaging patient and carers titled 'Patient Experience for Quality Improvement' were launched by NHS England/Improvement over five events across the country. The films highlight the positive impact of involvement in Trust activities for our patients, service users and carers and demonstrate how the development of the co-produced Patient and Carer Experience Strategy has provided the direction and focus for the work achieved by the Trust and champions.

In January 2020, Inspire, the Trust's new children's and adolescent mental health inpatient unit serving the young people of Hull, East Riding of Yorkshire, North Lincolnshire and North East Lincolnshire was opened. Inspire marks a national step-change in CAMHS delivery as a service that has been shaped with young people at its heart. Young people and their families were involved in each stage of the building from identifying a suitable location, designing interiors and developing the best practice and services that will be used during treatment.

Recruitment and retention of professionally registered staff, particularly nurses, Psychiatrists and General Practitioners remains an area of challenge for the Trust which mirrors the national picture. This further reinforces the Trust commitment to investing in the development and wellbeing of our staff, to not only ensure we retain our excellent staff but also are recognised as an excellent employer. Therefore, investment in the wellbeing and development of our staff is a key priority for the Trust and is something I as Chief Executive am particularly passionate about.

In April 2019, the Trust launched **Proud**, an organisational development programme that aims to recognise and enhance the skills of staff, celebrate our strengths as individuals and teams and promote solution focussed and collaborative working. In addition we have established a wellbeing forum, which is placing staff wellbeing at the heart of achieving excellence in care.

Reducing waiting lists remains a priority area for the Trust. The Trust's Waiting List and Waiting Times Policy ensures that patients are contacted regularly whilst they are on a waiting list to mitigate the risks associated with waiting. Our ambition is that all of our waiting lists are reduced and compliant with national requirements. The work we are undertaking to reduce waiting lists is

already showing an improved position. We will continue with our focus on this work during 2020 to ensure no one who needs to access our services is waiting over the national standards.

The Quality Account showcases further examples of quality improvements achieved across all of our services during 2019/20. I am immensely proud of everything we have achieved in the last year and this is testament to the hard work and dedication of our staff and the patients and carers who work with us to continuously improve the quality of services. This dedication and commitment to providing high quality care has become particularly evident as the Coronavirus pandemic has taken hold nationally. Our staff have enabled service transformation at pace to support good patient care and support staff health and at times step into roles that they would not otherwise do. Every day I am amazed by the dedication and commitment of our staff during this crisis, working above and beyond to support patients and colleagues, when they are also often caring for vulnerable relatives in their personal lives. As a Trust we have shown our capacity to move at pace to ensure that we continue to provide a high quality care whilst minimising the risk of infection, through the use of technology. We have also placed considerable emphasis on the wellbeing of our staff, both psychologically and physically through ensuring the availability of appropriate personal protective equipment.

As we move ahead into the next financial year the coronavirus pandemic will continue to challenge us all, but as we move through this crisis it will also provide an opportunity to reflect on the new ways of working we have developed, some of which we may choose to continue.   However, with our commitment to achieving both efficiencies and quality improvements through our quality improvement approach, we are confident that we can meet our financial targets and continue to provide high quality services. We look forward to another year and building on our success and keeping quality at the heart of everything we do.

To the best of my knowledge, the information contained in this Quality Account is accurate.

Michele Moran
Chief Executive
Humber Teaching NHS Foundation Trust

1.2 Patient and Family Stories

In this section we are privileged to share with you two stories, one from Georgina, the wife of a military veteran experiencing symptoms of post-traumatic stress disorder and another from Tom a patient receiving care from our early psychosis service (PSYPHER). Both Georgina and Tom have presented their stories to our Trust Board.

A Wife's Experience – Georgina's Story

PTSD or Post Traumatic Stress Disorder is one of those things that until recently, many of us would not have heard of or even experienced. Have you ever wondered how it affects people around the sufferer? Many documentaries often show the scars of war and trauma as physical but leave out the mental issues. There has always been a stigma with mental health; in Victorian times you were branded a lunatic and locked away, thankfully things are not that way anymore.

It had been loitering in my life for a while, I crept around it, avoided it, shut myself away until one day it broke me. I teetered on the edge of something very unpleasant and at times uncontrollable. But I am glad to say, it now plays a smaller part in my life thanks to great support from friends, family, work and I can now say a mental health team.

I suffered my own traumas but the main one has been dealing with my husband's PTSD. He came back from Iraq a different man to the one who left in 2003. It was not just this conflict that affected him but others such as Northern Ireland and Bosnia. I was unaware for a long time of what he had seen and felt, I think there were times when he had tried to talk about it but I had said, "Don't tell me I can imagine" but how could I really?

Living with someone who has the condition is very hard. It can be very lonely and extremely isolating as often the sufferer doesn't realise how their behaviour is affecting you. We live with the experiences daily, it's hard to admit that you might not be coping or even understanding their behaviour. There are times when you feel like leaving, feel withdrawn, lack in confidence and at times not sure what the best thing is to do. You regularly make excuses for their behaviour; ignore your own feelings of frustration and anger. They become argumentative, drink more and become very self- absorbed. They become withdrawn and aggressive. Eventually something must give and that was me.

We had dealings at first with Combat Stress and through them and our local GP; we were referred to the Humber Traumatic Stress Service. It has a team that works with veterans and families (if needed) and an outreach service that veterans can self-refer direct. It was a combination of these services that started a long and challenging road to recovery.

At the service, I was able to talk in my own space, about what had happened in my own life, my feelings and without judgement. I was helped to realise that my own needs were just as important and that a lot had affected me too. I was encouraged to rediscover things I had once loved doing, such as art. It took a huge amount of effort and on some days, I had no enthusiasm but gradually things came back. I also rediscovered my love of writing and other creative arts. I also discovered the Big White Wall, an NHS funded scheme for members of the forces, families etc. where you can write anonymously on a virtual postcard. Other members can give advice, help or share experiences.

PTSD is just not a symptom of military life; it can happen to anyone who witnesses a traumatic event (such as an accident or childhood event). Our brains store memories like a film or photograph and when a traumatic or series of events occur, these images get stuck and replay. Some people can process these thoughts and move on, but others can't, and this creates a constant loop of nightmares, smells and noises. Can you imagine having these things interfere with your daily life, often at inappropriate times? For example, at night, in a crowed place, even on holiday. Unfortunately, some individual's way of dealing with these issues' can make them

depressed, angry, frightened, anxious and so unhappy; they may lose family, jobs or sadly their life.

We all need an understanding of the condition, and it affects people. The hardest part is realising you need it and asking for it. It takes a lot of courage to speak out. Perhaps the next time you hear or meet someone with issues don't look on them as weak. Without the help of many of the mentioned agencies, friends and family I'm not where we would be today.

PTSD is the third person in our marriage and it certainly was not invited but now we know how to deal with it and prevent it from interfering.

A Patient's Experience – Tom's Story

My journey within the NHS began in the summer of 2017 I was struggling with varying factors in my life and had found comfort in solace, self-medicating and self-harm. These were all unhealthy factors which would eventually lead me to being admitted into Hospital at Avondale and eventually Mill View. Along with suffering from acute depression and anxiety I also began suffering with first stage psychosis including hearing voices and seeing things that weren't there, really sparking self-doubt in this reality I was living in.

This would start to change when I was assigned to PSYPHER. I would be introduced to a whole team of hard working and caring individuals. At first I was hesitant, having been let down by other mental health teams in the past, I felt this was going to be exactly the same. Soon however I would come to see that recovery is possible with the help and support of this fantastic team.

Patient and Carer Experience

Along my recovery journey I would be asked to take part in interviews for new staff members joining PSYPHER. This was a very enjoyable and engaging experience and it started to highlight what direction I wanted to go in life. Following these interviews I was asked if I wanted to take part in the Always Event programme. I said yes, and what followed felt to me like the next part of my journey.

After giving a presentation at the Always Event meeting, I was approached by Mandy Dawley, Head of Patient and Carer Experience, to ask if I would like to be involved in their patient and carer experience forums, another great outlet for myself, helping me to discover what I want to do I have gone on to give multiple presentations to the Trust at a Learning the Lessons event including one based on my own research.

These were not the only opportunities I was given either. I was selected to take part in the Quality, Service Improvement and Redesign (QSIR) course in Leeds with the aim to become a trainer thanks to my executive sponsor Dr John Byrne.

The Trust, PSYPHER and the Patient and Carer Experience Team have done great work co-working with me and helping me get to where I am today.

Part Two: Priorities for Improvement and Statements of Assurance from the Board

2.1 Priorities for Improvement

In part two of our Quality Account we outline our planned quality improvement priorities for 2020/21 and provide a series of statements of assurance from the Board on mandated items, as outlined in the 'Detailed requirements for quality reports 2019/20' (https://improvement.nhs.uk).

In this section we will also review the progress we have made in relation to the quality priorities we set ourselves in the 2018/19 Quality Account.

2.2 Our Approach to Quality Improvement and Quality Governance

Quality Improvement

Our executive lead for quality improvement is the medical director. Our QI approach is based on the principle of our staff continuously trying to improve how they work and the quality of care and outcomes for our patients. This requires a systematic approach based on iterative change, continuous testing and measurement, and the empowerment of frontline teams. The fundamental principle of our QI approach is an understanding that those closest to complex quality problems (frontline teams, patients and carers) are often best placed to find the solutions to them.

We encourage an approach whereby service user involvement is considered central to our work In order to enable this, the QI team work closely with colleagues in the Patient Experience and Patient Safety department to ensure the patient and carer voice is included in the continued journey to embed a QI Culture within the Trust. The QI Charter now includes a question to prompt the inclusion of patients/carers as part of the delivery of QI projects

We recognise that developing the culture of continuous quality improvement will take time, effort and persistence. To support the development of a culture of continuous quality improvement we are investing in the QI capability of our staff and volunteers. In November 2019, the Trust launched its four tier Quality Improvement training programme which enables the provision of training in team meetings, classroom and e-learning environments.

Each Clinical Division within the organisation produces a Quality Improvement Plan (QIP) annually and the delivery of these is overseen by the Quality Committee.

Quality Governance

The Board ensures robust quality governance through the Quality Committee; a subcommittee of the Board. The Quality Committee is chaired by a non-executive, meets five times per year, and its purpose is to:

- Oversee and support quality improvement to support the journey of taking the Trust to becoming a 'high-performing organisation' that delivers excellence in patient care.
- Assure the Trust Board 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.
- Ensure performance in relation to research and development requirements is monitored effectively with appropriate actions being taken to address any performance issues and risks.

Each clinical division has established quality governance arrangements in place to address the key elements of quality and safety. These are outlined in divisional standard operating procedures (SOPs). Divisional Clinical Networks report directly to the corporate Quality and Patient Safety (QPaS) group which in turn reports to the Quality Committee. Each clinical division is required to provide assurance to the Quality Committee against its quality improvement plans.

To support our quality agenda further, the Council of Governors sub-group, the Finance, Quality, Audit and Strategy Group chaired by the Lead Governor has brought an increased understanding of the choices made between finance and quality and the connections between quality and workforce. This group has extended invitations to the governance team to facilitate comprehensive discussions, which has allowed the group to influence the quality improvement work of the organisation. The group reviews the Board Assurance Reports for Finance, Audit and Quality providing feedback where appropriate to the Council of Governors and the management team of the Trust.

The Trust has embedded a range of QI approaches to support effective quality governance and improvement. These are as follows:

- My Assurance – this is an iPad-enabled, in the moment audit tool that clinicians use to audit their practice and care environment. Results are immediate ensuring any improvements required can be taken immediately.
- Electronic Risk Registers – this approach ensures teams capture, manage and escalate risks.
- Staff Training and Development opportunities supported by our Learning Centre and an in-house skills laboratory.
- A programme of Quality Improvement skills development and support sessions delivered by our QI lead.
- Leadership and organisational learning and sharing events and newsletter.
- A range of approaches to gather patient, service user and carer real-time feedback and engagement.
- The use of an electronic platform for clinical audits.
- Health Assure to support the dissemination of evidence-based practice, the delivery of clinical audits, management of policies and patient safety alerts

2.3 Looking Back: Review of the Quality Priorities in 2019/20

As part of our 2019/20 Quality Account, following consultation with our stakeholders, the Board of Directors agreed four quality priorities to be addressed via the Quality Account during 2019/20. In this section we outline the progress that we have made during 2019/20 in delivering the priorities.

Priority 1 Ensure we have meaningful conversations with patients/carers to develop therapeutic relationships and engagement in service delivery	**Strategic Goal 1** Innovating quality and patient safety **Strategic Goal 2** Enhancing prevention, wellbeing and recovery **Strategic Goal 5** Fostering integration, partnerships and alliances
Priority 2 Ensure that quality improvement is a part of every staff member's role to maximise patient safety across all of our services	**Strategic Goal 1** Innovating quality and patient safety **Strategic Goal 3** Developing an effective and empowered workforce
Priority 3 Embed best available evidence in practice utilising patient reported and clinical reported outcome measures (PROMS, CROMS) Enhancing prevention, wellbeing and recovery	**Strategic Goal 1** Innovating quality and patient safety **Strategic Goal 2** Maximising an efficient and sustainable organisation **Strategic Goal 6** Enhancing prevention, wellbeing and recovery
Priority 4 Ensure physical health screening is routinely undertaken across all secondary mental health services	**Strategic Goal 1** Innovating quality and patient safety **Strategic Goal 3** Developing an effective and empowered workforce **Strategic Goal 6** Enhancing prevention, wellbeing and recovery

Priority One: Ensure we have meaningful conversations with patients and carers to develop therapeutic relationships and engagement in service delivery.

Why this was important

Meaningful conversations are fundamental to the delivery of excellence in health care. Unless we listen and engage we cannot be certain that we are meeting the needs of the communities we serve. A genuine culture of involvement will enable the Trust to learn and grow in line with our values.

In order to be meaningful, engagement needs to be genuine, not tokenistic, and needs to ensure that all members of the community have an equal opportunity to be heard.

In line with the principles of the Triangle of Care, staff need to feel empowered to involve patients and carers in decisions about care and to feel supported to listen to feedback both positive and negative. Likewise, patients' carers and families need to trust that their views are heard and respected. Without a culture of genuine openness to involve and learn the Trust will not reach its aspiration to be an outstanding provider of health care.

What we said we would do in 2019/20

We said we would…
• Develop clear guidance for staff in relation to carer and family involvement in care • Actively support carers groups • Involve patients and carers in assessments of the quality of care – for example peer review process and the development/review of the live dashboard • Involve patients, service users and carers routinely in service redesign • Capture and share patient success stories wider than those already shared with the Board, to offer hope to others and also raise staff morale • Explore further ways to capture feedback from patients, service users, carers and staff • Strengthen the involvement of faith leaders in the delivery of care and support to patients, carers and families • Provide greater access to faith rooms   Strengthen the staff understanding of sexuality related needs

What we did

There has been a great deal of progress in relation to this priority, below is a summary:

- Family friendly care co-ordination training is being delivered through a one day workshop on a rolling programme. We have also included Family Inclusive Care Coordination in our preceptorship programme for newly qualified professionals.
- In response to feedback from families and carers guidance is being co-produced to support families, carers and loved ones following an incident. This booklet called 'supporting families, carers and loved ones following a patient safety incident' has been coproduced and offers an explanation of what happens next, including information and services that are available for additional support when someone close to them has been involved in a patient safety incident.

- The Trust has built strong relationships with local carer support services and is a member of East Riding carers Support Group. Various carers organisations are members of our Patient and Carer Experience forums and they support the patient and carer experience agenda.
- Quality Improvement charters include a requirement to include patients and carers. Patients, carers and service users are also identifying quality improvement initiatives. Two of our volunteers have attended the Quality Service Improvement and Redesign (QSIR) training programme and support ongoing training and quality improvement initiatives.
- Large transformation plans all include a co-production, involvement and engagement plan and patients, service users and carers are members of the steering groups and project groups.
- The Always Events Quality Improvement initiative has been adopted across a number of services. This approach enables patients, service users and carers identify 'what matters most' to them to prioritise areas for improvement.
- A Patient's family presented at the launch of the Patient Safety Strategy, to set the scene for why involvement of families and carers in the assessment of risk and in learning from serious incidents is essential.
- Yorkshire MESMAC one of the oldest and largest sexual health organisations in the country have provided a one day lesbian, gay, bisexual, transgender and questioning plus (LGBTQ+) training session in September where staff from various services attended. It is anticipated that this training will be rolled out across the Trust. This year the Trust also became a member of Stonewall an LGTBQ+ charity.
- We have co-produced leaflets and posters for sexual safety as part of our approach to ensuring we protect our patients from incidents of a sexual nature on our in-patient units. This is an area of national focus.
- All Staff Champions of Patient & Carer Experience are completing a Patient and Carer Experience Development Plan for their team, which they will have ownership of. They will report back to each Staff Champions of Patient Experience (SCoPE) forum with updates.
- The Trust Chaplain is working with the Humber Coast and Vale suicide lead to raise awareness of spirituality and suicide.
- Quarterly Patient and Carer Experience forums in Hull and East Riding, Scarborough & Ryedale and Whitby and District continue to meet to give our patients, service users and carers a voice and the chance to be involved in Trust activities.
- The Trust has 126 Staff Champions of Patient Experience who attend bi-monthly meetings to share best practice around all aspects of patient and carer experience.

Priority Two: Ensure that quality improvement is a part of every staff member's role to maximise patient safety across all of our services

Why this was important:

Quality Improvement is about making health care safe, effective, timely, patient-centred, efficient and equitable. As a Trust we continually strive to improve and learn.

As a Trust we collect a wide range of information to enable us to continuously assess the quality and safety of our services. Our regulators, the CQC and our commissioners also identify areas of good practice and areas we can improve upon. A quality improvement approach helps to develop a culture of openness to change through the involvement of staff, patients and carers to achieve systematic sustainable change.

What we said we would do in 2019/20

We said we would…
- Continue to embed a leadership style that encourages new ideas and develops a culture of continual quality improvement   - Continue to develop the skills of our staff in relation to quality improvement and the use of technology   - Continue to embed a culture of asking ourselves "what have we done that has made a difference to our patients and carers?" by utilising feedback from patients and carers in our clinical staff appraisal process   - To develop and launch a live dashboard to enable teams to triangulate learning from incidents, complaints, compliments and Friends and Family Test (FFT).   - To embed team level processes for using experience and incident data to improve service delivery.   - Involve patients, service users and carers in quality improvement initiatives   - Involve patients and carers in the thinking around developing innovative solutions to staffing pressures – peer support etc.   - To continue to embed a safety culture through the launch of the patient safety strategy

What we did

Our Proud Leadership Programme

Together with the Proud working group (staff development working group) we have developed a nine-day leadership programme for both senior leaders (Bands 8a and above) and leaders (Bands 3-7). These programmes run for two consecutive days over four months with no more than 15 attendees to ensure a quality learning and development experience. These programmes began in January 2020 and cover four modules:

- Self as leader
- Leader as coach
- Leader of others
- Leader into action

The aim of our leadership programmes is to support the development of our leaders, equipped with the skills to lead and develop and sustain high quality services.

Caring, Learning and Growing

Quality Improvement (QI)

The QI team continued to build the culture of QI through social media, existing Trust communications methods and during 2019/20 have attended team/service meetings providing QI updates to approximately 275 staff.

The QI team worked closely with colleagues in Patient Experience and Patient Safety to ensure the patient and carer voice is included in the continued journey to embed a QI Culture within the Trust. The QI Charter now includes a question to prompt the inclusion of patients/carers as part of the delivery of QI projects.

In November 2019, the Trust launched its four tier Quality Improvement training programme (shown in section 2.2) which enables the provision of training in team meetings, classroom and e-learning environments. Throughout the year training places were provided to 220 members of staff at all levels including team meetings, Junior Doctor inductions, preceptorship programme and scheduled sessions.

In May and November, we celebrated some of our Quality Improvement projects and learnt new tools at our QI Forums and from September we launched our QI Consultancy as a mentoring group for QI champions.

Over the course of 2020/21 the QI team aims to undertake the following:

- Further develop the training programme to the Preceptorship Academy, Band 5 Mental Health Nurses development and the Leadership Programme.
- Develop a process to further align the QI programme alongside Patient Safety
- Develop the use of NHS Futures as an alternative median for QI champions to communicate and learn.
- Continue to the journey to embed the QI Culture within the Trust with the support of our staff, volunteer and service user champions.

Medical Appraisals

We are developing a process with the Medical staff to ensure that Friends and Family Test feedback is discussed routinely in the PADR/Appraisal process. The appraisal lead for the Trust will be discussing at the Appraisers forum how we can build on the individual patient feedback as well as the organisational feedback which is available to the consultant so that every Consultant can think about feedback from a personal as well as organisational perspective and this will be reflected in their annual appraisal.

The Community Mental Health Service User annual survey is discussed at the Consultant Forum led by the Medical Director, to support a culture of continuous improvement within our medical workforce.

Live Patient Safety and Experience Dashboards

In order to ensure that staff at all levels of the organisation understand and use data in relation to incidents, complaints and experience we launched a Datix dashboard for incidents, complaints and compliments in March 2020. Datix is the system by which staff report incidents and we record complaints and compliments. The dashboard enables teams to identify areas of good practice, themes and trends and areas for improvement. The dashboards will be used in team and divisional governance meetings and team daily safety huddles to continue our journey to achieve a rating of good for safe by the CQC.

The Trust has a Friends and Family Test (FFT) 'live' data dashboard which shows the results of the FFT survey feedback received from patients, service users and carers. The information shows how we are performing at organisation, division and team level and includes:

- Number of survey forms received
- Percentage of people who would recommend our services, by month
- Breakdown of positive, neutral, negative and don't know responses
- Random selection of feedback comments including; main reason for recommending/or not, what we do well and what we could do better

Teams are discussing their data in team meetings to share the feedback; good feedback is celebrated and actions are identified were improvements can be made.

Patient Safety Strategy

In September 2019 the Trust launched the Patient Safety Strategy, which is fully-aligned to the national Patient Safety Strategy. Our vision for 2019-2022 is to develop a 'high reliability' culture of safety, which is based on the experience of high-risk industries such as the aviation and the nuclear industries. Such a culture ensures consistency to ensure that all our staff understand, collaborate, develop and share learning in relation to patient safety across the organisation in conjunction with patients, carers and wider agencies and partners. Embedded within the Trust approach to patient safety is the requirement that every person working in Humber Teaching NHS Foundation Trust is aware of their responsibilities in relation to ensuring the safety of our patients, carers and families and takes appropriate action to maintain safety in our most vulnerable service users. Equally, we assert that our staff must feel safe; safe to report incidents without fear of reprisal, safe to question practice or resources and safe in their daily work. As an organisation we recognise that our staff are our greatest asset and we are committed to developing a culture of learning, transparency and openness that enables us to continue to improve patient safety and make Humber Teaching NHS Foundation Trust an excellent place for staff to work.

We have identified six priorities across the three areas (insight, involvement and improvement) identified in the NHS Patient Safety Strategy and these are aligned to our overall Trust strategy goals.

Our Patient Safety Priorities

Insight

1. To 'develop a positive and proactive safety culture
2. To reduce the number of Patient Safety Incidents resulting in harm

Involvement

3. To work with patients, carers and key partners to continuously improve patient safety
4. To ensure staff are equipped with the appropriate patient safety knowledge and skills to embed an organisational wide culture of learning from patient safety incidents

In order to implement our strategy we have developed a comprehensive implementation plan and associated programme of training which will be delivered through a range of online and face to face methods.

Peer Support

Professional leads, managers and divisional representatives have been working co-productively, with present and former service users, to look at introducing peer support workers (PSW) into the Trust. The advisory group which was formed, called itself the 'Journeys' group, and started with a fundamental belief that introducing people with lived experience of mental health problems into the workforce, would make a significant contribution to making the services more recovery-orientated. Drawing on written and anecdotal evidence from Nottingham, Leeds and elsewhere where these roles have been successful, the 'Journeys' Group set about working through the potential challenges and exploring the common myths and misperceptions associated with employing PSWs.

Service user and carer experience and insight in the group have been essential to ensure an informed perspective, to get the right vision, and to incorporate all the key elements of preparation, training, building support systems and inclusivity.

On a practical level, the 'Journey's' group, worked on a job description and person specification, which was banded at the Evaluation panel, and refined a matrix which defined the roles of peer workers, mental health practitioners and other support staff, to ensure role clarity.

The group were asked to present their co-produced work on Peer Support to the Trust Board in September 2019. The Board were very positive about moving forward from the 'Preparation phase', and gave a direction, and a commitment, to support the 'Journey's' Group in moving forward toward recruitment.

Given the widespread discussion about the positive impact of peer support working within mental health teams, a number of vacancies were identified, together with funding arising through the transformation of services.

A total of 15 PSW posts have now been advertised though NHS jobs, and span across community mental health and inpatient services. There have been 3020 views on the site, and a significant number of applications from candidates aspiring to the PSW role. It is of note that there are numerous references to people's involvement in Trust networks, Patient and Carer Experience (PACE) forums, of both the 'Positive Assets' employment service, and the Recovery and Wellbeing College, and also the Trust's Volunteer Service, which together with the work of the Communications team, shows good breadth of reach. The interviews for the PSW posts are taking place at the end of March 2020, but there are future plans for additional peer support workers in other services, and possibly a carer support worker (CSW) too, who would be able to use their lived experience to support carers known to our services

Priority Three: Embed best available evidence in practice utilising patient reported and clinician reported outcome measures (PROMS, CROMS)

Why this was important:

It is important that we measure outcomes to determine whether the care we deliver is effective. There are a range of outcome measures available. Patient reported outcome measures (PROMS) capture a person's perception of their health and clinician reported outcome measures (CROMS) capture the clinician's perception. On an individual level these measures help us to detect improvements or worsening of symptoms and direct the choice of appropriate treatment. At a Trust level the use of outcome measure helps us to determine how effective our services are.

By developing and implementing standardised, evidence based metrics that incorporate National Institute for Health and Care Excellence (NICE) standards there should be more effective and comprehensive assessment of the care provided to patients to inform improvement in services and ensure equity of access to high quality care.

We said we would
• Continue to develop and roll out PROMS and CROMS across services
• Develop carer related outcome measures for mental health services
• Develop and implement a process for utilising outcome measures in assessing the effectiveness of services

What we did

In collaboration with patients, service users and carers a tool called ReQoL (Recovering Quality of Life www.reqol.org) was implemented as one of the 2018/19 quality priorities. As the tool had only just been implemented in February 2019, it was agreed that this should continue to be a priority for 2029-20. Therefore over the course of 2019/20 we have continued to embed this outcome measure. The ReQol tool is short and simple to use and is suitable for a range of mental health conditions from common mental health disorders to more severe ones.

During 2019/20 the mental health division has worked with Business Intelligence to develop a clinical dashboard to enable practitioners to use the ReQoL results therapeutically. In addition, the data from the dashboard will be available for the Board to assess effectiveness of our services.

Carers Stress Tool

The Trust recognises the importance of carers receiving support. Therefore it is necessary to identify carers (somebody who the patient/service user/child or young person relies on for emotional support and/or to support with daily activities). The Trust has introduced the Relative Stress Scale Tool to support clinicians to identify if a carer is under stress and to indicate where support and/or intervention is required. It is recommended that the clinician completes the Relative Stress Scale Tool with the carer as early on as possible in the care pathway and at reviews (at least once a year).

2.4 Looking Forward: Our Quality Priorities for 2020/21

In January 2020, we held a 'Building our Priorities' workshop with patients, service users, carers, third sector organisations, commissioners and staff. During this workshop we presented our progress in relation to the 2019/20 priorities. This was followed by three separate presentations in relation to Patient, Service User and Carer Experience, Clinical Effectiveness and Patient Safety. The attendees used the presentations as a basis to suggest our 2020/21 Quality Priorities, in groups they ranked the priorities in order of priority. These were then proposed to the Board and as a result four priorities were agreed.

Priority	Strategic Goals
Priority 1 To work towards an approach to recruitment across clinical services and senior roles that involves patients, service users and carers in the recruitment process.	**Strategic Goal 1** Innovating quality and patient safety **Strategic Goal 3** Developing an effective and empowered workforce
Priority 2 Each clinical network will identify key NICE guidance where there are known gaps in compliance and have clear plans for addressing these gaps	**Strategic Goal 1** Innovating quality and patient safety
Priority 3 Develop an inventory of skills that is specific to individual roles which clearly outlines essential training and assessment requirements. This will include the frequency and means of reviewing and refreshing competency	**Strategic Goal 1** Innovating quality and patient safety **Strategic Goal 2** Maximising an efficient and sustainable organisation
Priority 4 Ensure teams have access to patient safety data and we can demonstrate improvements based on the data.	**Strategic Goal 1** Innovating quality and patient safety **Strategic Goal 3** Developing an effective and empowered workforce

Priority One: To work towards an approach to recruitment across clinical services and senior roles that involves patients, service users and carers in the recruitment process.

Why is this important?

The involvement of patients, service users and carers in the recruitment and selection process benefits both patients and the Trust; their perspective positively influences recruitment and selection decisions, which is crucial to the delivery of high quality services. Whilst qualifications, experiences, knowledge and professional skills are imperative to effective care and treatment, of equal importance is the demonstration of how the candidate possesses the values, positive behaviours and personal qualities that would enhance the patient experience. Patient involvement in recruitment and selection activity offers an invaluable perspective on this.

What we will do in 2020/21

We will:
• Ensure staff are familiar with the framework for involving patients, service users and carers in the recruitment process and the case for change • Actively recruit patients, service users and carers to join a recruitment network • Develop a training package for patients, service users, carers and staff to support them through the process • Commence a roll out across service areas

How will we know we are making a difference?

- An increase in teams implementing the framework for involving patients, service users and carers in recruitment which will positively influence recruitment and selection decisions which is crucial to the delivery of high quality services.
- Meaningful involvement will contribute to patients, service users and carers feeling recognised and valued which may lead to an improvement in their wellbeing and recovery.

Priority Two: Each clinical network will identify key NICE guidance where there are known gaps in compliance and have clear plans for addressing these gaps

Why is this important?

The National Institute for Health and Care Excellence (NICE) issues a range of guidance and standards on current best practice related to health technologies, clinical management of specific conditions and the safety and efficacy of interventions and procedures for a wide range of health issues. Where these are relevant to services and care delivered by Humber Teaching NHS Foundation Trust it is imperative that we understand if we are meeting the recommended standards and where we have gaps in compliance we are taking measures to ensure that we are taking action to improve our compliance and the safety and effectiveness of the care we provide.

What we will do in 2020/21:

We will:
• Each clinical network will review and report the applicability and compliance of published NICE guidance using HealthAssure. • Each clinical network will identify up to three pieces of guidance/Quality Standards where they have identified gaps in compliance that they have identified as a priority • Each clinical network will develop a locally owned action plan to address the gaps in compliance and review and report progress/exceptions via Nice and Clinical Audit Review Group (NCAR) and Quality and Patient Safety Group (QPaS)

How will we know we are making a difference?

- Complete and accurate reports of applicability and compliance in relation to published NICE guidance will be available to review from Health Assure
- Action plans will be developed and evidence of ongoing review, completed actions and escalation where required will be present in clinical network minutes and work plan.
- Year-end compliance with NICE guidance will have improved

Priority Three: Develop an inventory of skills that is specific to individual roles which clearly outlines essential training and assessment requirements. This will include the frequency and means of reviewing and refreshing competency

Why is this important?

We have skilled staff delivering a range of clinical interventions across a range of services. This included the effective delegation of some clinical task to unregistered staff and specialised areas of practice that require specific skills and competencies.

It is vital that we train our staff and ensure they are competent to deliver these clinical interventions effectively and safely. This can be done in several ways including written instruction; demonstration; simulation; observed and supervised practice. Once an individual is competent in a particular clinical skill we need to ensure that this is reviewed regularly to ensure that they remain competent especially where the skill may not be used frequently and/or if best evidence is evolving.

What we will do in 2020/21:

We will:
• Confirm existing skills that are being utilised across the services through policy review and feedback from clinical leads
• Review new skills identified in the new nursing curriculum and benchmark our ability to deliver training and assess competence against these skills
• Develop inventory of skills with baseline training and assessment requirements and frequency and means of ongoing means of reviewing and refreshing competency

How will we know we are making a difference?

- Evidence of new and refreshed training provision and staff uptake of training
- A Reduction in the number of incidents leading to patient harm as a result of poor practice and lack of clinical skill.
- Improved compliance with best practice
- New clinical competency framework which will support safe and effective clinical practice

Priority Four: Ensure teams have access to patient safety data and we can demonstrate improvements based on the data

Why is this important?

In order to continuously improve the quality and safety of the care we deliver it is important that teams have access to and understand their own incident data. By actively using this data teams will be able to identify themes and trends (both positive and negative) and identify ways in which they can improve safety and overall and patient experience.

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What we will do in 2020/21

We will:
- We will introduce a dashboard in each team which displays data from our incident reporting system known as Datix   - We will develop training for teams to enable them to improve their knowledge of how to use data to identify themes and trends and improve care   - We will ensure staff have access to quality improvement methodology to enable them to undertake quality improvement informed by the data.

How will we know we are making a difference?

- Evidence of staff using data effectively to inform quality improvements
- Increased numbers of quality improvement initiatives from frontline teams arising from identified themes in data.
- Reduction in recurring incident themes

How we monitor our progress in relation to the delivery of the quality priorities

The delivery of our quality priorities is monitored through our Quality and Patient Safety Group and Quality Committee. An assurance report is presented to each Quality Committee (a subcommittee of the Board), detailing the progress made, delivery against agreed milestones and impact.

2.5 Statements of Assurance from the Trust

In this section of the Quality Account, the Trust is required to provide statements of assurance in relation to a number of key performance indicators which are as follows:

- Services and sub-contracts provided by the Trust
- Freedom to Speak Up
- Annual report on rota gaps and vacancies: Doctors and Dentists in Training
- Emergency Preparedness, Resilience and Response
- Clinical Audit
- Research
- Commissioning for Quality and Innovation (CQUIN)
- Care Quality Commission (CQC) registration
- Data quality and coding
- Information Governance
- Learning from deaths

Review of Services Provided or Subcontracted by Humber Teaching NHS Foundation Trust

Humber Teaching NHS Foundation Trust held a number of contracts for the services delivered by the Trust and for services delivered for the Trust by other providers.

Working with our commissioners and providers Humber Teaching NHS Foundation Trust holds a range of contracts for the services delivered by the Trust and for services delivered on behalf of the Trust by other providers (subcontractors).

During 2019/20, Humber Teaching NHS Foundation Trust provided and/or subcontracted 175 relevant health services. Of these the Trust provided 123 and subcontracted 52 relevant health services.

The most significant contracts agreed were as follows:

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- NHS ERY CCG – Mental Health, Learning Disability, Primary Care and Community Services
- NHS Hull CCG – Mental Health, Learning Disability, Primary Care and Community Services
- NHS Vale of York CCG – Community Services
- NHS England – Medium and Low Secure Mental Health Services, Child Health Information Service, Primary Care Services, School Age Vaccination & Immunisation Services and CAMHS Tier 4 Services (from January 2020)
- Hull Local Authority – Mental Health and Learning Disability Service, Substance Misuse Services
- ER Local Authority – Mental Health and Learning Disability Services, Substance Misuse Services, Community Services and Integrated Public Health Nursing Services
- NHS Hambleton, Richmond and Whitby CCG – Whitby Community Services
- NHS Scarborough & Ryedale CCG – Community Services

Humber Teaching NHS Foundation Trust has reviewed all the data available to them on the quality of care in 24 of these relevant health services.

The income generated by the relevant health services reviewed in 2019/20 represents 91.84% of the total income generated from the provision of relevant health services by the Humber Teaching NHS Foundation Trust for 2019/20.

Freedom to Speak Up

In its response to the Gosport Independent Panel Report, the Government committed to legislation requiring all NHS trusts and NHS foundation trusts in England to report annually on staff who speak up (including whistleblowers). Ahead of such legislation, NHS trusts and NHS foundation trusts are asked to provide details of ways in which staff can speak up (including how feedback is given to those who speak up), and how they ensure staff who do speak up do not suffer detriment. This disclosure should explain the different ways in which staff can speak up if they have concerns over quality of care, patient safety or bullying and harassment within the Trust.

Response

Working in partnership with the Trust Board, staff members and staff governors we have developed a Freedom to Speak up Strategy (2019) which is supported by the Freedom to Speak up Policy and Procedure.

Our vision is to all work together to provide an open and transparent culture across our Trust to ensure that all members of staff feel safe and confident to speak out and raise their concerns.

The Trust's Executive Lead for Freedom to Speak up is Michele Moran, the Chief Executive and Peter Baren a non-executive is the Senior Independent Director. The Freedom to Speak up Guardian is Alison Flack (Transformation Director for Humber Coast and Vale) and the Deputy Freedom to Speak up Guardian is Helen Young (safeguarding practitioner).

The Guardians have both completed the National Guardians Office (NGO) training and also participate in the regional networking meetings.

There are a number of ways in which staff can contact the Guardians to raise their concerns including using the confidential speak up email address and direct phone contact. Staff can also use the Guardians NHS email addresses. In addition the FTSU Guardians attend the monthly new staff induction training, where the role of the Guardian and the importance of raising concerns and speaking up is explained and staff are provided with contact details. The Guardians also regularly visit Trust staff bases and team meetings and speak to staff directly, both formally and informally,

explaining the role of the Guardian and responding to any issues that are raised. Staff are kept updated on a regular basis regarding the role of the Guardian and the learning from individual cases via the Midday Mail and weekly global.

An annual speak up report is presented to the Trust Board and this includes details of the number of staff who have spoken up, details of the concerns and learning and actions taken. The Trust Board also hold board development sessions to measure progress against the NHSE/I FTSU Board self- assessment. Regular updates are also provided to the Trust's Workforce and OD sub-committee of the Trust Board.

Throughout the FTSU process staff who have raised concerns are kept informed about the progress of the concerns they have raised and are also offered a confidential meeting with an Executive Director of the Trust. When the concerns have been investigated, feedback is offered and provided to the staff member. On occasions it is difficult to provide feedback on any actions the Trust has taken, for example if the concern was raised anonymously or if it concerns another member of staff. Generally, however the investigator assigned by the Guardian will meet with the staff member who raised the concern, and give them general feedback on what action the Trust has taken.

Throughout the FTSU process, staff are reminded that if they choose to raise a concern through the FTSU process the Trust will not tolerate them being victimised in any way. This is discussed explicitly with staff from the outset, particularly if they are raising concerns about bullying and harassment. If staff do feel that they are at risk of being victimised for raising a concern, then this is discussed with senior managers, with a view to identifying what needs to be done, to protect that staff member.

A letter is sent to staff members who has raised their concerns from the Chief Executive to thank them and requesting that they complete a confidential anonymous questionnaire to provide feedback on their experience and also the support provided by the Guardians and the assigned investigators.

Annual report on rota gaps and vacancies: Doctors and Dentists in Training

The Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) require the Trust to produce an annual report on rota gaps and vacancies. The annual report was presented to the Trust Board in October 2019 by the Guardian of Safe Working. The report highlighted that while there continues to be vacancies in junior doctor workforce, with a proportionally high number of less than full time trainees (six out of 22,) the data does not indicate any major issues with safe working hours.

The recommendations were as follows:

- Recruitment to Psychiatry in the Humber region has proved difficult at times. The Trust has a number of initiatives to encourage recruitment and is advised to continue them
- Nationally other Trusts have seen noticeable benefits from using technology to maximise efficiencies of working and thus reduce junior doctor workload. Humber is rolling out electronic prescribing across the Trust which will have tangible benefits for junior doctors in terms of reducing travel between sites.
- The 2016 TCS mandates the provision of adequate rest facilities or alternative arrangements for safe travel home. This is important for patient safety as well as staff morale. This is an area the trust is looking in to in conjunction with the junir doctor cohort and work should continue in this area.

Caring, Learning and Growing

Progress made in 2019/20 in bolstering staffing in adult and older adult community mental health services, following additional investment from local CCGs' baseline funding

In line with NHS Mental Health Implementation Plan we are undertaking transformation work across our adult and older adult Community Mental Health Teams. The focus of this work is to develop the mental health offer in primary care. Nationally, community mental health teams (CMHT) have been recognised as an essential part of mental health services. A project programme is in place supported by a number of work streams and the key objectives are that:

- We have people from different backgrounds and training working with improving access to psychological therapy services connected to primary care and primary care networks, including health and wellbeing workers, pharmacists and peer support workers.
- Ways of working that mean people are supported into and out of different parts of the mental health system, rather than referred in and discharged out.
- There is a focus on recovery and helping people to stay connected to their communities.
- Less emphasis on someone's age and a bigger focus on who is in the best position to support them.
- A focus on employing more people who have expert skills in understanding how trauma can affect an individual's mental health
- Anyone using the service for the first time will not wait more than 4 weeks from referral to treatment from the community mental health teams including a detailed assessment to develop a plan for the future.

This means that there will be new roles, new ways of working and less barriers between different organisations, teams and workers. Ongoing service user, carer, staff and stakeholder engagement is key to achieving this ambition and is central to this programme of work.

Emergency Preparedness, Resilience and Response (EPRR) Assurance 2019/20

All NHS trusts have a duty to plan for and respond to major, critical and business continuity incidents whilst maintaining services to patients.

In order to provide assurance that it has addressed this duty, the Trust has reviewed itself against NHS England's core standards for Emergency Preparedness, Resilience and Response and for the sixth year running has rated itself as 'substantially' compliant in 2019.

The Trust continues to improve care and service safety, resilience and response through a programme of training, testing and learning from incidents internally, through networks and partners.

The Trust's overall assurance rating has been signed off by the Executive Management Team, the Trust Board and shared with the Local Health Resilience Partnership.

Improving Care through Clinical Audit

Clinical audit enables the Trust Board to determine whether the care we are providing is in line with recognised standards. We undertake a programme of clinical audits across our services to include the use of the National Institute for Clinical Excellence (NICE) quality standards and Care Quality Commission (CQC), Key Lines of Enquiries (2015). We also audit themes emerging from serious incidents, adverse events and recorded complaints to fully inform our programme of clinical audit.

The services across the Trust are all aligned to a Clinical Network. Each clinical network aims to have three to five audits ongoing at any time and also contribute to national and the Prescribing Observatory for Mental Health UK (POMH-UK) audits.

Proposals for new audits and service evaluations are reviewed by the clinical network and priority and relevance agreed. The NICE and Clinical Audit Review Group (NCAR) provides oversight and tracking of agreed audit and other improvement activity with six monthly reporting to the Quality and Patient Safety Group and thereafter the Quality Committee. This includes reporting and review of actions arising from completed audits.

Clinical audits form part of our approach to Quality Improvement and this is shown through the diagram below:
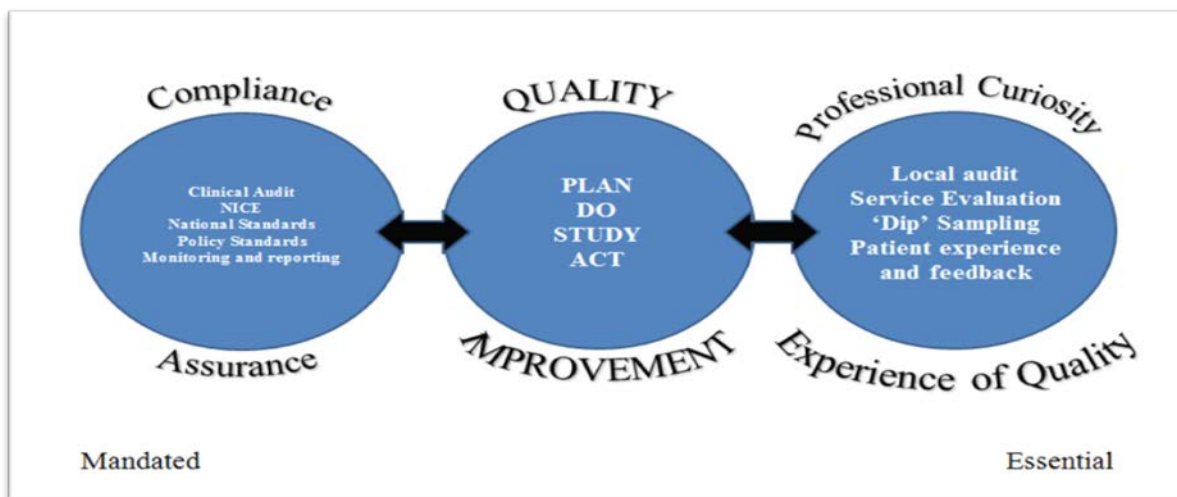
Audits Undertaken During 2019/20

During 2019/20 ten national clinical audits and one national confidential enquiry covered relevant health services that Humber Teaching NHS Foundation Trust provides. During that period Humber Teaching NHS Foundation Trust participated in 91% (10 of 11) of national clinical audits and 100% (1 of 1) of national confidential enquiries of the national clinical audits and national confidential inquiries in which it was eligible to participate in. The national confidential inquiry the Trust participated in was the National Confidential Inquiry into Suicide, Homicide and Sudden Unexplained Death. All mental health trusts across the UK provide data to the Confidential Inquiry, which enables themes and trends to be investigated on a national level. The Quality Committee were given an overview of the findings from the 2019 Confidential Inquiry in January 2020 and these findings continue to inform our patient safety programme.

The national clinical audits and national confidential inquiries that Humber Teaching NHS Foundation Trust was eligible to participate in during 2019/20 are as follows:

Eligible National Clinical Audits 2019/20
Falls and Fragility Fractures Audit programme (FFFAP)
National Diabetes Audit – Adults
National Audit of Care at the End of Life (NACEL)
UK Parkinson's Audit
Learning Disability Mortality Review Programme LeDer
Mandatory Surveillance of bloodstream infections and clostridium difficile infection
National Clinical Audit of Anxiety and depression (NCAAD)
National Clinical Audit of Psychosis (NCAP)
POMH Topic 19a – Prescribing for depression in adult mental health
POMH-UK Topic 18a – Use of Clozapine
POMH Topic 7f – Monitoring of Patients Prescribed Lithium

Eligible National Confidential Inquiries 2019/20
Suicide, Homicide and Sudden Unexplained Death

The national clinical audits and national confidential enquiries that Humber Teaching NHS Foundation Trust participated in during 2018/19 are as follows:

Eligible National Clinical Audits 2019/20
Falls and Fragility Fractures Audit programme (FFFAP)
National Diabetes Audit – Adults
National Audit of Care at the End of Life (NACEL)
UK Parkinson's Audit
Learning Disability Mortality Review Programme LeDer
National Clinical Audit of Anxiety and depression (NCAAD)
National Clinical Audit of Psychosis (NCAP)
POMH Topic 19a – Prescribing for depression in adult mental health
POMH-UK Topic 18a – Use of Clozapine
POMH Topic 7f – Monitoring of Patients Prescribed Lithium

Eligible National Confidential Enquiries 2019/20
Suicide, Homicide and Sudden Unexplained Death

The national clinical audits and national confidential enquiries that Humber Teaching NHS Foundation Trust participated in, and for which data collection was completed during 2019/20 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Clinical Audits 2019/20	Cases Required	Cases Submitted	%
National Audit of Care at the End of Life (NACEL)	40	9	23%
Learning Disability Mortality Review Programme LeDer	No minimum requirement	14	100%
UK Parkinson's Audit	10 Occupational Therapy 10 Physiotherapy	0 Occupational Therapy 0 Physiotherapy	0% 0%
National Clinical Audit of Psychosis (NCAP)	100 Community 50 Inpatient	100 Community 50 Inpatient	100% 100%
National Audit of Anxiety and Depression	80	54	68%

National Clinical Audits 2019/20	Cases Required	Cases Submitted	%
(NCAAD)			
POMH Topic 6d: Side Effects of Depot Antipsychotics	No minimum requirement	73	N/A
POMH Topic 7f: Monitoring of Patients Prescribed Lithium	No minimum requirement	18	N/A
POMH-UK Topic 18a: Clozapine in the Community	No minimum requirement	21	N/A

National Confidential Enquiries (2019/20)	Cases Required	Cases Submitted	%
Suicide, Homicide & Sudden Unexplained Death	N/A	6	N/A

The reports of five national clinical audits were reviewed by the provider in 2019/20 and Humber Teaching NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

National Clinical Audits 2019/20	Actions
Falls and Fragility Fractures Audit programme (FFFAP)	Awaiting report, still ongoing.
National Diabetes Audit – Adults	Awaiting report, data collection ongoing.
National Audit of Care at the End of Life (NACEL)	Three elements of data collection during 2019/20 as follows: Data collection during period of 3 June to 11 November 2019 case note review community sites all deaths in April and May 2019. Mental Health providers are not required to participate in NACEL. Awaiting local action plan.
UK Parkinson's Audit	National report completed awaiting local action plan.
Learning Disability Mortality Review Programme LeDer	The national report published in May 2019 made 12 recommendations, these have been reviewed and the learning implemented via the clinical networks.
National Clinical Audit of Anxiety and depression (NCAAD)	Part of CQUIN and subject to ongoing audit. Carer Contact and Carer Assessment is in the electronic patient record – Lorenzo. Service User involvement is included in the updated Lorenzo Care Plan and subject to audit on HealthAssure and the Mental health Act audit. Medication Information box was added to the medicines administration record (MAR) chart initially however this now on the e-Prescribing Tab on Lorenzo.

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National Clinical Audits 2019/20	Actions
	Ensure appropriate discussions take place for referrals to all therapies/professional groups. Ensure 72-hour follow up is completed after discharge for all.
National Clinical Audit of Psychosis (NCAP)	Data collection completed. Report due for completion April 2020.
POMH Topic 6d: Side Effects of Depot Antipsychotics	Service User involvement is on the updated Lorenzo Care Plan and subject to audit on HealthAssure and the Mental Health Act audit
POMH Topic 7f: Monitoring of Patients Prescribed Lithium	Medication Information box was added to MAR chart initially however this now on e-Prescribing Tab on Lorenzo : consider adding to Junior doctor potential audit list
POMH-UK Topic 18a: Clozapine in the Community	Discuss at Clinical Network and Junior doctor induction: consider adding to Junior doctor audit list

The reports of 28 local clinical audits were reviewed by the provider in 2019/20 and Humber Teaching NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Local Clinical Audits 2019/20	Actions – summary
Antipsychotic Prescribing in Dementia MH	The Audit has demonstrated that antipsychotic prescribing in dementia across our older adult community mental health teams is below the local and national rate which is positive. However it was found that the documentation of decisions to prescribe antipsychotics varies not only in terms of the standards measured but also in terms of where in the patient electronic record such decisions are recorded. As a result a possible Improvement to pilot following this audit cycle could be an electronic form to be added to Lorenzo where best interest decisions for antipsychotic prescribing could be recorded including the five standard areas. To prevent the risk of the antipsychotic monitoring/review being lost to follow up this could eventually include an electronic reminder.
NICE NG53 Transition between inpatient and community services	Findings should be read in conjunction with the completed NG53 Baseline Assessment tool, Trust NG53 working party and CPA/family interventions work.

Local Clinical Audits 2019/20	Actions – summary
	Admissions to inpatient units that do not follow the Mental Health Response service (MHRS)/Older People's crisis team pathway should ensure a full Initial Assessment is recorded. Clinicians should ensure they document on Care Plan, Supportive Engagement Plan, Risk Assessment and Discharge Plan, if the service user and/or family member was involved in developing it and if they were offered a copy. Clinicians should ensure they document capacity where relevant when making decisions about care and treatment.
Quality of Seclusion Medical Review according to Trust Guidelines	To develop a template for Seclusion Medical Review according to Trust Guidelines and to incorporate in the already To present the findings from the audit in the junior doctors teaching programme. Re-audit in one year's time. Add prompts to Medical seclusion review form on Lorenzo to review mental, physical health, capacity, risks, management frequency of physical observations, medication, restrictions in seclusion and exit plan. Prompts also to be added to MDT Review form one. Compare audit findings against Matrons audits (CQC raise concern re timing of reviews) timing of medical reviews.
Anticholinergic Cognitive Burden of patients admitted to Maister Lodge	To introduce regular monitoring of ACB score along with other medication side effects on the ward as part of a wider side effect monitoring tool. To review prescriptions for commonly prescribed physical health medications not usually thought of as being anticholinergic like furosemide, digoxin, ranitidine and atenolol. Consider liaising with neurology about any patients with Parkinsons as to whether there is any scope for less anticholinergic options.
Review of the quality of falls reviews Maister Lodge	All nursing staff on the ward to be reminded by email to document the exact

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	time at which a fall took place in the Communication tab entry, not just the Datix, and the junior doctor to likewise record the time of their review (not just the time of the entry on Lorenzo). Present the findings of this study to the junior doctors at the Wednesday morning academic programme. Repeat review six months after these interventions to establish whether quality of reviews has improved or whether further actions are needed.
Physical health on admission monitoring	Information about the physical health monitoring requirements should be included in the induction for junior medical staff. Posters should be placed in clinical areas outlining the list of blood tests that are required on admission. Pre-printed stickers can be used for blood request forms on admission so that all the required bloods tests are requested. A dedicated section for documenting blood and ECG results on admission should be created under the 'Medical' tab on Lorenzo.
Physical health care of patients on PICU	Include a column for Physical Examination and Review on the Patient status at a Glance (PSAG) Board as a reminder to medics. New form to incorporate different assessment used during admission to use in the Immediate Discharge Summary. To familiarise junior doctors with the admission assessment forms during induction. To repeat audit in six months after work has been completed. Present audit results at Medical Staffing Meeting.
NICE CG90 Depression in Adults: recognition and management	Implement the pathway for depression in embedding the stepped care model. Cognitive Behaviour Therapy (CBT) provision to be reviewed for Hull and East Riding CMHTs.

Caring, Learning and Growing

Local Clinical Audits 2019/20	Actions – summary
	Occupational therapy (OT) provision to be reviewed throughout Hull and East Riding Community Mental health Teams (CMHTs).
	Agreement and implementation of consistent outcome measures.
	Carer Assessments and information to be clear in patient notes/added to Lorenzo.
	Discussion and directive to inpatient staff to ensure they provide and record medication information to service user.
NICE CG192 Antenatal and postnatal mental health: Pharmacological interventions	GP letter to clearly document whether baby is breast fed or formula fed.
	Next data collection tool to include oral antipsychotics and antidepressants medications and their indications.
	Highlight in GP letter the importance of checking Lamotrigine or Lithium levels as per recommendations even if the indication is for a physical cause.
	Documentation required in relation to whether Psychology support was offered/declined or accepted by the patient/not offered due to service arrangements.
	Documentation required regarding whether information leaflets are offered.
	Re audit in six to 12 months of original audit.
NICE CG91 Depression in adults with a chronic physical health problem: recognition and management	Results against care planning standards to be discussed at the Mental Health Division Clinical Network, cascade to the learning centre lead, clinical and medical forums and teams.
	Discussion with Patient/Carer Experience Lead regarding the potential additions to Lorenzo forms to make carer information more visible.
	Review/discussion with junior doctors' induction team regarding chronic medical assessment and information required for GP discharge letters.
NICE CG185 Bipolar disorder: managing bipolar disorder in adults in secondary care clinical audit	Present the audit to the Drugs and Therapeutics Committee and medical

Caring, Learning and Growing

Local Clinical Audits 2019/20	Actions – summary
	continuing professional development (CPD) meeting. Agree a standardised area within Lorenzo to store consent to share information. Discussion with CMHTs regarding referral of Bipolar Affective Psychosis patients for structured psychological intervention/documenting refusal or inappropriate for psychology.
NICE NG58 Coexisting severe mental illness and substance misuse	Future audit in partnership with partner agencies to evidence/identify areas for improvement. Robust training packages need to be delivered on a regular basis to ensure workers maintain knowledge and competencies.
NG97 Dementia: assessment, management and support for people living with dementia and their carers	Assessing and managing other long-term conditions in people living with dementia: Ongoing issues exist with referrals for people with learning disabilities (LD)/difficulties without formal LD diagnosis. Palliative care: In conjunction with Dove House the Older People Services are currently undertaking an 'End of Life Project' to include training staff in advanced care planning. Supporting carers: Patient and Carer Team to be approached to discuss the identification of carers willing to support with training.
Review of the effectiveness of the 'group security induction' process for bank staff	The current 'group' approach to bank security inductions should continue. All inductions must be completed within 42 days. Any bank staff who do not take up a shift at the Humber Centre for a period of eight weeks will lose the 'security' skill, and thus no longer be able to take up shifts at the unit until their training is refreshed. Thereafter, bank staff who fail to pick up any shifts for a period of 12 weeks should lose the 'security' skill, and thus not be able to take up bank shifts at the Humber Centre.

Caring, Learning and Growing

Local Clinical Audits 2019/20	Actions – summary
	Explore options for monitoring the above using the e-roster, or establish an internal monitoring system similar to that used in data collection.
Evaluation of the Medium Secure Personality Disorder service (Swale ward)	The data will also be reviewed by the Swale team and further analysis considered to help improve understanding of our client group and the effectiveness of admission to Swale ward.
ECG Monitoring in High Dose Methadone	It is the responsibility of the keyworker to discuss the need for ECG monitoring (where required), book the ECG appointments/give patient reminders and record non-attendance/attendance at ECG appointments.
Prescriber's review for patients on opioid maintenance treatment	Explanation to patient that when prescribed opiate substitution treatment (OST), prescriber reviews are essential for monitoring safety and effectiveness of medications prescribed. This is an opportunity for a holistic assessment of addiction recovery needs and review progress of personal recovery goals. If patients do not attend for prescriber reviews, it will not be possible to prescribe safely and so the medication will be reviewed without the patient present. Ensure telephone consent and telephone numbers correct for patient in SystmOne. All patients prescribed opioid substitution treatment booked for a prescriber review every three months. Text message with appointment details will go to patient on the date the appointment is made. Two weeks before prescriber review an appointment letter sent to patient. Verbal reminder of prescriber review. Text message reminder the day before. If the patient does not attend prescriber review, Prescriber to task Admin to send Did Not Attend (DNA) Letter 1. Keyworker to discuss the reason for non-attendance with the patient and show the letter to the patient. Keyworker to rebook the appointment with the patient. Use 'improving attendance at appointments' framework and DNA policy.

Caring, Learning and Growing

Local Clinical Audits 2019/20	Actions – summary
	If patient does not attend the next prescriber review – medication review to be undertaken in patients absence. Medication to be changed to daily collection or supervision (if not already done so). DNA Letter 1 to be sent out and amended with changes made.
Weight and Height monitoring Chart for CAMHS patients on ADHD medication.	Height and weight record keeping to be maintained on a separate Tab on Lorenzo. Once the height and weight chart is maintained, the same chart can be appended over time on subsequent reviews.
Re-audit of the practice of prescribing stimulant medication against NICE guidelines NG87 in CAMHS	Prescribing Stimulants within our CAMHS treatment units continue to perform to the standards recommended by NICE. There were minimal areas in need of improvement; the objective is now to maintain our present practice to ensure safe prescribing. However some areas have shown minor decline since we audited this in 2016 and these will be subject to close monitoring. A re-audit in 12 months' time should be considered to evaluate the practice again. The audit tool used for this audit could be attached to all patients' notes, as this will act as a reminder for prescribers and will also facilitate further auditing.
Use of Psychotropic Medications in accordance with STOMP (Re-audit)	Continue a focus on staff training sessions and bespoke input from the named Lead nurses and Psychologists. Continued attendance at STOMP conferences and updates. Continued focus at team meetings.
NAIC 2018: National Audit of Intermediate Care 2018	Work with the business intelligence (BI) to ensure consistency of recording and reporting of the prevention of admission work Continue current practice. Work with BI to accurately collect data regarding face to face contacts. Continue to work in partnership with East Riding Council to seamline processes from referral to request for care services.
Dermatology Audit – Manor House Surgery 2018/19	Awaiting report.

Caring, Learning and Growing

Local Clinical Audits 2019/20	Actions – summary
Document management – Manor House Surgery	Of the 160 letters (40 letters from four scanners), only three letters were deemed to be sent on inappropriately. These letters were sent on to the prescription desk when there was no medication to check on the letters. Out of the 160 documents, 20 letters were forwarded to the GP.
Antibiotic Prescribing Sore Throat Manor House Surgery	To encourage Clinicians to make use of Fever PAIN or Centor algorithm and integrate these algorithm (templates) into the EMIS platform. Encourage use of TARGET Treating Your Infection – Respiratory Tract infection (TYI-RTI) leaflet. Re-audit to be carried out in six months to evaluate the impacts of these changes.
Patients at high risk of diabetes Manor House Surgery Third cycle	This was felt to have been a useful audit and showed that the practice had significantly improved its management of these patients.
Heart Failure Audit	Subsequently established a specialist Heart Failure (HF) clinic for practice patients using a new standardised HF template. Patient care has been improved by improving access to treatment and specialist services. Improving patient care also supports Quality Outcomes Framework (QoF) heart failure indicators and thus practice income.
Blood Monitoring at Market Weighton Practice	Patients having diabetic bloods do not need Hypertension or coronary heart disease (CHD) bloods as diabetic bloods cover them. Repeat test eight weeks after initiation of statins. Two weeks after commencing Angiotensin-converting enzyme inhibitors (ACE) inhibitor or each change of dose.

Caring, Learning and Growing

Research and Innovation

Research

We recognise the importance of investing in research; enabling our staff to learn and grow and our community to participate in healthcare improvement. As there is evidence that people do better in organisations that do research we view this as core business and as such are committed to working with key local, national and international experts, to increase opportunities for our community to take part in studies. Our growth and delivery of research in the Trust contributes to the wider evidence base for better health, increased opportunities for our community to shape services and improvements in the quality of our care locally.

We are immensely proud of our increase in research activity; almost double the number of studies and participants than six years ago. Based on the size of the population the Trust covers it recruits a significantly larger proportion of people into National Institute for Health Research (NIHR) Portfolio studies than many other trusts across the country which provide similar services. National research activity league tables published July 2019 by the NIHR, listed the Trust in the top third of mental health trusts for 2018/19, (www.nihr.ac.uk/research-and-impact/nhs-research-performance/league-tables, accessed 20/01/2020); of the 50 listed we were 16 for number of participants recruited into studies. Across the 22 trusts in Yorkshire and Humber we were fourth in percentage change (36% increase) in recruitment from 2017/18 to 2018/19, indicating our continued growth and increased opportunities to impact on future healthcare for our community.

> I get a real kick out of it. Good that I can help others in the future…I always feel better about things after your visits.
> **Research participant**

The number of patients receiving relevant health services provided or sub-contracted by Humber Teaching NHS Foundation Trust in 2019/20 that were recruited during that period to participate in research approved by a research ethics committee was 1,464; 1372 patients were recruited to NIHR Portfolio studies and 92 were recruited to local studies. In total, there were 47 Portfolio studies and 20 (non-Portfolio) local studies running in the Trust in 2019/20. The Trust far exceeded its target of 660, set by the Yorkshire and Humber NIHR Clinical Research Network (CRN), for recruitment to Portfolio studies in 2019/20. It was also the first NHS site to open, the first to recruit and the first to reach its recruitment target on a number of national Portfolio studies. Patients accessing Trust services are offered a breadth of research opportunities spanning numerous health conditions and many types of study design; approximately a third of Portfolio studies involved the evaluation of novel treatment interventions.

See the summary infographic on the following page for '2019/20 in numbers'.

Humber Research: 2019-20 in numbers
(National Institute for Health Research Portfolio Studies)

NHS Humber Teaching NHS Foundation Trust

27 Local Principal Investigators (8 New)

Involved in studies throughout the **UK**

85% Surveyed would recommend taking part in research to friends and family

Children's and Learning Disability 7
Secure Services 1
Community and Primary Care 8
Multiple Divisions 2
Mental Health (unplanned care) 3
Mental Health (planned care) 26

47 Studies running

Children's and Learning Disability 2
Secure Services 0
Community and Primary Care 5
Multiple Divisions 0
Mental Health (unplanned care) 2
Mental Health (planned care) 17

26 Studies open to recruitment

1372 Participants took part in studies

A further 20 non-NIHR Portfolio studies were also running in the Trust with 92 participants recruited

In 2019/20 the Trust continued to provide core funding for a small number of key research posts, demonstrating its commitment to grow research, provide increased opportunities for patients to take part in good quality research studies and contribute to the national evidence base for future healthcare delivery.

As the Trust is a partner organisation in the Yorkshire and Humber CRN, an additional £297k of CRN funding was provided specifically to support the delivery of NIHR Portfolio studies in 2019-20, with a further £12,500k for specialty leads with Trust contracts, one for dementia and the other for mental health, to champion research across Yorkshire and Humber. A small amount of additional CRN funding was also provided to the Trust in year for the research team in their role training other researchers across Yorkshire and Humber, for equipment to increase agility and for support to the Chief Executive in her role as CRN Partnership Group Chair. A further bid for £23k CRN funding to increase research opportunities as part of the Bridlington Health Town initiative was also granted for the period Dec 2019 to March 2020. In addition to CRN funding the Trust received £20k Research Capability Funding from the Department of Health and Social Care (DHSC), which has been used to support a small number of clinicians working with academic colleagues to develop grant applications with the potential of bringing new research to the Trust. As a direct result of this, funding has been secured for a study utilising telemedicine in addiction services. Additional study-specific funding from universities has also been secured throughout the year.

Significant progress has been made against the objectives set out in the Trust's Research Strategy 2017-19. A new strategy for 2020-22 has now been developed in consultation with various groups, including patients, carers, staff, Trust Governors the Board and other key stakeholders. This also included a round table session with around 170 people from 26 organisations that attended the 2019 Trust research conference. The new strategy builds upon the successes of the previous strategy, fits within the objectives of the overarching Trust Refreshed Strategy 2019-22, sets out three main priorities and includes new research ambitions.

Caring, Learning and Growing

The research department has continued to ensure the Trust operates in accordance with the statutory guidance of the UK Policy Framework for Health and Social Care Research (2017). This includes conducting specific tasks to 'assess, arrange and confirm local capacity and capability' to deliver each new study, as part of the national Health Research Authority (HRA) approval process. Work has continued in 2019/20 to adapt EDGE (local performance management system) to manage this information and to enable the CRN to access the study level data they require to monitor Trust performance. This includes that of 'recruitment to time and target' (RTT), which has increased in importance for the NIHR. Certain elements of EDGE communicate automatically with the national central system for reporting research performance and monitoring equity issues around population access to research opportunities. The expectation is that the local system is kept up to date daily by the research department.

> **I would just like to say what a fabulous team you have been to work with! You have done an amazing job…. And you have made my job easier!**
>
> **Trial Manager, University of Manchester**

Each quarter the Trust has published its performance in initiating and delivering (PID) research, a DHSC national benchmark. The PID data in relation to eligible studies (intervention trials) have been posted on the research pages of the Trust's website as well as submitted centrally. This indicator has been met in quarters one to three, with the exception of one study for which the delay was not the fault of the Trust (N.B. quarter four had not been published at the time of writing).

Research performance data has been reported to the Board on a monthly basis, with a more detailed report provided six monthly, helping ensure research has remained high on the Trust's agenda. The Research and Development Group, chaired by the Medical Director, has reported into the Quality Committee quarterly to ensure there has been appropriate research management, governance, participation in quality research and strengthening of the research culture. The Assistant Director for Research and Development has continued to represent the Trust at various stakeholder meetings, including the Yorkshire and Humber CRN Partnership Group, which the Trust's Chief Executive also chairs.

It is important for research to have patient and public involvement and engagement (PPIE) and throughout 2019/20 there have been many examples of how the Trust has achieved this, including:

- Trust Patient Research Ambassador (PRA), someone living with dementia, has helped promote research. For example, they have presented at numerous staff induction days, promoted 'Join Dementia Research' as a way for more patients and their supporters to get involved in research, is a member of the Trust's Research and Development Group, written the foreword for our research strategy and presented at an internal conference in Dec 2019. In July 2019 they were also awarded an honorary doctorate by the University of Hull

in recognition of their contribution to research, teaching and helping people better understand the lived experience of dementia. Another PRA, a family carer, has also volunteered with the Trust and has promoted research alongside the wider research team.

> **You could not have volunteered with a better NHS Trust R&D service…the team is the tops!**
> **PPIE Officer, CRN**

- PPIE groups informed external research grant applications.
- PPIE representatives included as co-applicants on research grant applications and as a peer researcher.
- Previous participants of a study led by a Trust clinician are now members of the Advisory Board for a new Masters in Dementia at the University of Hull.
- Research participants shared their experiences in a celebration video at the Trust's 2019 research conference. This video has also been played at various other events to promote the importance of research and the benefits for patients, carers, service users and staff of being involved.
- Research participants asked about their experience of being involved in research via an annual Research Participant Experience Survey.

> **Feeling like we might be helping to improve treatment for this terrible disease.**
>
> **Seeing my mum interacting and having fun chatting to others.**
>
> **Research participant responses to survey**

- Recovery College workshops on 'Living with dementia and things you can do to help (through research)' included a person living with dementia facilitating the workshop with the Assistant Director of Research and Development.

> **Selection of comments from Recovery College student feedback**
>
> **Excellent workshop – entertaining, educating and inspiring.**
>
> **Humour, friendship, an enjoyable morning…such an amazing double act.**
>
> **So 'available' in terms of presentation of positive.**
>
> **Brilliant sharing of tips and experiences.**
>
> **Everything was done at a level that everyone could understand.**
>
> **I have a much better understanding of what life must be like for someone with dementia.**

During 2019/20 the research department helped develop new local principal investigators and opened studies in specialties not previously involved in research. Work continued to establish stronger relationships with higher educational institutions, locally and nationally, and other key

stakeholders to ensure as many research opportunities as possible for those accessing Trust services. Collaborating with Chief Investigators we have not previously worked with resulted in new research studies being opened in the Trust, including from Sussex Partnership NHS Foundation Trust, University College London and East London NHS Foundation Trust. The research team have worked hard throughout the year to ensure a quality service and that the Trust is a site national experts want to work with.

> **Thank you so much and congratulations on our first randomisation. What a great achievement and thank you all for your enthusiasm and support to the trial. I'm looking forward to working with you on delivering this important study, and I will never forget who got our first participant into the trial. It's a great Team. I really enjoyed meeting you all and felt really happy and optimistic after our site initiation visit. Looking forward to you smashing records for the trial!**
>
> **Chief Investigator, University College London**

Following the Trust's inaugural conference in 2017, our third research conference in May 2019 provided another opportunity to celebrate the Trust's contribution to research and to raise awareness locally. This was a huge success, with all 170 places snapped up within a few weeks, an increase from the previous year, and at least 26 organisations were represented. External guest speakers included, amongst others, Professor David Challis of the Institute of Mental Health at the University of Nottingham, Professor Simon Gilbody, Director of the Mental health and Addictions Research Group at the University of York, Professor Colin Martin of the Institute of Clinical and Applied Health at the University of Hull and Elaine Taylor-Whilde, CEO of Nine Health CIC, as well as Trust clinicians and research participants.

> **Selection of comments from conference feedback**
>
> **Inspirational, well designed conference agenda – setting out the importance and role of research in all our lives. A really good range of speakers.**
>
> **The personal stories were brilliant.**
>
> **Really inspired me to get involved with research.**
>
> **Stunning!!**

During 2019/20 new innovative healthcare interventions have continued to be evaluated as part of research in the Trust. For example, a structured intervention for expanding social networks for those experiencing psychosis, problem adaptation therapy for depression in dementia, low-intensity guided help through mindfulness and a phobia intervention for children and young people.

> We just wanted to say a very big THANK YOU for all your hard work in achieving above and beyond the required number of recruits!
>
> **Trial Manager, University of Nottingham**

Research was celebrated at the annual staff awards in Oct 2019, with a Consultant Psychiatrist winning the innovation award for their contribution to research. As well as being a local Principal Investigator for a number of national NIHR Portfolio studies and a member of national research

steering committees, they have also secured external funds to develop an innovative local research project using telemedicine to bring consultations closer to where people live.

During 2019/20 research continued to be promoted within the Trust and out in the community, including via social media, at public events, through community groups, voluntary organisations, sports clubs and via local media. A quarterly research newsletter has been circulated within and outside of the Trust and is available on the Trust's website. The research team has also promoted the NIHR's 'Be Part of Research' and 'Join Dementia Research' campaign. A number of research papers including authors from within the Trust have been published in 2019/20, a list of which is included on the Trust's website. These add to the pool of evidence that will contribute to the enhancement of healthcare in the future.

Most studies in the Trust are national NIHR Portfolio research, contributing to the larger national and international jigsaw of evidence which in future may lead to, for example, new NICE guidance, more appropriate patient/clinical outcome measures, new genetic discoveries to inform treatment and/or prevention and technology to aid clinical decision-making.

An example of research implementation into practice is the PINCER safety tool, which was developed and tested as part of a national research trial, and has now been implemented in most of our Trust GP practices. PINCER is led by pharmacists and pharmacy technicians and involves using computerised prescribing safety indicators to search clinical systems in general practices, identifying patients who are at risk from their medications. This increases the quality of life for patients and their families by lowering the number of complications, preventable hospital admissions and deaths; prescribing errors can be an expensive, preventable cause of safety incidents.

The impact of being involved in research is wide-ranging; from enhancing clinical skills to potentially saving lives. See below summary infographic for the 'impact of research in 2019/20' for the Trust.

Impact of Research 2019-20

Saved Lives

'Taking part in the research has been an amazing experience for us both'

''Just having somebody to discuss things with made a big difference'

'Better insight into how to resolve some of my negative feelings'

'I always feel better about things after your visits'

'The intervention has made me feel very safe'

'Seeing my mum interacting and having fun chatting to others'

This is what research participants told us

Enhanced Clinical Skills

32 staff trained in new clinical interventions

Generated Income

£389k external research funding into the Trust

Contributed to Evidence

45 national and international publications included authors from the Trust

Implemented Research

PINCER safety tool, now implemented in most of our Trust GP practices. Identifies patients at risk from their medications. Increases quality of life by lowering number of complications, preventable hospital admissions and deaths.

Shared Learning
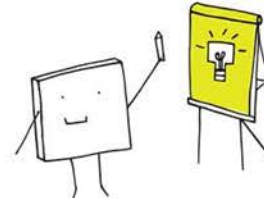
172 delegates from 32 organisations registered for 2019 Research Conference

47 local events (internal and external) attended by research team

Increased Patient \ Carer Contact

Jan Feb Mar Apr
May Jun Jul Aug
Sep Oct Nov Dec

More than 700 hours spent with patients\carers by researchers (over and above clinical contacts)

Enhanced Lives

NHS
Humber Recovery & Wellbeing College

'Excellent workshop – entertaining, educating and inspiring'
'Humour, friendship, enjoyable morning an amazing double act'
'Done at a level that everyone could understand'
'Brilliant sharing of tips and experiences'

50 people attended Recovery College workshops run by research team and person with dementia

Commissioning for Quality and Innovation (CQUINs)

CQUIN is an annual scheme where commissioners and providers agree on which areas need more focus for improvement and payments are made for evidencing those improvements. The scheme is refreshed every 12 months and each scheme may be different from preceding years.

A proportion of Humber Teaching NHS Foundation Trust income in financial year 2019/20 was conditional on achieving quality improvement and innovation goals agreed between Humber Teaching NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Agreed CQUIN Goals for 2019/20

The agreed goals for 2019/20 are shown in the table below. It is important to note that the achievements indicated are indicative only based on the Trust's own self-assessment as final feedback from our commissioners is not expected until June/July 2020. Further details of the agreed goals for 2019-20 and for the following 12-month period are available electronically at https://www.humber.nhs.uk/about-our-trust/cquin-scheme-201920

Indicator Name	Indicator Description	Services Applicable to	Predicted Achievement
CCG2: Staff flu vaccinations	Flu vaccine uptake target of 80% for front line clinical staff	East Riding/Hull Mental Health Services	1544/1971 (78.3%) of front line clinicians were vaccinated. With a payment range of 60% to 80% this equates to 91.7% achievement.
CCG3: Alcohol and tobacco screening/interventions	Adult patients in mental health inpatient services are screened for, and offered interventions to reduce, alcohol and tobacco use. 80% of inpatients must be screened. 90% of smokers and above low risk alcohol users must be offered an appropriate intervention.	East Riding/Hull Mental Health Services	100% achievement. All targets met.
CCG4: 72 hour follow up post discharge	80% of adult mental health inpatients receive a follow up contact within 72 hours of discharge from the inpatient service.	East Riding/Hull Mental Health Services	Awaiting publication of Q4 national figures but 100% achievement expected based on local reporting.
CCG5a: Mental Health Data Quality: MHSDS Data Quality Maturity Index	To achieve a score of 95% or greater in the Mental Health Services Data Set (MHSDS) Data Quality Maturity Index (DQMI). https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/data-quality	East Riding/Hull Mental Health Services	Awaiting publication of Q4 national figures but 100% achievement expected based on local reporting.

Caring, Learning and Growing

Indicator Name	Indicator Description	Services Applicable to	Predicted Achievement
CCG5b: Mental Health Data Quality: Interventions	70% of mental health referrals in scope for the MHSDS with two or more attended contacts to have at least one SNOMED intervention code recorded.	East Riding/Hull Mental Health Services	Approximately 5% of in scope referrals had a SNOMED code recorded by the end of March. This is below the minimum threshold for achievement (15%).
CCG6: Use of Anxiety Specific Disorder Measures (ADSMs) in IAPT	65% of Improving Access to Psychological Therapies (IAPT) referrals with a specific anxiety disorder problem descriptor finishing a course of treatment having paired scores recorded on the specified ADSM.	East Riding/Hull Mental Health Services	Awaiting publication of Q4 national figures but 100% achievement expected based on local reporting.
PSS4: Healthy Weight in Adult Secure Mental Health Services	To deliver a healthy service environment in adult secure services regardless of security level. To promote and increase healthy lifestyle choices including increased physical activity (in line with expectations set out in NHS England guidance) and healthier eating in all patients in adult secure services. To ensure continuity in approach and promotion of good practice across high, medium and low secure services.	Secure Services	Quarter 4 expected to be awarded based on the quarter 3 position which was 100%.
PSS5: CAMHS Tier 4 Staff Training	To improve the effectiveness of and team consistency in approaches, methods and interventions delivered in Tier 4 hospital and community setting. To adopt a whole team training ethos designed according to a standardised national training curriculum compliant with the CYP IAPT principles of participation, accountability, accessibility, evidence-based practice and awareness. To reduce unwarranted	Inspire	NHS England has confirmed that 100% achievement will be awarded.

Indicator Name	Indicator Description	Services Applicable to	Predicted Achievement
	variation in access, delivery of effective treatment modalities, quality comprehensive formulations and patient outcomes in Tier 4 service settings (inpatient and community). To ensure clinically appropriate lengths of stay.		
Improving awareness and uptake of screening and immunisation services in targeted groups	Identify groups likely to benefit from promotion of immunisations. Design and undertake a programme of communication and awareness, including community stakeholders. Monitor uptake and review the success of the promotional activities.	Integrated Specialist Public Health Nursing (ISPHNS)	Quarter 4 expected to be awarded based on the quarter 3 position which was 100%.
Hambleton, Richmondshire & Whitby Community Services			
CCG2: Staff flu vaccinations	Flu vaccine uptake target of 80% for front line clinical staff	Hambleton, Richmondshire & Whitby Community Services Scarborough & Ryedale Community Services	1544/1971 (78.3%) of front line clinicians were vaccinated. With a payment range of 60% to 80% this equates to 91.7% achievement.
CCG3: Alcohol and tobacco screening/interventions	Adult patients in community inpatient services are screened for, and offered interventions to reduce, alcohol and tobacco use. 80% of inpatients must be screened. 90% of smokers and above low risk alcohol users must be offered an appropriate intervention.	Hambleton, Richmondshire & Whitby Community Services Scarborough & Ryedale Community Services	Awaiting CCG confirmation of achievement. 100% expected.
CCG7: Actions to prevent hospital falls	80% of community patients, aged 65 or older with a length of stay greater than 48 hours must receive three key falls prevention actions: Lying and standing blood pressure recorded at least once No hypnotics, antipsychotics	Hambleton, Richmondshire & Whitby Community Services Scarborough & Ryedale Community Services	Awaiting CCG confirmation of quarter 4. 100% expected in HRW; 88.1% in S&R (due to target being missed in quarter 2).

Caring, Learning and Growing

Indicator Name	Indicator Description	Services Applicable to	Predicted Achievement
	or anxiolytics given during the stay OR rationale documented Mobility assessment to take place within 24 hours of admission and if required a walking aid to be provided within 24 hours of admission		
Local: Falls assessment pathway	To create a network of falls assessors across a range of organisations including healthcare, housing and residential services, the emergency services and the voluntary/charitable sector	Hambleton, Richmondshire & Whitby Community Services Scarborough & Ryedale Community Services	Unable to complete CQUIN due to COVID19. Awaiting CCG confirmation of achievement.
Local: Improving continence care in residential home	To improve the number of annual continence reviews undertaken for patients in residential homes who require continence products. An audit will be undertaken to assess of the quality of continence care in the homes and inform future actions.	Hambleton, Richmondshire & Whitby Community Services Scarborough & Ryedale Community Services	Awaiting CCG confirmation of achievement. 100% expected.

Income from CQUIN

In 2018/19 we achieved £1,428,155 for the CCG and NHSE CQUIN schemes. This is purely CQUIN so does not include other money available for meeting the STP engagement and financial control targets.

In 2019/20 there is a total of £1,265,741 available for achieving our CQUIN schemes.

Care Quality Commission (CQC)

Humber Teaching NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is registered to provide services. The Trust has no conditions on registration. The Care Quality Commission has not taken enforcement action against the Trust during 2019/20.

Humber Teaching NHS Foundation Trust has participated in a special review of Review of restraint, prolonged seclusion and segregation for people with a mental health problem, a learning disability and or autism by the Care Quality Commission relating to the following areas during 2019/20.The review is part of a national review. The CQC published their interim report in May 2019 and the final report is due for publication in March 2020 (will update this section once published). The report does not provide specific feedback on organisation but provides the overall findings of the review. As a Trust we are using the findings to continually assess and improve the care that we provide to our patients. It is important to note that our learning disability services are currently rated outstanding by the CQC.

Caring, Learning and Growing

An announced scheduled 'well-led' inspection was carried out by the CQC in 2019, from 12 to 14 February 2019. This was preceded by a number of unannounced inspections across eight core services and substance misuse services. The final report was received in May 2019.

Overall, the Trust was rated as Good. The CQC rated the effective, caring and well-led domains as good. The safe domain was rated as requires improvement. However, our mental health inpatient units and the Mental Health Response Service (MHRS) both improved their ratings in the safe domain from requires improvement to good, which is testament to the hard work of our staff since our last inspection.

Our Rating from the 2019 Inspection

Overall rating	Inadequate	Requires improvement	Good	Outstanding

Are services

Safe?	Requires improvement
Effective?	Good
Caring?	Good
Responsive?	Good
Well led?	Good
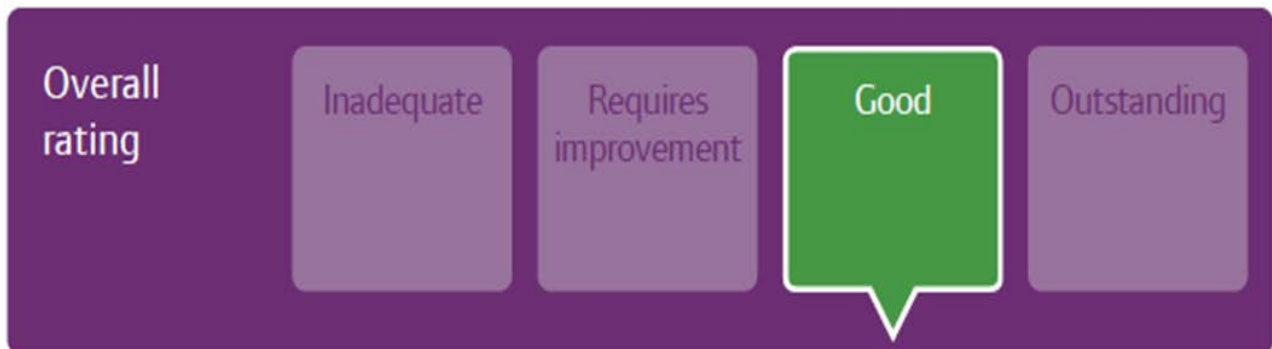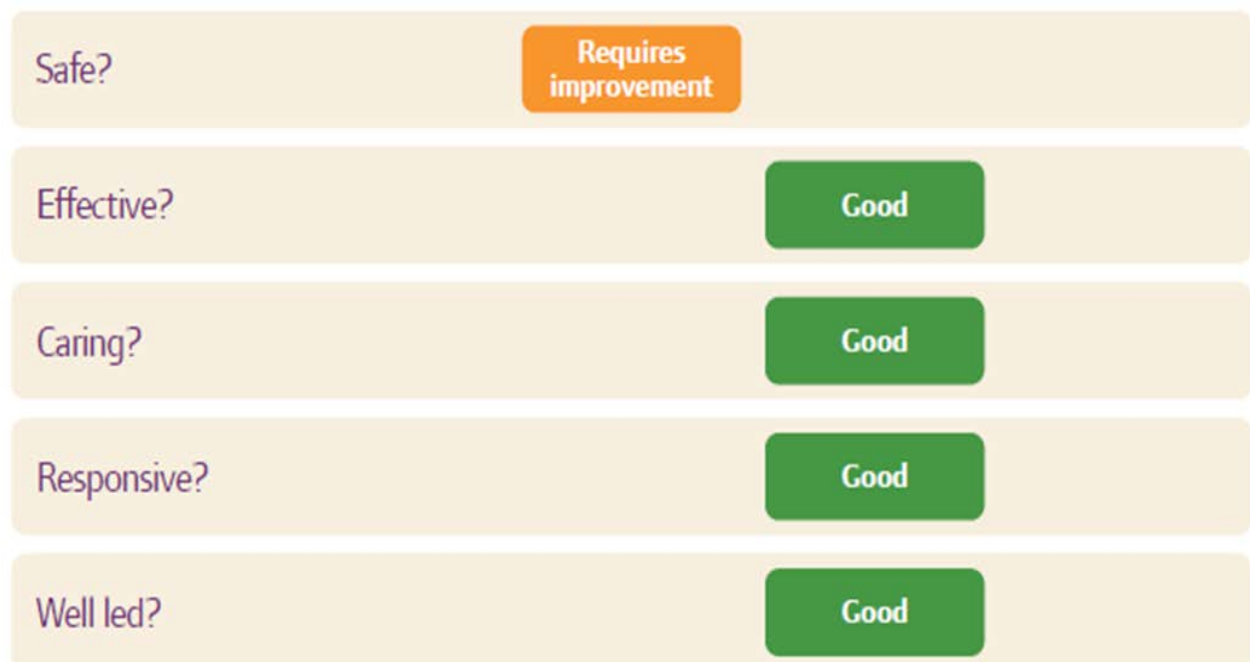
'Feedback we received from patients was positive. Friends and Family Test results were consistently positive.'

Outstanding Practice

Areas of outstanding practice were identified within in acute wards for adults of working age and psychiatric intensive care services, child and adolescent mental health services and Trust-wide. Examples of these are as follows:

- The Trust launched a friends and family test live data dashboard in April 2018 which showed the results of the friends and family test surveys received. The information showed how the Trust was performing at organisation, care group and team level. This live link was available via the Trust's internet page and patients, carers and staff could access this immediately. In February 2019 the live link showed that 216 people had responded to the survey and that 94% of them would recommend their services to friends and family if they needed similar care or treatment.
- The Trust had developed a bereavement package for deaths that occurred because of physical ailments. As part of that bereavement package the charity Health Stars paid for bereavement cards to be printed. Patients and carers developed the messages inside the card. The bereavement package included a card, advice on how to deal with bereavement for the carers, a card from the clinician who dealt with the loved one, links to funeral homes.
- Staff on Westlands had developed a toolkit for use with patients at risk of suicide and self-harm. They were in the process of providing training for staff on other wards.
- The Trust had reduced their out of area transfers for acute admissions by redesigning the acute pathway including adding five beds, supported by developments of the crisis pad, step down beds and clinical decisions unit.
- The Social Mediation and Self-Help (SMASH) programme is a group-based programme which takes referrals from schools. They work with young people aged 10-16 years who may be at risk of developing mental health problems, this is a unique collaboration between Humber Teaching Foundation Trust and the SMASH programme which worked with a wide range of partners across health, social care, communities, education, young people and families. The programme has received national recognition from Thrive, Royal College of Psychiatrists and Young Minds. The programme is a finalist in the HSJ Innovation in Mental Health Award.
- Although referrals to the children and adolescent mental health services continue to rise, consistent with the national picture, the programme has delivered an accessible early intervention programme which has begun to reduce the numbers requiring access to specialist treatment.

> Staff treated children and young people with compassion, kindness, respected their privacy and dignity and understood individual needs. They actively involved them and their families and carers in care decisions.

Areas for Improvement

The CQC identified 13 actions at the Trust must take in order to comply with legal obligations. The actions included the following themes:

- Ensuring good standards of record keeping are maintained, i.e. records are accurate, risk assessments completed, care plans are personalised, holistic, reflect all the identified needs of patients and are regularly reviewed.
- Ensuring that the waiting lists for treatment for children and young people to meet national guidance.

- Ensuring that staff act in line with the Mental Capacity Act and code and practice in assessing capacity, making best interest decisions and allowing patients to make unwise decisions.
- Ensuring that staff complete consent to treatment records for all detained patients.
- Ensuring that nursing and medical reviews for patients in seclusion take place and are documented within required timescales.
- Ensuring that patients in seclusion must have individualised personal emergency evacuation plans in place.
- Ensuring that systems to report record and resolve maintenance issues in the service are in place that repairs to essential services are completed in a timely manner.
- Ensuring staff on the wards feel supported, valued and that they are consulted appropriately on service developments.
- Ensuring that systems and processes designed to monitor and improve services are implemented consistently and that staff are clear in relation to what is expected of them.
- Ensuring regular audits are conducted to assess, monitor and improve the quality and safety of services.
- Ensuring there are appropriate systems in place to monitor actions from incident investigations and share learning from incidents amongst the staff team.
- Ensuring all staff receive supervision and appraisals.
- Ensuring there are sufficient skilled and competent staff to safely meet the needs of patients.

In addition to the areas identified above that the Trust must improve, the CQC identified a number of areas that the Trust should take action to address. A comprehensive improvement plan was developed to address the concerns raised via 'must do' and 'should do' actions detailed in the final inspection report. The 'should do and must do' improvement plans were monitored by the Trust Board through the Quality Committee and overseen corporately via our monthly Quality and Regulations Group which reports directly to the Executive Management Team and the Quality and Patient Safety (QPaS) Group. The QPaS Group reports directly to the Quality Committee.

All of the must and should do actions arising from the 2019 inspection have been delivered. However, as a Trust we continually strive to improve, therefore we have carried out a series of peer reviews and audits, from which we have developed additional quality improvement plans.

Data Quality and Coding

Humber Teaching NHS Foundation Trust submitted records during [reporting period] to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data:

which included the patient's valid NHS number was:

99.7% for admitted patient care 100% for outpatient care and
98.4% for accident and emergency care.

which included the patient's valid General Medical Practice Code was:

99.9% for admitted patient care;
100% for outpatient care; and
97.9% for accident and emergency care.

The source of these is NHS Digital's December 2019 DQMI published report for the months April to September 2019

Clinical Coding Error Rate

Humber Teaching NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2019/20.

Actions to Improve Data Quality

Humber Teaching NHS Foundation Trust will be taking the following actions to improve data quality:

- Endorse a proposal for the continuation of the contract coding services to ensure optimum data analysis.
- Review immediately the contract arrangement with a focus to increasing WTE hours from April 2019; to accommodate the coding service for Community Healthcare.
- Investigate immediately with the informatics team a process to enable a 'word search facility' in Lorenzo.
- The Trust to promote regular clinical engagement with the Coder as part of a validation strategy programme. To be supported immediately by the Medical Director.

Information Governance

Information Governance Assessment Report

Information Governance (IG) refers to the way in which organisations process or handle information in a secure and confidential manner. It covers personal information relating to our service users and employees and corporate information, for example finance and accounting records.

The Data Security and Protection (DSP) Toolkit submission date for 2019/20 is the 30 September 2020. Humber Teaching NHS Foundation Trust's DSP Toolkit overall score for 2019/20 is expected to be **Standards Met**. The DSP Toolkit was audited and assessed and the findings summary is:

	Governance, risk management and control arrangements provide **substantial assurance** that the DSP Toolkit assertions are being managed effectively managed. Compliance with the DSP Toolkit assertions was found to be taking place.

There were no actions.

Findings summary from DSPT Audit	Priority		
	High	Medium	Low
Compliance with control framework	0	0	0
Total	**0**	**0**	**0**

IG provides a framework in which the Trust is able to deal consistently with, and adhere to, the regulations, codes of practice and law on how information is handled, for example the Data Protection Act 2018, General Data Protection Regulation, the Freedom of Information Act 2000 and the Confidentiality NHS Code of Practice.

The way in which the Trust measures its performance is via the DSP Toolkit. The DSP Toolkit is a performance tool produced by DHSC, which draws together the legal rules and guidance referred to above as a set of requirements. The Toolkit is based on the National Data Guardian Standards.

In the current version there are 44 assertions and 116 mandatory evidence items relevant to this Trust. For each assertion, the status can be "met" or "not met". The Trust must ensure that all mandatory assertions are "met" for a "Standards Met" DSP Toolkit. If any of the assertions are "not met", the Trust will receive a "Standards not met" DSP toolkit.

The Trust's submission at the present time for the 2019/20 DSP Toolkit is below; however all assertions are expected to be "met" prior to the 30 September 2020 submission deadline.

NDG 1 - Personal Confidential Data   NDG 2 - Staff Responsibilities
NDG 3 - Training   NDG 4 - Managing Data Access
NDG 5 - Process Reviews   NDG 6 - Responding to Incidents
NDG 7 - Continuity Planning   NDG 8 - Unsupported Systems
NDG 9 - IT Protection   NDG 10 - Accountable Suppliers
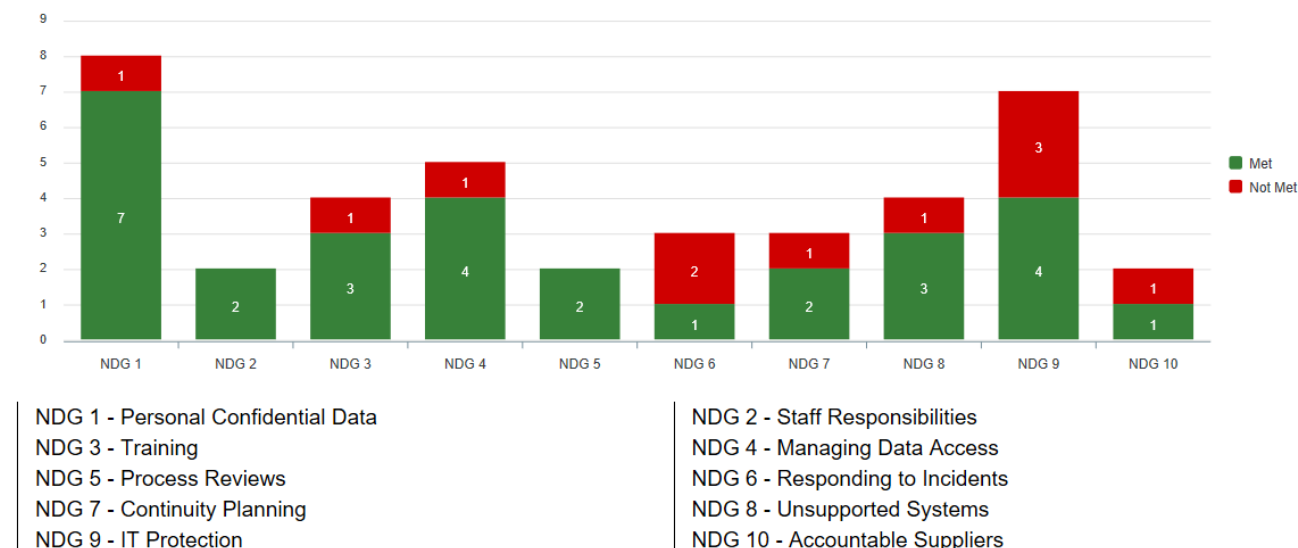
Key areas of development in the year 2019/20 have been:

Accountability

The IG Team has supported the Trust to be able to demonstrate compliance with the 'Accountability Principle' under Data Protection Law by ensuring:

- Policies and Procedures are GDPR/DPA 18 compliant
- Data Protection Impact Assessments are under taken ensuring that privacy concerns have been considered and addressed
- Contracts have been reviewed and mapped for GDPR/DPA 18 compliant clauses, new contracts are checked to ensure appropriate data protection clauses are in place. IG due diligence on service providers prior to a new contract entered into.
- Records of Processing undertaken providing a comprehensive overview of personal data processing activities within the Trust.
- Data Breaches reported to the Information Commissioner's Office within 72 hours

An audit of GDPR compliance was carried out by internal audit which found a high level of compliance with the control framework. The audit found minor remedial actions which have been completed.

Data Security and Protection Toolkit

An additional four assertions and 16 mandatory evidence items were added to the Data Security Protection Toolkit by NHS Digital. The IG Team has reviewed and updated 100 mandatory evidence items required for the 44 assertions. The remaining 16 evidence items will be updated prior to the submission deadline. A report on progress has been provided to the IG Group.

'Spot Check' Audits

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

Information Governance Training Needs Analysis

To ensure IG training remains 'fit for purpose', the IG Team reviewed and updated the Training Needs Analysis during the year to identify the information governance training needed for all staff, including those with specialist roles in information governance.

A survey of quantitative and qualitative questions was designed by the IG Team to assess any gaps in staff knowledge. Results of the survey was collated and submitted to the IG Group. The results informed changes to the face-to-face training and development of help and guidance to staff around specific topics through 2019/20.

Supporting New Business

The IG Team continues to support the Trusts new business opportunities, providing IG due diligence checks; in accordance with Information Commissioner's Office and NHS Digital guidance, on partner organisations that process Trust data, ensuring they have ICO registration, if the organisation is part of any certification schemes, or have any data breaches resulting in fines.

New Systems/Data Protection Impact Assessment (DPIA)

When new services begin, new information processing systems are introduced or there are significant changes to existing information processing involving personal confidential information, the Trust ensures that it remains complaint with legislation and NHS requirements. This process is a mandated requirement on the DSP Toolkit and the new data protection legislation.

The DPIA process is reviewed and updated annually to ensure it continues to meet best practice. The process provides a robust assessment ensuring that privacy concerns have been considered and actioned to safeguard the security and confidentiality of personal confidential information, whilst supporting innovation in patient care.

Information Sharing Agreements

This good work has continued in 2019/20 with the development of information sharing agreements between the Trust and partner organisations across the Humber region. This work has enabled the Trust and its local partners to support patient care in the following:

- Improving Access to Psychological Therapy across the East Riding
- Armed Forces Charter – working with the Armed Forces Forum to support veterans with complex needs
- Crisis Pad – working with Humbercare to provide a safe place for people in emotional crisis or distress
- Reducing pressure on A&E working with multiple agencies in the York area
- Social Prescribing Service working with Primary Care Networks for East Riding patients
- Reducing health inequalities for the 'Beverly Road Corridor' with Hull City Council and other agencies
- Whitby Home from Hospital Service supporting patients following a long stay in Hospital

- Working with Healios for Autism Spectrum Conditions assessments
- Enabling Hull City Council to understand support children are currently receiving whilst on the waiting list for an autism or speech and language assessment
- Vaccination and Immunisation of children in the Hull area
- Continuity and planned healthcare to patients who are detained in prison
- Forensic Outreach Liaison service across Hull, East Riding of Yorkshire and North East Lincolnshire
- Mental Health Case Management and direct patient care
- Trust GP practices sharing information as part of the Yorkshire and Humber Care Record
- The Trust hosting the System of System for the Yorkshire and Humber Care Record
- Working with Vocare for the provision of GP out of hours on-call cover at Malton Hospital
- North Yorkshire Children's Safeguarding Board
- Information sharing with Scarborough Hospital Home First Unit and Rapid Assessment Team to support direct care
- Working with Matthew's Hub to support both children and adults awaiting an autism assessment

Policies

Lawful and correct treatment of personal data is important. During 2019/20 a number of IG policies were reviewed, they include:

- Data Protection Procedure for Employment Records
- Safe Haven Procedure
- IG IT Forensic Investigation and Confidentiality Audit Procedure
- Freedom of Information Policy
- Sharing Information with Carers and Significant Others Standard Operating Procedure
- Records Management and Information Lifecycle Policy
- Sharing Letters with Patients Standard Operating Procedure
- Community Adoption Procedure
- Photography, Video and Audio Recording Policy
- Data Quality Policy
- Registration Authority Policy
- Information Governance Training Procedure
- Data Protection Impact Assessment Standard Operating Procedure
- Information Governance Training Procedure

All policies and procedures are included on the IG Work Plan when due for review. The IG Work Plan is standing agenda item for the IG Group.

Information Assets

The Trust reviews its information assets regularly. Its key information assets have been identified and approved by the IG Group. Each key asset has an Information Asset Owner assigned. Each asset has been updated in the Information Asset Register.

The Information Asset Register is reviewed and updated each quarter. The Register is then approved by the IG Group.

Cyber Security

CareCERT provides cyber security threat notifications to the Trust. The IT Service review and act upon these notifications and take action where necessary to ensure Trust systems and protected and vulnerabilities cannot be exploited. The CareCERT notifications and actions taken to protect the Trust are monitored through the IG Group.

Data Quality

Data quality checks are undertaken to provide assurance that data is accurate and ready for migration to national systems. An action plan had been identified to improve data quality.
The Trust has a Data Quality Group which provides a forum to consider performance against data quality standards, audits and ad hoc requirements across a range of Trust activities. The Data Quality Group co-ordinates action plans and reports progress to the IG Group and Audit Committee (in respect of audits).

A clinical coding audit was performed on discharged patient records in 2019/20. The results from the audit were excellent. The percentage of records that had a correctly coded primary and secondary episode were:

Overall:

- 100% primary
- 96.9% secondary

These results are above the mandatory level set in the Data Security Standard 1 and would meet a 'Standards Exceeded' attainment level.

Humber Teaching NHS Foundation Trust will be taking the following actions to improve data quality:

- Endorse a proposal for the continuation of the contract coding services to ensure optimum data analysis.
- Review immediately the contract arrangement with a focus to increasing whole time equivalent (WTE) hours from April 2019; to accommodate the coding service for Community Healthcare.
- Investigate immediately with the informatics team a process to enable a 'word search facility' in Lorenzo (electronic clinical record) .
- The Trust to promote regular clinical engagement with the Coder as part of a validation strategy programme. To be supported immediately by the Medical Director.

Freedom of Information (FOI)

The Trust supports the principle that openness and not secrecy should be the norm in public life and wants to create a climate of openness. The Freedom of Information Act 2000 provides individuals with a general right to access all types of recorded information by public authorities. The right is subject to certain exemptions. The aim of the Act is to promote openness and accountability within the public sector.

The Trust responded to 232 requests for information under the Freedom of Information Act, this is a reduction of 41% on the previous year. 44 requests (19%) were not answered within the statutory 20-day timescale due to delays in the information being supplied. This is a reduction from 22.5% in the previous year. During the financial year, the FOI process has been streamlined through the introduction of an FOI web form to capture requests via the Trust website. This has resulted in an overall reduction in the number of requests received across the year.

Registration Authority (RA)

Humber Teaching NHS Foundation Trust is established as a Registration Authority (RA). The Registration Authority for the Trust' is part of the Clinical Systems Team. The RA team works closely with Human Resources and IG, together with other relevant organisations externally. For all staff requiring a Smartcard the relevant ID checks are undertaken by either the HR RA staff, the RA

Officer or, as necessary, an RA Manager. Once a member of staff's identity is confirmed they are issued with a Smartcard.

Staff have to use their Smartcard and pass code each time they log on to access and use information in systems such as SystmOne and Lorenzo.

The Trust has reviewed and updated its RA Policy and Procedures and provides quarterly activity reports to the IG Group.

The RA Officer performs audit checks to ensure staff have followed registration procedures for identity checks and that the correct role is assigned. The audits also ensure that when someone leaves the organisation their role is removed from the Smartcard.

Learning from Deaths

Humber Teaching NHS Foundation Trust remains committed to embedding a culture of continuous learning. Throughout 2019/20 we have continued to strengthen our approach to learning from deaths. All incidents (including all deaths) that occur within our services are reported via our Datix incident management system. On a weekday basis these are reviewed in a daily corporate safety huddle held within the Patient Safety department. The corporate safety huddle is attended by a range of professionals which include, safeguarding, matrons, senior managers, and senior clinicians. Deaths are reported through Datix in line with the Mazars LLP criteria shown below:

Mazars LLP

Mazars LLP is the UK firm of Mazars, an international advisory and accountancy organisation. Mazars was commissioned by NHS England to review the deaths of people with a learning disability or mental health issues. The criteria they introduced for categorising deaths is as follows:

- **Expected natural death – (EN1)** A death that occurred in an expected time frame
- **Expected natural death – (EN2)** A death that was expected but was not expected to happen in the timeframe
- **Expected unnatural death – (EU)** A death that was expected but not from the cause expected, or timescale
- **Unexpected natural death – (UN1)** Any unexpected death from a natural cause e.g. a sudden cardiac condition or stroke
- **Unexpected natural death – (UN2)** An unexpected death from a natural cause but that did not need to have resulted in death
- **Unexpected unnatural death – (UU)** An unexpected death from unnatural causes e.g. suicide, homicide, abuse, neglect.

In addition to the Mazars LLP criteria we have also built into Datix mandatory indicators (known as red flags) for mortality reviews developed by the Royal College of Psychiatrists. Patient deaths which meet the red flag indicators listed below are considered for mortality review where they are not subject to a serious incident (SI) investigation, significant event analysis (SEA) or Learning from Learning Disabilities (LeDeR) review.

During 2019 we have strengthened our processes by introducing a Corporate Safety Huddle Review meeting. The governance and patient safety team meet each week to review the additional information requests made in the preceding week by the daily corporate safety huddle. This meeting monitors all responses and escalates to the Clinical Risk Management Group when

responses have not been received. The Corporate Safety Huddle Review meeting also closes down any Datix where all actions or information requests have been completed.

A quarterly serious incident report has been developed which is reviewed within the Quality and Patient Safety group. This report provides an overview per quarter of the Serious Incidents declared by the Trust and includes a progress update regarding the number of Serious Incident investigation action plans per division which are outstanding and/or closed. Any issues that may have the potential to impact on the delivery of the organisational objectives are escalated to the executive management team.

Royal College of Psychiatry Mortality Review Red Flags

- All patients where family, carers, or staff have raised concerns about the care provided
- All patients with a diagnosis of psychosis or eating disorders during their last episode of care, who were under the care of services at the time of their death, or who had been discharged within the six months prior to their death
- All patients who were an inpatient in a mental health unit at the time of death or who had been discharged from inpatient care within the last month
- All patients who were under a Crisis Resolution and Home Treatment Team (or equivalent) at the time of death

An initial Incident Review (IIR) report is completed within 72 hours for deaths deemed by the daily Corporate Safety Huddle as potentially meeting the criteria for an SI, SEA or mortality review. All Datix reports related to deaths are reviewed in the weekly Clinical Risk Management group (CRMG) along with all Initial Incident Review reports. Incidents meeting the SI threshold are declared by either the Director of Nursing or Medical Director and SEAs or mortality reviews are commissioned by the CRMG.

During 2019/20, the Trust has continued to work closely with other trusts and organisations through the Regional Mortality Steering Group to develop the approach to learning from deaths that do not meet the serious incident threshold. The Trust is also a member of the Learning from Deaths Northern Alliance group. This group has been established to share best practice in supporting the implementation of the learning from deaths guidance issued by the National Quality Board in 2018. (National Quality Board, June 2018

Learning from all deaths is disseminated across the organisation through the weekly Clinical Risk Management group (CRMG), divisional governance processes, the mortality review steering group, and at the Trust board.

During 2019/20, 496 of Humber Teaching NHS Foundation Trust patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 122 in the first quarter
- 106 in the second quarter
- 134 in the third quarter
- 134 in the fourth quarter.

Of the total number of deaths 88.9% were from natural causes. The remaining deaths are reviewed through the daily corporate safety huddle to determine whether an initial incident review conducted with 72 hours is required. This initial review is used to determine whether a further case record review, known as a Structured Judgement Review (SJR) or serious incident investigation is required.

By 22 January 2020, four Structured Judgement case record reviews and 17 investigations have been carried out in relation to 20 of the deaths included above. In one case, one death was subjected to a Structured Judgement Review (SJR) and a serious incident investigation. The

number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 5 in the first quarter
- 6 in the second quarter
- 9 in the third quarter
- 9 in the fourth quarter.

0 representing 0% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter, this consisted of:

- 0 representing 0% for the first quarter
- 0 representing 0% for the second quarter
- 0 representing 0% for the third quarter
- 0 representing 0% for the fourth quarter.

These numbers have been determined using the structured judgement methodology and root cause analysis methods.

The following learning, whilst not causal, has been collated from the investigations above:

- Structured risk assessment needs to include professional judgement alongside known risk factors and views of significant others
- Consider independent carers assessment for each individual to help generate support plans
- Patient's capacity to be reviewed at Care Programme Approach reviews and pre-discharge clinical review meetings
- To ensure that patient views regards treatment, discharge and follow up arrangements are discussed and where appropriate carers are involved in the decision making process, all discussions to be recorded within Multi-Disciplinary Team notes
- The safeguarding needs of the wider family should always be considered when risks and possible abuse indicators are identified. The principles of 'Think Family' should be considered in order to safeguard children where there are issues relating to parental mental health
- Staff should not have to gain consent from an individual if a parent/relative is ringing asking for help. One cannot assume capacity or lack of capacity. It is good practice to speak with the potential patient but not always necessary or relevant
- Training and support for temporary staff (Bank and Agency) who work occasional and out of hours shifts should be strengthened
- Review the Mental health Response Triage process to effectively manage demand.

The actions which the Trust has taken in the reporting period, and those proposed to take following the reporting period, in consequence of the Trust's learning are as follows:

- Review the demand on the service within the Mental Health Response Service
- Strengthen the triage procedure within the Mental Health Response Service
- Strengthen the Multi-disciplinary team meeting process within the Home Based Treatment team to ensure there is evidence of high quality decision making processes with structured consideration of risks and clearly documented outcomes and plans
- Provide the opportunity for carers and relatives to give their views on risk and treatment options in a sensitive way recognising the complexities and sensitivities of their position
- Ensure carers assessments are offered appropriately to both patients and their carers
- Ensure timely access to medication prescriptions from the GP to ensure consistent care delivery

- Continue to reinforce the need to consider Domestic Violence in the context of care and patient safety
- Consider the assessment of risk and ensure that there is patient and carer involvement in the discharge process where possible
- Clearly identify who is responsible for each part of the patient journey especially around discharge from inpatient to community teams
- To conduct a review of ward based social worker roles

The impact of the actions outlined above is as follows:

- Strengthened triage processes within mental health Response
- Staff training has resulted in increased involvement of family and carers in care. Involvement of family and carers is known to improve assessment of risk
- Increased awareness and skillset of staff in relation to capacity assessment and best interests' decisions.

Deaths in 2018/19

Nil case record reviews and 12 investigations completed after 31 March 2019 which related to deaths which took place before the start of the reporting period.

None representing 0% of the patient deaths before the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the structured judgement methodology and root cause analysis.

None representing 0% of the patient deaths during 2018/19 are judged to be more likely than not to have been due to problems in the care provided to the patient.

How We Measure Performance – Meeting Framework Targets

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

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

Our internal reporting is split into three levels:

Level 1:

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

Level 2:

Monthly Divisional and Service Line Reports via a dashboard to the divisional group leads and their directors.

Level 3:

Monthly performance reports at team level to directors, service managers, team leaders and staff members with an interest in performance and enhancement.

We also report externally to our Commissioners via:

Contract Activity Report (CAR)

This is completed on a monthly basis by the Business Intelligence Department (BI Hub). The BI Hub was formed during 2017/18 to provide a more joined-up working approach which improves fluidity and enhances cohesiveness.

This system ensures that we can:

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

Meetings are held regularly with Commissioners, Board members, divisional directors, service managers and with team leaders and their teams.

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

Data Quality Improvement Plans

Data Quality Improvement Plans (DQUIP) are designed to highlight where services may not be meeting required performance measures. Action plans are developed to encourage improvement and progression to meet measures within set timescales.

Benchmarking

Each year the Trust participates in national benchmarking data collections projects. This consists of Adult and Older Adult Mental Health Service, Community Services (Physical Health), CAMHS (Children & Adolescent Mental Health Services), Corporate Services, Learning Disabilities and Perinatal as an example.

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

The Trust utilises a number of outputs from the data collection, such as:

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

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

Finance

The use of resources score reported earlier in this report is split by the five components, with an overall score, and is reported at a granular level.

Financial information is linked and presented to the Board of Directors who are provided with a breakdown of the Use of Resources score in the monthly finance report. This information is also linked to the Integrated Quality and Performance Tracker (IQPT) report that is also provided to the Board every month and includes a number of the performance measurements that are covered to some extent in the Use of Resources rating and also includes reporting on bank, agency and overtime whereas the Use of Resources specifies agency.

Risk Register

Where performance is not where it is expected and there is significant risk (e.g. clinical, financial), this is logged as a risk for the Trust which if sufficiently scored appears on the risk register and the Board Assurance Framework (BAF). In addition, Finance and Use of Resources is one of the five themes feeding into the Single Oversight Framework.

2.6 Mandatory Quality Indicators

In this section we report against a national core set of quality indicators was jointly proposed by the Department of Health and Social Care and Monitor for inclusion in trusts' Quality Accounts from 2012-13. Further information about these indicators can be found on the HSCIC website www.hscic.gov.uk.

Seven-Day Follow Up

This indicator relates to the percentage of patients on Care Programme Approach (CPA) who were followed up within seven days after discharge from psychiatric inpatient care during the reporting period.

The National Suicide Prevention Strategy for England recognises that anyone discharged from inpatient care under the Care Programme Approach (CPA) should be contacted by a mental health professional within seven days of discharge. The Trust has set a local performance standard that all patients should be seen face to face. However, phone contact is acceptable where face to face is either not geographically viable or safe.

Our aim is to ensure everyone discharged under the CPA process from a mental health inpatient unit is followed up within the criteria. Our goal is to ensure at least 95% of all patients are contacted within seven days of discharge each quarter. Exceptions to the national target are:

- People who die within seven days of discharge
- Transfers to other psychiatric units
- Where legal precedence has forced the removal of a patient from the country
- Patients discharged or transferred to other NHS hospitals for psychiatric treatment

Summary of Progress

As at end of Q4, 20 patients were not seen within the 7 day follow up period. This is similar to the same period last year. Each follow up breach is reported as an adverse incident and reviewed with the Care Group and overall responsible to CRMG (Clinical Risk Management Group).

The Trust has retained an average 98.0% compliance rate across all four quarters. This equates to 796 patients seen out of the 816 discharges. All incidents are investigated and reported on the Trust Datix system. Appropriate actions and resolutions sought for individual cases.

Graph
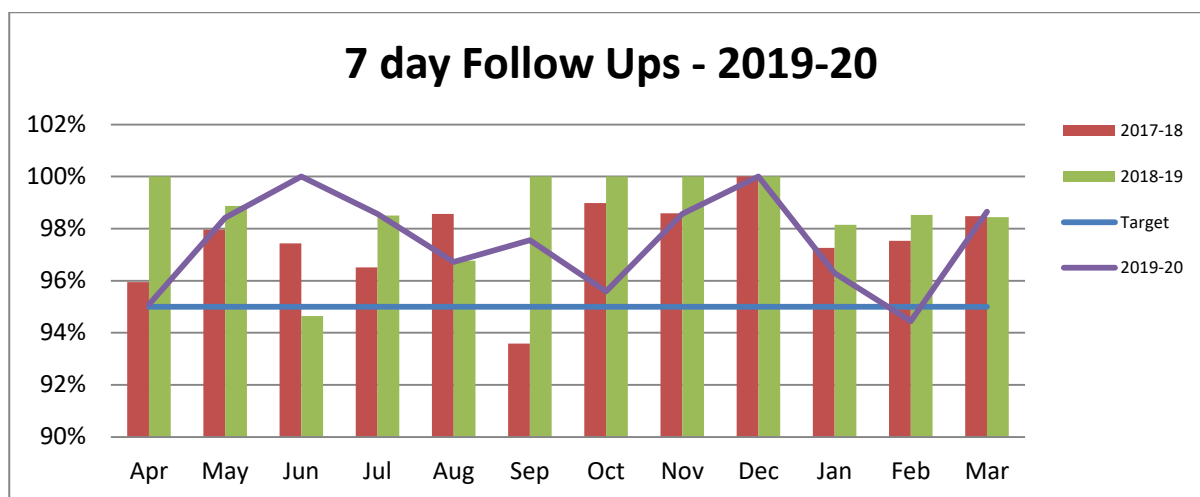
SPC Chart

The chart below shows the mean results with upper and lower control limits over the last two years.
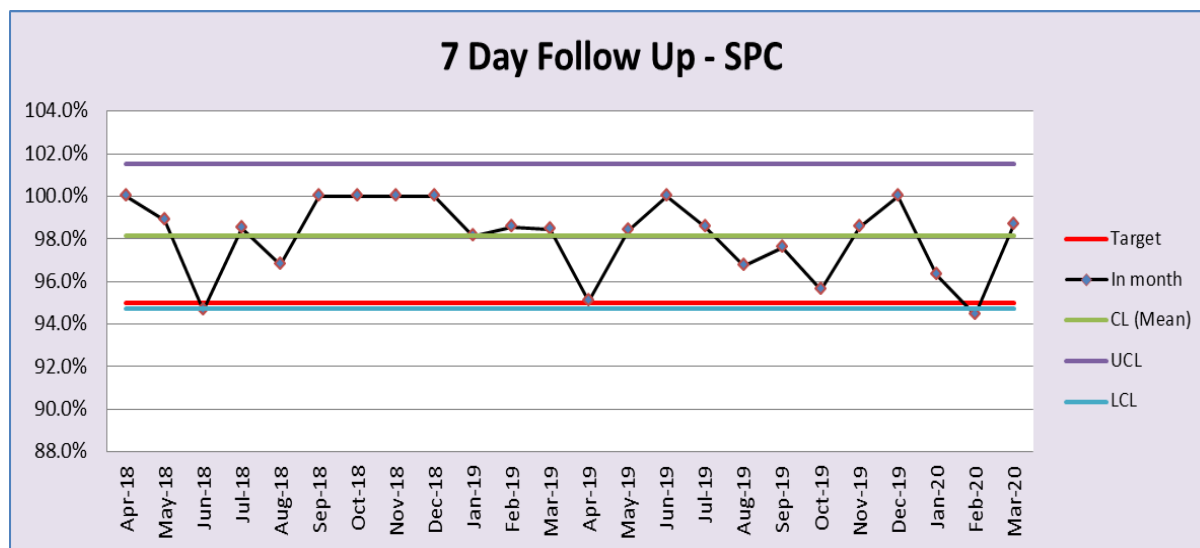
The table below benchmarks the Trust's achievements against the national average submitted to Department of Health and Social Care. Figures may differ on occasion due to timing of submission and refresh of data.

Indicator	NHS Outcomes Framework Domain	Health & Social Care Information Centre Performance Data (2019/20)				
			Q1	Q2	Q3	Q4
Percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric inpatient care during the reporting period	1 Preventing people from dying prematurely 2. Enhancing quality of life for people with long-term conditions	Humber	97.8%	97.6%	98.6	Not received
		National average	95.1%	94.5%	95.5%	Not received
		National best score	100%	100%	100%	Not received
		National worst score	86.1%	77.9%	86.3%	Not received

Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

- This indicator is closely monitored on a daily basis. The data is recorded and reported from the Trust's patient administration system (Lorenzo) and is governed by standard national definitions.
- It is reported to the Trust as part of the Integrated Board Report. It is also reported to clinical directors and team leaders at individual team level.
- It is also reported externally to our commissioners on a monthly basis and to the Department of Health and Social Care on a quarterly basis via the Mental Health Provider Commission return.
- Reported contractually to Commissioners as part of the CQUIN programme.

Humber Teaching NHS Foundation Trust has taken the following actions to improve this percentage and the quality of its service by:

- Reporting on patients who are discharged out of the area for continuing community care.
- The role of the assessment unit is reviewed to ensure there is a robust procedure in place for assigning patients to the Care Programme Approach as part of the discharge process and continued future treatment.
- Follow-ups are monitored daily and teams are notified of each discharge via email as an additional reminder of their obligations to carry out a seven-day follow up contact. The Trust care group directors and service managers also receive a regular Potential Breach Report which identifies those patients who are at risk of not being seen within timescale.
- A daily timescales report is now available to support the monitoring of follow ups carried out within one to three days.
- The reviewed all failed seven-day follow-ups with a focus on whether the reason for no contact was avoidable and applying any available learning or understanding as a consequence of an unavoidable set of circumstances preventing contact.

Trust Internal Target of Follow-up with Three Days – Governor-Chosen Local Quality Indicator

The National Confidential Inquiry into Suicide and Safety in Mental Health (2019) http://documents.manchester.ac.uk/display.aspx?DocID=46558 recommends that follow-up occurs within two to three days of discharge, as in their analysis the highest number of deaths (21%)

occurred at day three post-discharge. Three day follow-up became a CQUIN target for patients discharged from 1 October 2019. Compliance is calculated over each quarter period. Governors are also extremely cognisant of the importance of this target so chose this as their local indicator for the purposes of the Quality Account.

Throughout the six-month period from1 October 2019 to 31 March 2020, the Trust met the target for both Quarter 3 and Quarter 4. A total of 604 patients were seen within 3-days of discharge from a total 693 discharges, an average of 87.2%.
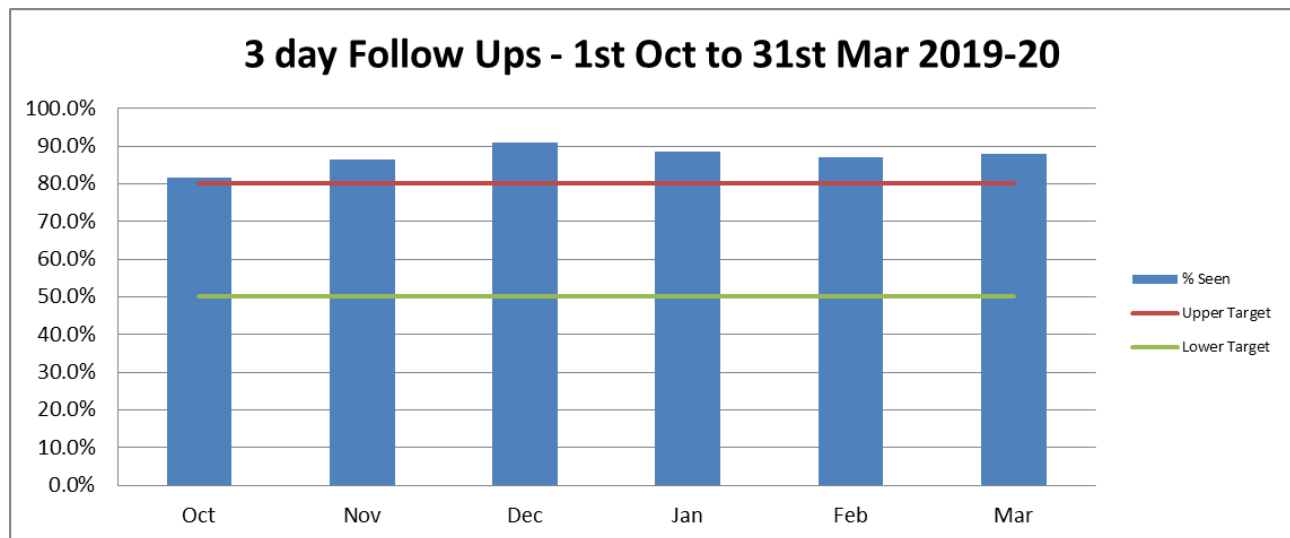
Readmissions (Community Hospitals)

The Trust has two community hospital sites, Whitby Community Hospital and Malton Community Hospital.

Whitby

For April to March 2020 there were 286 discharges at Whitby. Of these there was one patient who was an unplanned readmission within 30 days of their previous discharge, which equates to 5.9%. The calculation is based on the number of non-planned (i.e. emergency) readmissions within a month divided by the number of discharges within the same month.
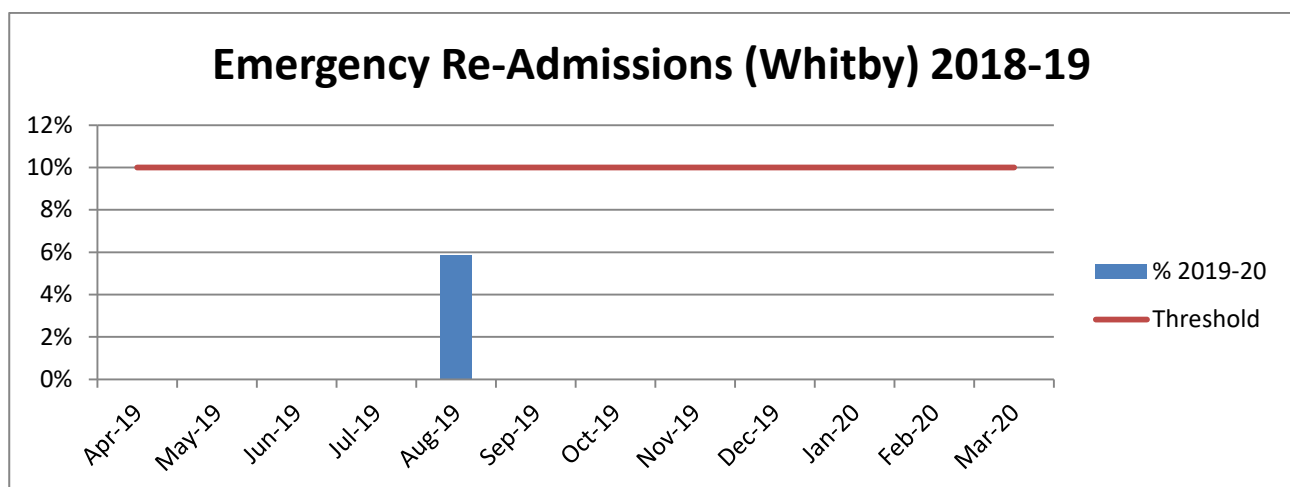
Malton

For Malton we do not record an emergency readmission rate. Instead we identify and measure how many patients are re-admitted back to an acute setting – 'stepped back up'.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number of patients stepped up to Acute bed 18/19	Contract started 1/5/19	23	24	18	19	10	14	21	16	11	7	12
Number of patients stepped up to Acute bed 19/20	12	10	10	13	9	7	10	9	5	15	11	10

The monthly average number of patients stepped up to acute hospital has reduced from **16** (2018/19) to **10** (2019/20).

Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

- A community bed provides short-term (usually no longer than three weeks) 24-hour clinical care and rehabilitation for individuals whose clinical care needs cannot be supported at home but do not require acute level care.
- Evidence suggests that patient outcomes are enhanced by robust delivery of community care, including a step up and step down approach to the management of individual episodes of need and long-term conditions. This, together with flexible and accessible community beds within community hospitals, has been shown nationwide to deliver beneficial outcomes for patients.

Humber Teaching NHS Foundation Trust has not had to take any actions to improve the percentage but will maintain its good practice and quality of service and continue to strive for excellence.

Percentage of Staff who would recommend the Trust as a Provider of Care to their Family or Friends

Since April 2014, the Staff Friends and Family Test (FFT) has been carried out in all NHS trusts providing acute, community, ambulance and mental health services in England.

The aim is for all staff to have the opportunity to feed back their views on their organisation at least once per year. The Staff FFT is helping to promote a big cultural shift in the NHS, where staff have both the opportunity and confidence to speak up, and where the views of staff are increasingly heard and are acted upon.

Research clearly shows a relationship between staff engagement, patients and organisational outcome measures, such as staff absenteeism and turnover, patient satisfaction and mortality; and safety measures, including infection rates. The more engaged staff members are, the better the outcomes for patients and the organisation generally. It is therefore important that we strengthen the staff voice, as well as the patient voice.

Each year a proportion of staff have the opportunity to respond to Staff FFT in one of the three quarters (Quarter 1, Quarter 2 and Quarter 4). Quarter 3 is the national staff survey and all staff have the opportunity once per year, as a minimum requirement. The Trust must submit data to NHS England in Quarter 1, Quarter 2 and Quarter 4, which includes the breakdown of responses for each question and the total number of responses for each collection method.

The Staff FFT surveys for the period 2019/20 were carried out on a quarterly basis and the same key questions were asked each time:

- Q1: How likely are you to recommend the Trust to friends and family if they needed care or treatment?
- Q2: How likely are you to recommend the Trust to friends and family as a place to work?

For the year 1 April 2019 to 31 March 2020 the Humber Teaching NHS Foundation Trust chose to ask an additional seven questions which alongside the overall questions above, help to give a more reflective engagement score. Again these questions are consistent in each survey:

- I look forward to going to work
- I am enthusiastic about my job
- Time passes quickly when I am working
- There are frequent opportunities for me to show initiative in my role
- I am able to make suggestions to improve the work of my team/department
- I am able to make improvements happen in my area of work
- Care of patients/service users is my organisation's top priority

The surveys are all completed online. Once the full responses are received, the Trust has until the 26 of the month after the quarter end to upload the results to the NHS England portal for Question 1 and Question 2.

A copy of the verbatim comments is also provided which gives real insight into the specific views of staff.

The below table shows the key metrics for the year 1 April 2019 to 31 March 2020

At a Glance Key Metrics for 2019/20

Quarter	Live Dates	Invited to partake	Target Area	Responses	% Response	Overall Engagement Score	% of staff likely to recommend as a place of care	% of staff unlikely to recommend as a place of care	% of staff likely to recommend as a place to work	% of staff unlikely to recommend as a place to work
1	28.05.2019 to 25.06.2019	1038	Primary Care, Community, Children and Learning Disability	215	21%	3.66	67.9%	8.0%	53.1%	24.6%
2	01.08.2019 To 30.08.2019	1,080	Mental Health and Forensic	253	23%	3.20	63.2%	14.4%	45.9%	27.6%
3	Quarter 3 SFFT survey is not required as this period is when the National Staff Survey 2019 is live									
4	11.02.2020 to 31.03.2020	552	Corporate	148	27%	3.97	77.4%	4.8%	64.6%	16.3%

Humber Teaching NHS Foundation Trust considers that it can achieve a much higher response rate to the SFFT in the coming years due to an increased focus and clearer communication around the actions taken in response to the surveys. For this period there are now nine engagement questions within the National Staff Survey therefore these nine questions have been added to the SFFT each quarter to provide the organisation with a 'pulse check' in terms of staff engagement. These results will be clearly communicated to the care divisions and corporate areas to enable key objectives to be set.

The analysis of Q1 and Q2 Staff FFT indicates that over 60% of staff would recommend to friends and family the Trust as a place of care whilst over 45% would recommend as a place to work.

Humber Teaching NHS Foundation Trust has taken the following actions to improve this percentage and the quality of its service by:

- Adding the nine engagement questions to the SFFT to ensure that the survey acts as a pulse check for staff engagement
- Ensuring that each staff member is asked to complete a SFFT survey once in the year to ensure that they don't feel that they are filling in too many surveys
- Introduction of a Workforce and Organisational Development Committee which is a sub-committee of the Trust Board with the overall purpose to provide strategic overview assurance to the Trust Board that there is an effective system of governance and internal control across workforce and organisational development
- Clear visual communications of staff survey to enable staff across the Trust so care divisions and corporate areas can own their results by encouraging discussion, focus groups that will see changes owned and embedded
- The development of a Health, Wellbeing and Engagement group with a specific remit to make improvements to staff health and wellbeing with accountability to the Workforce and Organisational Development Committee
- The planned introduction of TRAC recruitment system to support managers and candidates with the recruitment process with the aim to reduce the time to recruit
- Introduction of a Recruitment Task and Finish Group to focus on those posts that are hard to recruit
- Development of a Staff Benefits document bringing together all of the benefits that the Trust offer to staff
- Development of an Equality, Diversity and Inclusion Group
- Introduction of the **PROUD** programme which is a programme of organisational development which includes some of the following initiatives:

The NHS Community Mental Health Users Survey

Each year, a national study takes place across the NHS to gather patients' experiences of using community-based mental health services (CMHT). The 2019 response rate was 30%. The majority of scores were in the mid-60% range of Trusts surveyed, with three questions in the top 20% range and six in the bottom.

The Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

- The data is collected nationally from a randomly selected sample; therefore the Trust does not introduce any selection bias into the sample selection. We are therefore confident that the sample is as reflective of our patient population as possible.

The Humber Teaching NHS Foundation Trust has taken the following actions to improve this percentage and so the quality of its service by:

- When the survey is being undertaken we will continue to encourage our service users to take part.
- The 2019 report was shared at a Trust Leadership event in October 2019. Following this a workshop was arranged and members of each Community Mental Health Team (CMHT), Pharmacy, Patient and Carer Experience team, service users and heads of professions were in attendance. The workshop provided a focus to those areas where the Trust was in the bottom 20%, or any other areas that the report had provided recommendations for. As a result of the workshop a coproduced action plan has been developed from which to build improvements upon. Key actions that the CMHTs are progressing include:
  - Care co-ordinator or case manager to ensure all service users are given clear information of how to contact them, the team and out of hours crisis services.
  - Medication to be discussed in Care Programme Approach (CPA) documentation, collaboration of social workers and nurses, involving pharmacy, information leaflets, simple language, involving family in information sharing to ensure this is discussed with service users and their carers.
  - All care co-ordinators and case managers to ensure they discuss NHS therapy options clearly and that they are explained to the individual in a manner that is understood. Information leaflets and information will be provided.
  - To ensure that peer support workers are employed in the CMHTs and that there is a clear link to the Patient and Carer Experience team from the CMHTs.
  - Dignity and respect to be embedded in CPA work underway and increase in co-production and patient involvement.
  - How service users are getting on with their medicines is to be discussed in regular planned reviews by medical and clinical staff. Also, documentation, collaboration of social workers and nurses, involving Pharmacy, information leaflets, simple language and involving family in information sharing to ensure that such discussions take place with service users and their carers.
- A training package for staff regarding the understanding of the CPA and administrating CPA in a family inclusive way continues to be delivered.
- We are undertaking a redesign of our community mental health services to enable greater integration with primary care to meet the physical health needs of our service users through good shared care protocols.
- All teams have Staff Champions of Patient Experience (SCOPE) and attend bi monthly SCOPE forums to share best practice and provide a voice of experience on behalf of their clinical networks.
- All of our CMHTs continue to receive excellent feedback via our Friends and Family Test (FFT) where live feedback is available by accessing the Trust's FFT dashboard.

Caring, Learning and Growing

- Service users and their carers are given the opportunity to attend quarterly Patient and Carer Experience forums where they can provide a public voice by bringing lived experiences and individual perspectives to the Trust.
- Always Events have been developed and implemented in the early intervention service in relation to discharge planning, which is positively impacting on patient experience.
- Service users and carers are supporting the Trust recruitment process; their perspective positively influences recruitment and selection decisions, which is crucial to the delivery of high quality services. Whilst qualifications, experiences, knowledge and professional skills are imperative to effective care and treatment, of equal importance is the demonstration of how the candidate possesses the values, positive behaviours and personal qualities that would enhance the patient experience.

Venous Thromboembolism (VTE) Risk Assessments (via NST)

The percentage of patients who were admitted to hospital and who were risk-assessed for venous thromboembolism during the reporting period.

The data for this metric is gathered monthly for Whitby Ward by the National Safety Thermometer (NST). The NST is a national improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care on a single, nominated day per month.

We record, if appropriate, for every patient a member of staff visits, on one day a month, whether the patient has a documented risk assessment for VTE.

Documented VTE Assessment - Whitby Ward 2019-20
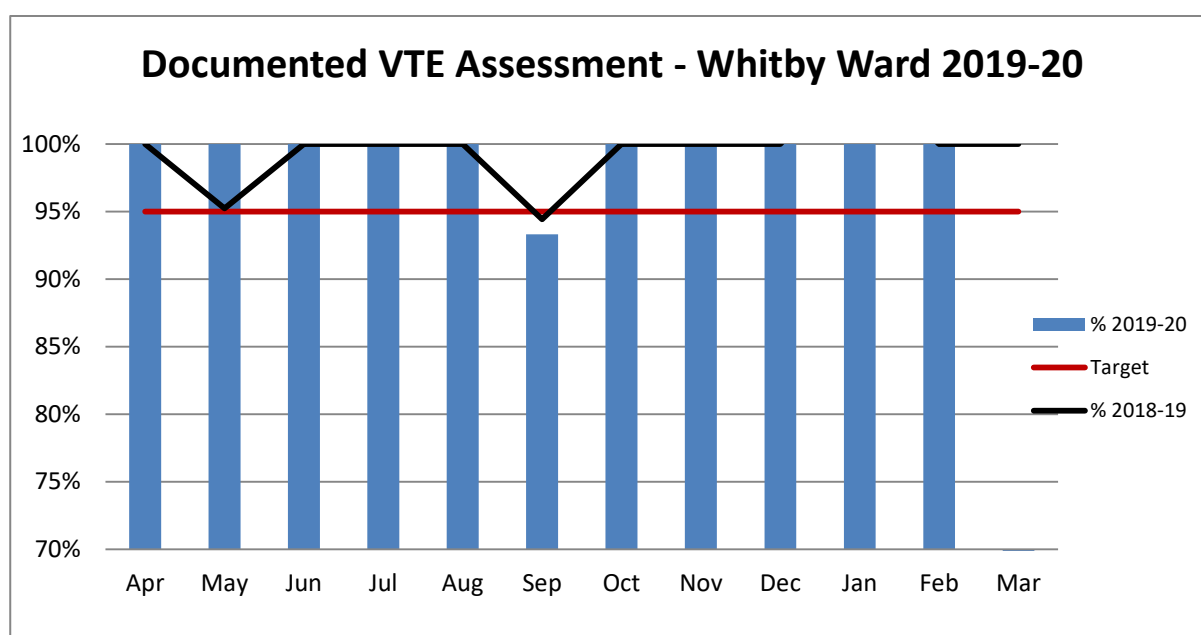
Due to the Covid-19 pandemic the National Safety Thermometer was not gathered for the month of March.

The Trust has taken the following actions to improve the quality of its service:

- All NHS Safety Thermometer submissions are subject to a quality check by the patient safety team prior to submission to ensure the accuracy of the data.

The Trust has taken the following actions to improve this percentage and so the quality of its service by:

Caring, Learning and Growing

- Introducing, as part of the Matrons audit on our audit platform MyAssurance, questions to measure compliance with the completion of VTE assessments across all our inpatient units. This is due to be implemented from 1 April 2020.

Healthcare Associated Infections

Healthcare associated infections (HCAI) remain one of the major causes of patient harm and although nationally there continues to be a reduction in the number of patients developing serious infections such as Methicillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia and *Clostridium difficile* in health care settings, the rates of other HCAI have risen due to an emergence of resistant organisms. It is therefore vital that the reduction of HCAI remains a high priority on the patient safety agenda within the Trust and indeed in any other NHS organisation.

The Trust has a proven track record of performing well against the contractually agreed targets for HCAI and this year has been no exception. Our performance against agreed key performance indicators are outlined below.

Clostridium difficile Infection (CDI) Measure

The target on this nationally set key performance indicator is currently:

- Not to exceed four cases within the Trust's Hull and East Riding of Yorkshire inpatient units (Hull and East Riding of Yorkshire Clinical Commissioning Group CCG).
- Not to exceed four cases for Whitby Community Hospital inpatient unit (Hambleton, Richmondshire and Whitby CCG).
- No target is set for Malton Hospital (based on the patient GP Practice the Vale of York CCG or the Scarborough and Ryedale CCG are to be notified by the IPC team within 48 hours of notification).

Summary of Progress

During 2019/20, it is noted there have been no CDI cases apportioned to the Trust.

2019/20	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year End
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	0
Whitby Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0
Malton Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0
Trust-wide	0	0	0	0	0	0	0	0	0	0	0	0	0

Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

A *Clostridium difficile* infection (prevention and management) policy is available on the Trust Intranet for all staff. It is expected that staff manage any suspected cases as per Trust policy. The diagnosis of CDI is based upon the presence of the *Clostridium difficile* toxin. In some instances people are referred to as being a *Clostridium difficile* carrier as they have the *Clostridium difficile* bacteria present within their gut but no toxin production.

Only CDI cases were the sample is obtained after our days from admission are included in the quality data reporting. Any cases that occur prior to this are not deemed attributable to the Trust.

When the laboratories detect *Clostridium difficile* toxin in a Trust faecal sample, there is a notification process in place to ensure both the clinical area and infection prevention and control team are informed.

Caring, Learning and Growing

The Trust has taken the following actions to improve this percentage and so the quality of its service:

- Identifying any areas of learning using root cause analysis and whether the case of CDI could have been avoided.
- All completed root cause analysis reports are presented to the applicable Clinical Commissioning Group Health Care Associated Infection review Group.
- Ensuring antibiotics were prescribed and administered in accordance with the respective locally agreed antibiotic guidelines.
- Increase the opportunities to work collaboratively across the health economy to prevent and control CDIs.
- Identifying and eliminating (where applicable) any potential risks of cross contamination and other possible risk factors.
- Provision of staff educational workshops with specific focus i.e. Clostridium difficile
- The applicable Care Group Clinical Governance Network for Trust apportioned cases monitoring the actions identified from the investigation.

Methicillin-resistant *Staphylococcus aureus* (MRSA) Bacteraemia Measure

For the financial year 2019/20 it is noted there have been zero MRSA Bacteraemia cases apportioned to the Trust.

Escherichia coli (*E.coli*) Bacteraemia

For the financial year 2019/20 it is noted there has been one *E.coli* Bacteraemia cases apportioned to the Trust in Quarter 1.

Patient Safety Incidents

The National Reporting and Learning System (NRLS) reports nationally on all incidents relating to patient safety. Within these figures, the national median rate for incident reporting from their last six-monthly report, which was published in March 2020, was 56.34 per 1,000 bed days. Humber Teaching NHS Foundation Trust's reporting rate was 94.25 incidents per 1,000 bed days which puts the Trust in the upper quartile; the highest number of incidents per 1,000 bed days was 130.79. In terms of reported level of harm presented in the last NRLS six-monthly report, 75.58% of the Trust's reported patient safety incidents resulted in no harm and 19.74% of the total incidents resulted in low harm.

	Total Incidents 2018/19	Total Incidents 2019/20	Severe/ Death 2018/19	Severe/ Death 2019/20	Serious Incidents 2018/19	Serious Incidents 2019/20
1 April-30 June	1,178	1,189	10	10	5	4
1 July-30 September	1,098	1,272	10	7	4	4
1 October-31 December	1,518	1,042	15	7	10	6
1 January-31 March	1,677	1,368	17	6	6	3
Totals	5,471	5.009	52	34	25	17

Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

All incidents are reviewed in a daily patient safety huddle held within the risk team. Within this meeting the severity rating and category of each incident is reviewed to ensure it is correct. Our reporting of low/no harm incidents indicates a healthy open reporting culture within the Trust.

Humber Teaching NHS Foundation Trust has taken the following actions to improve this percentage and so the quality of its service:

The risk department provides Datix training to all new staff and targeted teams. Where incidents are incorrectly categorised or the severity is not accurately recorded feedback is given to the reporter to enable them to understand why this is the case.

We have reviewed our Datix reporting forms to ensure they are as quick and simple as possible to complete, thus minimising administrative burden and increasing use

We are introducing a dashboard developed from our Datix incident reporting system, which will provide teams with at a glance data in relation to their incidents, themes and trends. This is will enable teams to ensure they focus their quality improvement initiatives on incident themes of concern and see how the reporting of incidents, provides essential data for use at team level.

In addition to learning from incidents, we recognise the importance of learning from what we have done well and has not gone wrong. This is known as 'Safety II'. To capture instances of excellent practice and share the learning more broadly we have introduced "GREATix" which is part of our Datix incident reporting system and very quick and easy to use. Each month we recognise the patient safety team of the month and annually we are introducing an award at our annual staff awards ceremony for Patient Safety Team of the Year.

We continue to embed the 'Just Culture tool' launched by NHSI in March 2018. This ensures that staff are supported to report and be open about incidents. This is supporting and embedding a culture of openness and learning within the Trust.

Part Three: Other information on Quality Performance 2018/19

In this section we report on key national indicators from the Single Oversight Framework (SOF). This section will also share performance in relation to other indicators monitored by the Board and not already reported in Parts 2 or 3 of the Quality Account.

In this section we will also share some highlights of our successes throughout 2018/19 and the comments received from our stakeholders.

3.1 Key National Indicators

There are three domains which the Key National Priorities fall under that the Trust has reported on in Part 3.This is explained in the table below (please note that some of these indicators have already been included in Part Two of the report; where this is the case, reference is made to Part Two).

The Three Domains for Key National Indicators

Domain	Indicator
Patient Safety	Immunisation Rate for Human Papillomavirus (HPV)
	Seven day follow up (**Part Two**)
	Clostridium Difficile (**Part Two**)
	Admissions of Under 18s to Adult Facilities
Clinical Effectiveness	Mental Health Delayed Transfers of Care
	Percentage of Patients Seen for Treatment within 14 Days of Referral
	Gatekeeping (**Part Two**)
	Percentage of Children Measured for Height/Weight in Reception
	Cardio-metabolic Assessments
Patient Experience	Certification against compliance with requirements regarding access to healthcare for people with a learning disability
	Attrition (Drop-Off) Rate of Breastfeeding Prevalence between Ten Days and Six Weeks
	Four-hour waits – MIU
	Percentage of Patients Seen for Treatment within six and 18 Weeks of Referral

Immunisation Rate for *Human Papillomavirus* (HPV)

Immunisation against *Human Papillomavirus* (HPV) highlights an area of national and international concern to end the transmission of preventable life-threatening infectious diseases. Vaccines prevent infectious disease and can dramatically reduce disease and complications in early childhood, as well as mortality rates.

The HPV vaccine is delivered in two separate doses. Delivery of the two doses should have a gap of at least six months between doses to be most effective, and to fit this around the academic school year and deliver it efficiently it is delivered across two academic years, twelve months apart. We deliver dose one to Year 8 pupils and dose two to Year 9 pupils during the same visit.

Due to the difference between the financial year we are describing in this report (April 2019 to March 2020) and the academic year that dictates the delivery timings of the vaccination doses (September to July), we are reporting on vaccinations completed in the 2018/19 academic year (September 2018 to July 2019), as the 2019/20 vaccination programme is still under way at the time of reporting.

In the 2018/19 academic year the Trust delivered the second dose of the HPV immunisation to 89.4% of girls in Year 9 in East Riding Schools, against a target of 90%.

Also in the 2018/19 academic year the Trust also delivered the first dose of the HPV immunisation to 93.1% of girls in Year 8. The second dose was delivered in the 2019/20 academic year; as the contract ended at short notice the end of March 2020 the vaccines had to be delivered in a shortened timescale and the service was only able to achieve 73.8% coverage of the cohort.
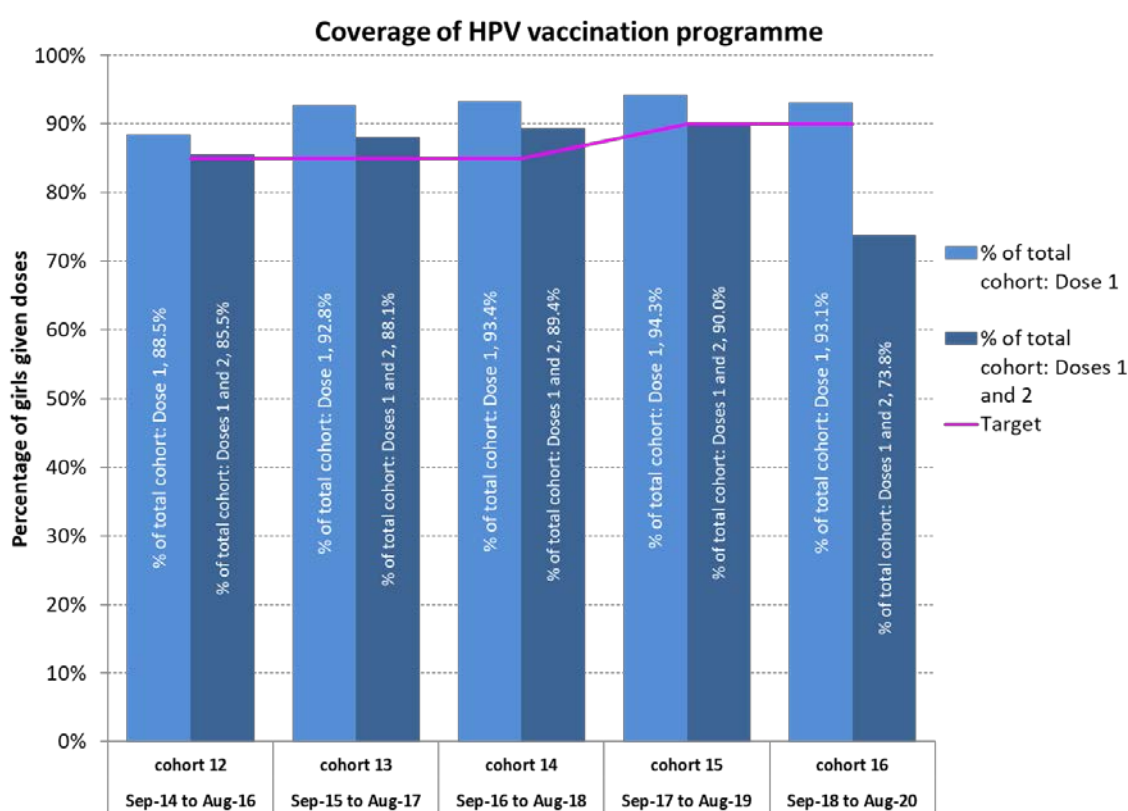
Coverage of HPV vaccination programme

Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

- High levels of vaccination coverage have usually been achieved by ensuring excellent data management to support delivery and follow-up through accurate recording and close monitoring of performance information. The allocation of the contract to a new provider from 1 April 2020 meant that the service had to deliver the second dose to cohort 16 in a much shorter timescale and was unable to provide any follow-up sessions to catch those that were missed due to illness etc.

The Trust maintained good practice and quality of service for the duration of the contract and was disappointed to lose the contract on the basis of price.

Mental Health Delayed Transfers of Care (DToC)

This indicator measures the impact of community-based care in facilitating timely discharge from a hospital and the mechanisms in place to support this. The aim is to ensure people receive the right care, in the right place, at the right time.

The target is to show less than 7.5% of delayed transfers. This figure compares the number of days delayed with the number of occupied bed days (OBDs). In accordance with NHS Improvement (NHSI), the Trust only records mental health inpatient delayed discharges for patients aged 18 and over.

Summary of Progress

For the year ending 2019-20, the Trust reported a percentage of 4.2% delayed transfers which is an improvement on last year's 5.3%. From Q2 however, there has seen a steady increase in the number of delays reported across both adult and Older People's units although still remaining well within thresholds.

The number of occupied bed days is reported through the Trust's patient administration system (Lorenzo). The number of patients affected and the number of days delayed by are monitored via weekly system updates. The data is governed by standard national definitions. The OBDs are subject to constant refresh.

Delayed Transfers of Care are also reported to NHSI. This return (SitReps) provides a count of all patients (community hospitals, learning disabilities and mental health) who were delayed during the month. It does not compare against Occupied Bed Days.

A project group is making continued progress to facilitate the move across from manual recording to electronic reporting for Community Hospitals.

DToC Figures (Mental Health exc LD) 2019-20

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Target	7.50%	7.50%	7.50%	7.50%	7.50%	7.50%	7.50%	7.50%	7.50%	7.50%	7.50%	7.50%
2017-18	7.9%	6.9%	6.9%	5.9%	7.0%	7.2%	5.9%	3.8%	4.8%	5.2%	5.1%	5.7%
2018-19	6.3%	4.4%	4.2%	6.4%	7.2%	6.0%	6.5%	9.0%	13.4%	11.5%	6.3%	3.9%
2019-20	2.6%	3.3%	3.1%	5.3%	3.4%	4.2%	4.6%	5.1%	6.2%	3.6%	3.7%	5.4%
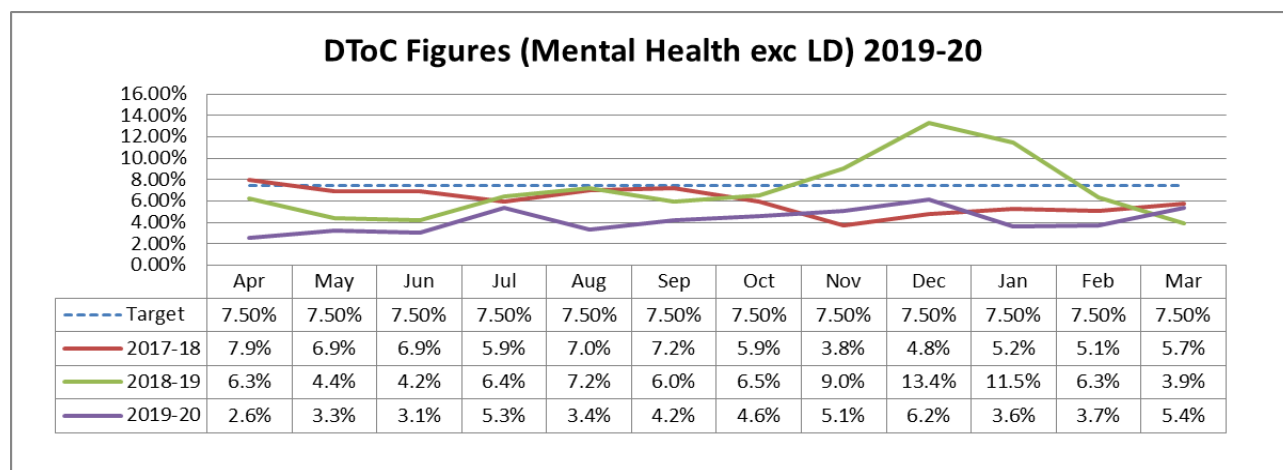
The graph above compares three years' data by month up to the current year.

Caring, Learning and Growing

The table below highlights the number of occupied bed days (OBDs) and the number of patients delayed days per month for the current year.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
OBDs	3712	4039	4175	4330	4084	3909	4084	4155	4178	4054	3891	3964
Days Delayed	96	132	129	231	137	164	188	213	258	146	144	214
%	2.6	3.3	3.1	5.3	3.4	4.2	4.6	5.1	6.2	3.6	3.7	5.4

Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

Both the Care Quality Commission and NHSI measure delayed discharges for patients whose transfer of care was delayed due to factors which were the responsibility of Social Care/NHS or both.

The Trust has taken the following actions to improve this percentage and so the quality of its service by:

- Holding weekly operational meetings to identify problem areas and seek to plan early, appropriate discharge more effectively.
- Delayed Transfer of Care within Mental Health are routinely raised at a fortnightly patient flow and escalation meeting which is attended by Kingston Upon Hull City Council and East Riding of Yorkshire Council and both CCGs. Equally all other delays are raised via the daily system wide meetings.
- Monthly validation of patients undertaken with North Yorkshire County Council for patients delayed in our Primary Care settings in support of our submission to NHS Improvement.
- Liaising with families, carers and housing providers. Regular liaison also takes place with residential homes to give support/advice and ensure patients settle in well.
- Validation meetings to cross-reference electronic recording and reporting.
- Weekly and monthly automated reports to senior clinical leads identifying current patient delays.
- Project team set up to review the process and adopt within community hospital wards.
- Commissioning of step-down beds to provide alternatives for those delayed as a result of housing need.

Delayed Transfers of Care SPC Chart

The chart below shows the mean results with upper and lower control limits over the last two years.
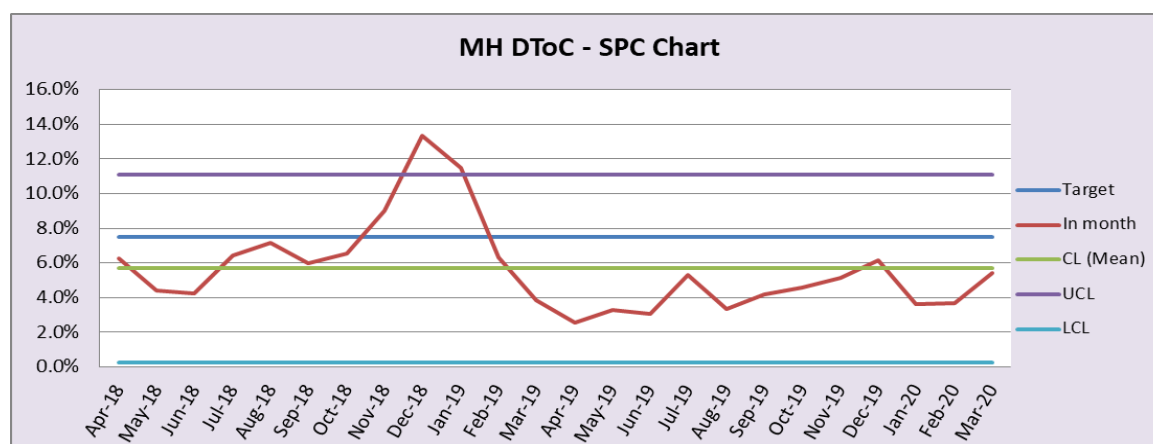
Improving Access to Psychological Therapies (IAPT)

Percentage of Patients Seen for treatment within six and 18 weeks of referral

IAPT Access Times/Goal

The waiting time standard requires that 75% of people with common mental health conditions referred to the Improved Access to Psychological Therapies (IAPT) programme will be treated within six weeks of referral, and 95% will be treated within 18 weeks of referral. The standard applies to adults.

Summary of progress

The IAPT team has been measured against this standard for the East Riding catchment area throughout 2019/20. Both the six- and 18-week targets have been achieved each month throughout the year.

Graph (Six-Week Target)
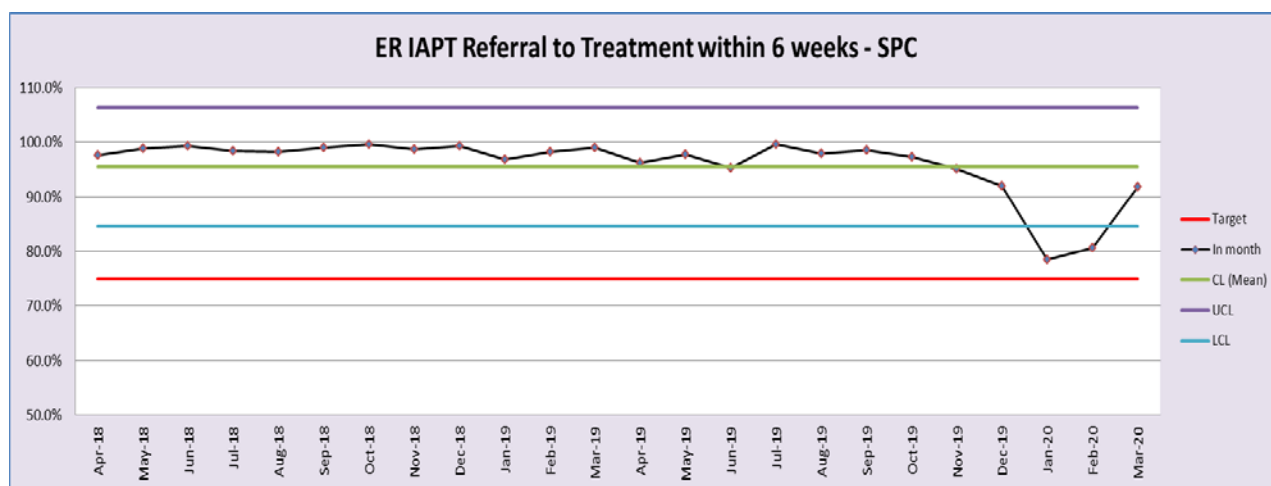
Graph (18-Week Target)
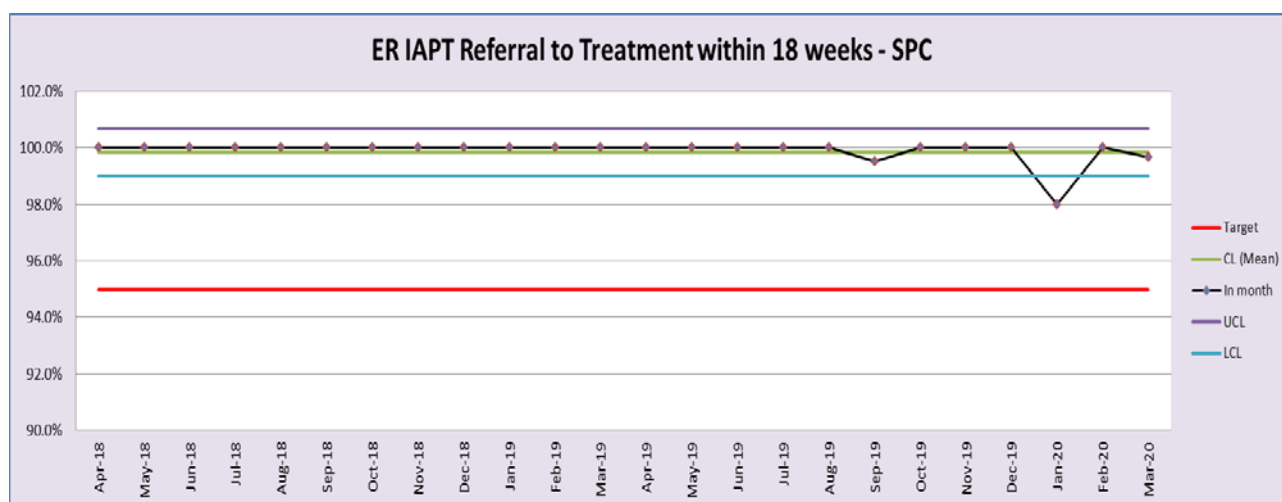
Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

- Monthly reporting from the Trusts PCMIS system

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The Trust has not had to take any actions to improve the percentage but will maintain its good practice and quality of service and continue to strive for excellence.

Percentage of Patients Seen for Treatment within 14 Days of Referral

From April 2016 NHS England introduced a series of standards for Early Intervention for Psychosis Teams to meet in the delivery and shaping of services with these being measured and Teams working towards achieving national accreditation. The access and waiting time standard for early intervention in psychosis (EIP) services requires that more than 50% of people experiencing first episode psychosis will be treated with a NICE-approved care package within two weeks of referral. The standard is targeted at people aged 14-65.

Summary of progress

From April 2016, the Psychosis Service for Young People in Hull and East Riding (PSYPHER) team has been measured against this standard. The service continues to support the age range of 14-64. The year to date performance of 79.1% is greater than the nationally mandated target of 56%.
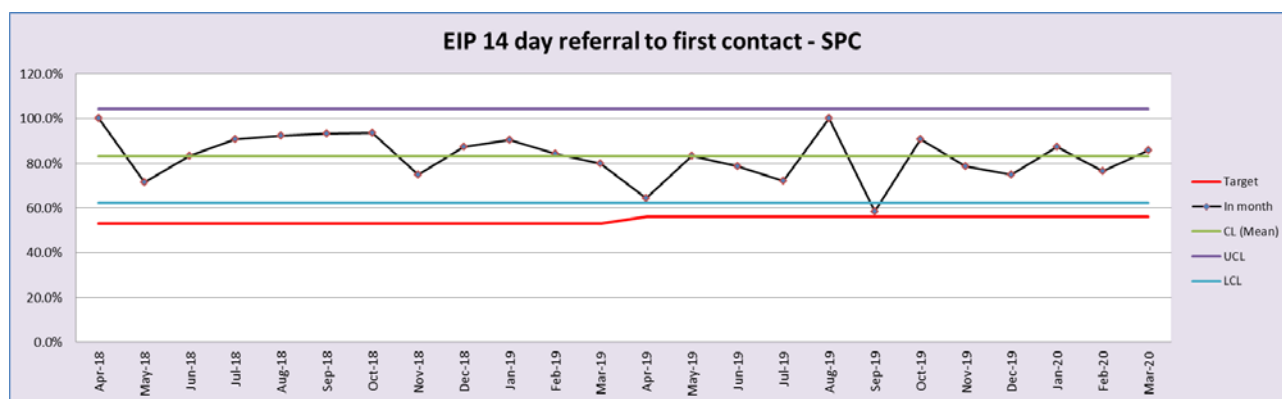
Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

- Monthly reporting from the Trust Lorenzo system
- Weekly multidisciplinary meeting for feedback on assessments in progress
- Daily morning meeting where referrals are discussed and allocated.

The Trust has not had to take any actions to improve the % but will maintain its good practice and quality of service and continue to strive for excellence.

Cardio-metabolic Assessment and Treatment for People with Psychosis

The Trust should ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:

- Inpatient wards
- EIP
- Community MH Services (CPA clients)

People with severe mental illness (SMI) are at increased risk of poor physical health, and their life-expectancy is reduced by an average of 15-20 years mainly due to preventable physical illness. Two thirds of these deaths are from avoidable physical illnesses including heart disease and cancer, mainly caused by smoking. There is also a lack of access to physical healthcare for people

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with mental health problems – less than a third of people with schizophrenia in hospital receive the recommended assessment of cardiovascular risk in the previous 12 months.

Physical health assessments for patients with severe mental illness (SMI) were a CQUIN in 2018/19. Patients with SMI for the purpose of the CQUIN were all patients with psychosis, including schizophrenia.

Data is recorded and reported from the Trust's Lorenzo patient administration system and during 2019/20 new reporting process were put in place to run these automatically.

Although no longer a CQUIN, the following figures are a snapshot of the compliance rate for all assessments completed as at 31 March 2020 as entered on Lorenzo.

Service	Target	% of patients with complete electronic HIP (as at 31 December 2019)
Inpatient	90%	40.7%
Community (non-EIP)	75%	32.6%
Early Intervention Psychosis	90%	48.6%

Humber Teaching NHS Foundation Trust considers that these data are as described for the following reasons:

- They are based on direct analysis of the submissions made on Lorenzo

The Trust has taken the following actions to improve this percentage and so the quality of its service by:

- Developing the electronic record so the assessment can be entered directly into the system and support the teams in using the new form.
- Compliance results shown in team performance reports to allow teams an opportunity to review and assess for improvement.

Admissions of Young People under the age of 16 to Adult Facilities

Inpatient Child and Adolescent Mental Health Services (CAMHS) General Adolescent Services deliver tertiary level care and treatment to young people with severe and/or complex mental disorders (12 to 18 years) associated with significant impairment and/or significant risk to themselves or others such that their needs cannot be safely and adequately met by community CAMHS. This includes young people with mild learning disability and Autism Spectrum Disorders who do not require Inpatient CAMHS Learning Disability Services. There is currently no provision within the Trust for mental health inpatient services for this age group.

In the event that a young person needs an immediate admission for their safety or that of others, it is acknowledged that a CAMHS inpatient unit is normally the preferred environment for a person under age 18. There are occasions when a bed or other CAMHS alternatives are not available.

The revised Code of Practice (2015) states if a young person is admitted in crisis it should be for the briefest time possible.

There are also some 17 year olds who prefer to engage with adult mental health services and have a preference for being admitted to an adult ward environment when the need arises. However, even in these circumstances there is still an obligation to ensure that safeguards are in place for an under 18 year old in line with their status as a minor.

Summary of progress

There is no national target set for this indicator but the Trust considers this to be a zero event with the aim of having no admissions of children into adult wards. The national parameters review patients admitted who are under 16.

During 2019/20 there were four admissions of under 16s. The average length of stay on an adult ward was five nights.

Graph
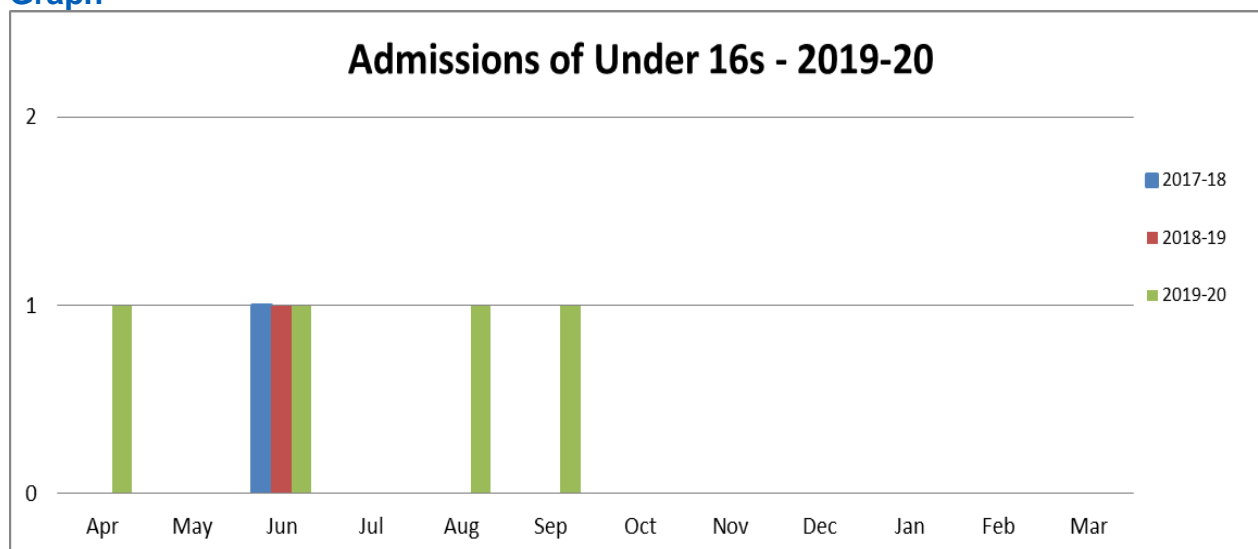
Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

The Trust opened its new thirteen bedded CAMHS Inpatient Unit on 22 January 2020. Prior to this, CAMHS inpatients from the area were placed in units outside the area.

Currently CAMHS inpatient beds are commissioned by NHS England and there is a very clear protocol for CAMHS needing to access those beds. It is nationally accepted that there is a current shortage of beds. Young people are admitted to adult wards due to the lack of accessible and available beds CAMHS-specific beds.

Prior to the opening of the new unit the Trust had two designated wards to accept emergency admissions for children where appropriate placements are not available: Westlands for female patients and Mill View Court for male patients. The average length of stay for patients aged under 16 in these units between 1 April 2019 and 21 January 2020 was five days.

The Trust has taken the following actions to improve this percentage and the quality of its service by:

The Trust was commissioned by NHS England to provide a 13-bedded CAMHS inpatient unit. The new unit, names 'Inspire' comprises of four PICU beds and nine general adolescent beds. NHS England has specifically commissioned this number of beds based on an audit of the regional usage. The new service supports young people from Hull, East Yorkshire, North and North East Lincolnshire. The unit is a state of the art new build and is located on Walker Street in Hull. The new service offers a shift from the traditional approach to CAMHS inpatient provision to one that supports the ongoing transformation of Young People's Mental Health services locally, where access to services is key, keeping young people close to the systems of support that aid recovery.

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Out of Area Placements

Definitions

Out of Area Placement – this is when a patient with assessed acute mental health needs who requires non-specialised inpatient care (CCG commissioned), is admitted to a unit that does not form part of the usual local network of services. This includes inpatient units that:

- are not run by the patient's home mental health care provider, regardless of distance travelled or whether the admitting unit is run by an NHS or Independent Sector Provider (ISP);
- are not intended to admit people living in the catchment of the person's local community mental health team (CMHT);
- are located in a place where the person cannot be visited regularly by their care coordinator to ensure continuity of care and effective discharge planning.

Summary for 2019/20

For 2019-20, the results of Out of Area Placements are documented in the Integrated Board Report (IBR). Graph 1 below shows the number of patients who were in an out of area placement per month. Graph 2 shows the number of days out of area, both appropriate and inappropriate. It is the Trust's intention that there will be zero inappropriate out of area placements by 2020/21. There were a total of 25 new patients who were admitted to an out of area placement during the year.

Progress

Reporting mechanisms are in place to ensure the best care is received and that the service user is returned as safely and quickly as capacity allows. Work continues to look at regional bed management and reduce the need for service users to go far from home when admitted out of their locality area. The closer someone is to their home Trust, the more beneficial this is for family and enable on-going care needs to be met.

SPC Chart – Out of Area Placements – Total days
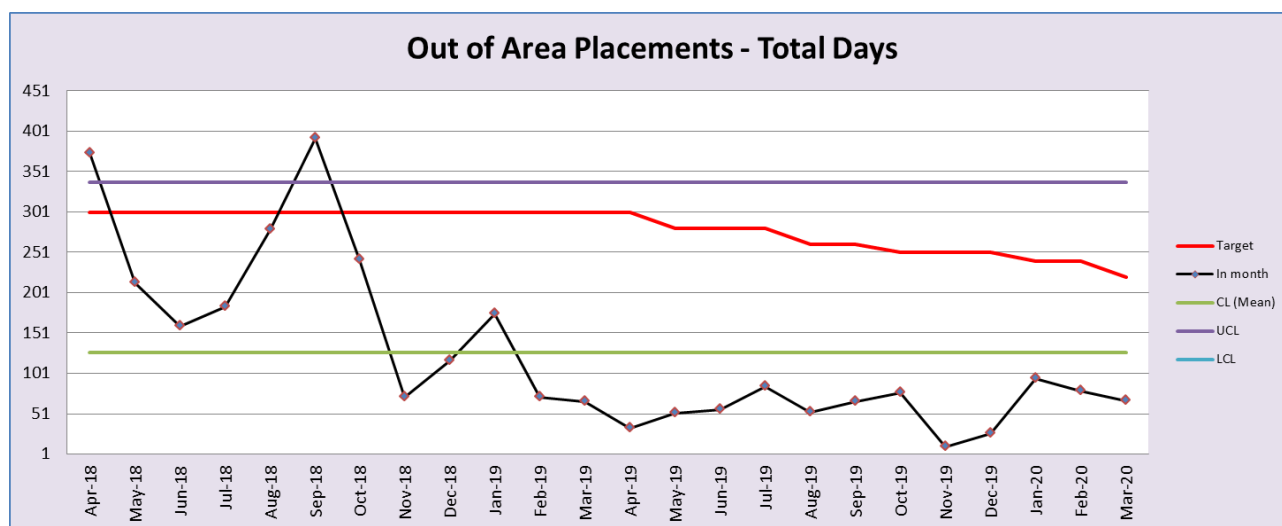
Graph – Inappropriate/Appropriate Placements 2019-20
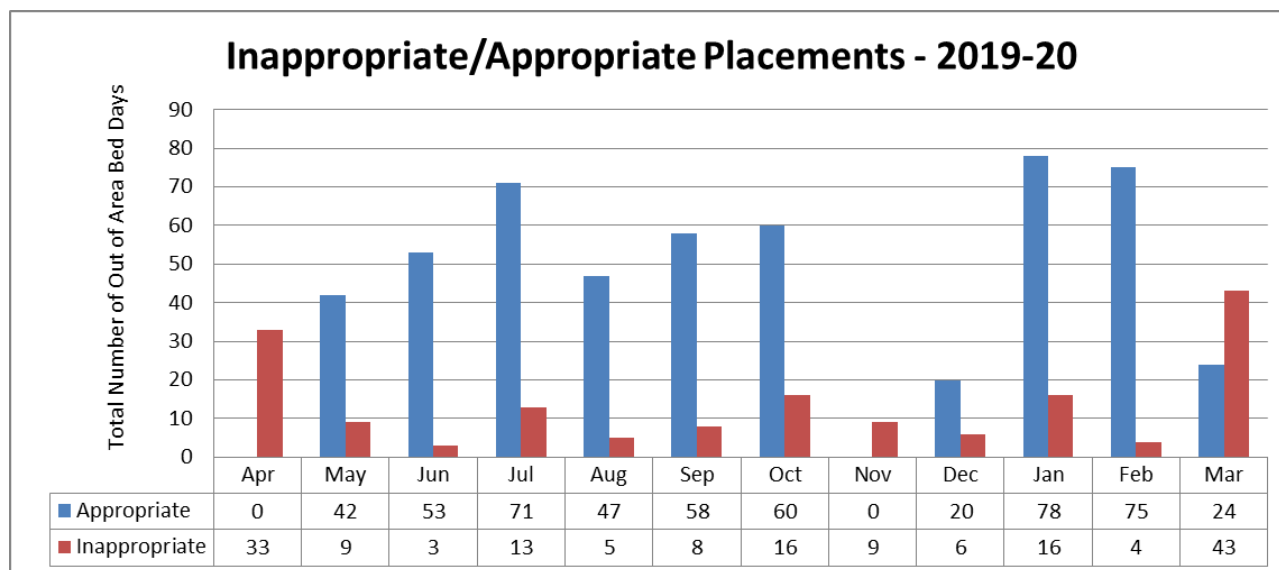
Inappropriate/Appropriate Placements - 2019-20

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
■ Appropriate	0	42	53	71	47	58	60	0	20	78	75	24
■ Inappropriate	33	9	3	13	5	8	16	9	6	16	4	43

Y-axis: Total Number of Out of Area Bed Days (0–90)

Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

- Total number of out of area placements and new placements within each month
- Split of inappropriate and appropriate placements. Inappropriate in this instance relates to those patients that have had to be placed out of area due to there being no bed available on Trust wards
- There are no interim percentage targets set and the results are based on the number of placements and days out of area
- The local community mental health team is the Trust catchment area (Hull, East Riding and North Yorkshire)

The Trust has taken the following actions to improve this outcome and the quality of its service by:

- Extending the crisis pad hours
- Recommissioning of the crisis pad service for a further 12 months
- Commissioning of five step-down beds within MIND accommodation to support earlier discharge when housing needs may create a delay around discharge.
- Creation of a new bed management team to support the management of capacity
- Showing in the Integrated Board Report the split between working age, Psychiatric Intensive Care Unit and older people placement
- Validation and escalation process to be initiated with Care Group Directors on a monthly basis
- Twice daily bed state reporting
- Weekly inpatient system meeting to support flow

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CAMHS Eating Disorders

Percentage of children and young people with an eating disorder seen for treatment within target timescales

CYP ED Aim/Goal

From April 2016 NHS England introduced a requirement for all children and young people's mental health service (CAMHS) providers to establish a dedicated Eating Disorder team and introduced national access time targets for children and young people with an eating disorder (CYP ED). The indicators look at the number of children and young people who have accessed, or are waiting for treatment following a routine or urgent referral for a suspected eating disorder. Eating disorders present both an immediate risk to life and long terms health risks due to the pressure placed on internal organs by a severely restricted diet. For this reason the access time targets for CYP ED are tighter than most other mental health conditions.

Children and young people (up to the age of 19) referred for assessment or treatment for an eating disorder should receive NICE-approved treatment with a designated healthcare professional within one week for urgent cases and four weeks for every other case. The standard includes all children and young people up to the age of 19 years in whatever setting (community or inpatients) the young person is receiving care.

Summary of progress

The Trust has a dedicated team in place covering the Hull and East Riding 0-19 populations. This team became operational in October 2016.

Graph
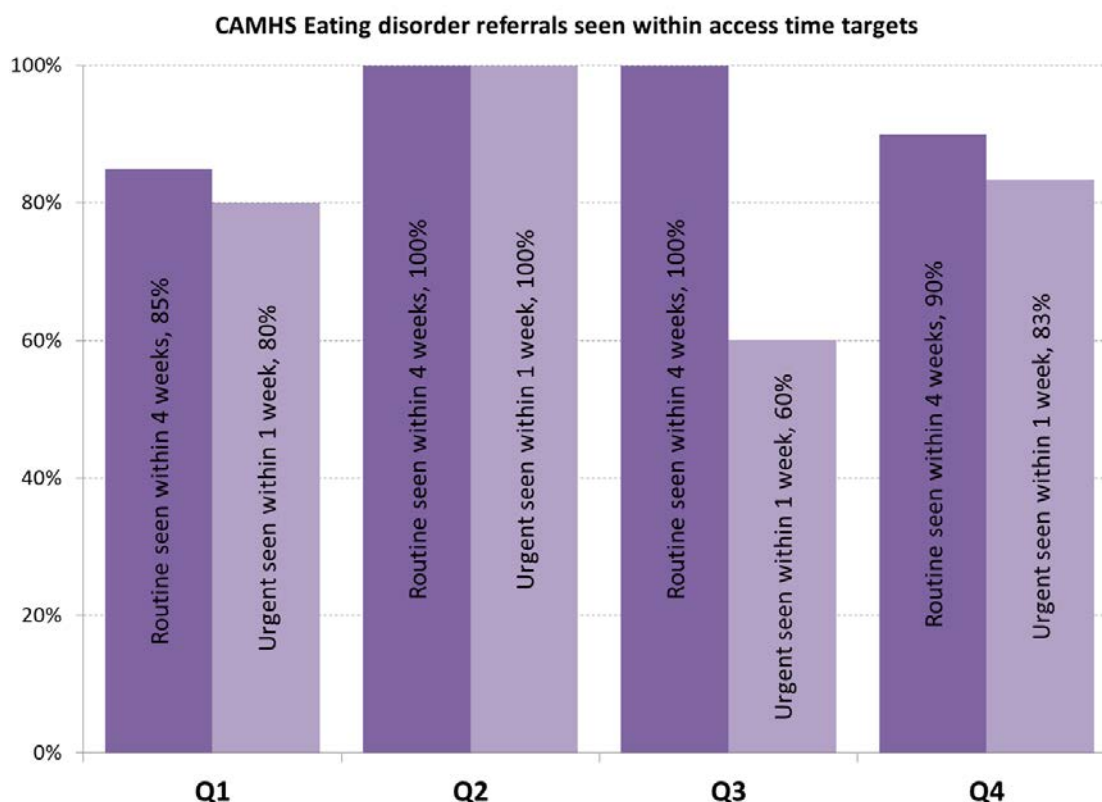
As at 31 March 2020, 19 children and young people started treatment following an urgent referral for a suspected eating disorder, of which 15 (79%) did so within one week of referral. Urgent referrals are prioritised and the service investigates each breach of this target; we can confirm that

the breaches were due to circumstances beyond the control of the service, such as the child not being brought to the appointment, or the family cancelling it. All breaches are followed up to ensure that the young person receives a service at the earliest opportunity.

As at 31 March 2020, 64 children and young people started treatment following a routine referral for a suspected eating disorder, of which 60 (94%) did so within four weeks of referral. Where the first contact happened later than four weeks this was due to reasons beyond the control of the service, such as the child not being brought to the appointment, or the family cancelling it. Again, all breaches are followed up to ensure that the young person receives a service at the earliest opportunity.

Numbers of referrals are small compared with other CAMHS pathways such as anxiety, but patients with eating disorders tend to remain on the caseload for longer (often up to two years) and require more intensive/frequent intervention that other conditions. Because of the intensity of intervention, especially at the start of the pathway, the volatility of the referral rate presents a challenge as even five or six more referrals than usual in a quarter places a much greater demand on the team. The rate of referral has increased each year since we started to monitor it, with the highest ever number in one month (18) recorded in September 2019, more than double the average of eight per month.

The Trust considers that this data is as described for the following reasons:

- Weekly reporting from the Trust Lorenzo system
- Weekly team meeting for caseload management
- Daily morning meeting where referrals are discussed and allocated.

The Trust has taken the following actions to improve this percentage and so the quality of its service by:

Close monitoring of referral numbers and access times and recruitment to vacancies.

Percentage of patients seen and discharged/transferred within four hours for Minor Injuries Units

The national target for other Accident and Emergency departments including Urgent Care Centre/Minor Injury Units is for at least 95% of patients attending to have a total time in the service less than four hours from arrival to discharge or transfer.

Underlying of the four-hour target is the principle that patients should receive excellent care without unnecessary delay. The target focuses on patients requiring treatment which can be accessed without an appointment for treatment as a minor injury or illness. In order to be a part of the reporting, the service has to have an average weekly attendance of more than 50 people, which is calculated over a quarter.

The Trust provides one Minor Injuries Unit (MIU) in Whitby. The MIU has seen 8475 patients in the year April 2019 to March 2020 (an average of 177 patients a week).

The National Standard requires that a minimum of 95% of patients attending an A&E department should be admitted, transferred or discharged within 4 hours of their arrival. We can report an achievement of 99.9% for April 2019 to March 2020 at Whitby MIU. Data is sourced via the SystmOne patient administration system.
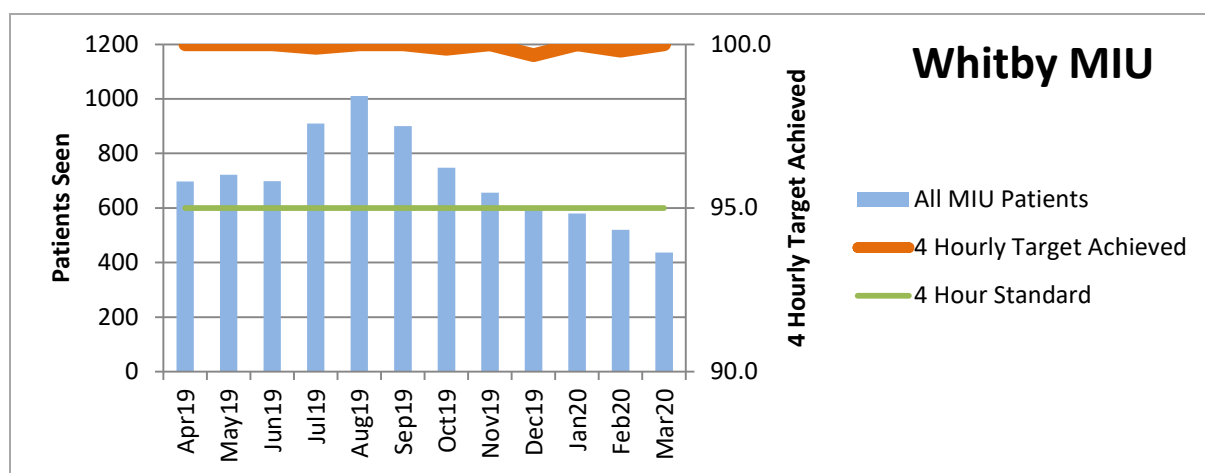
Whitby MIU

The chart below shows the mean results with upper and lower control limits over the last two years.

Whitby MIU - 4 Hour Target SPC
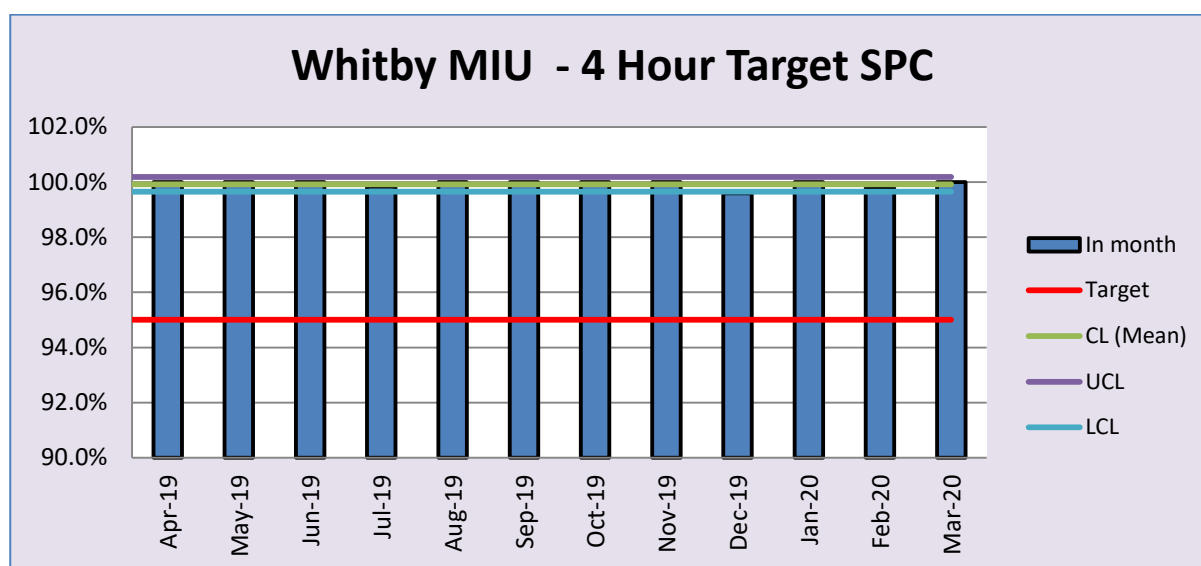
3.2 Performance in Relation to other Indicators Monitored by the Board

In this section we share other key performance indicators monitored by the Board that have not already been mentioned within the mandated indicators included in this account.

Clinical Supervision

Clinical supervision is essential to the delivery of safe and effective care as it provides a safe environment for clinicians to actively engage with each other to reflect on their clinical practice and improve standards of care. The process of supervision facilitates the individual to develop knowledge and competence and link theory and research to practice.

The Trust supervision policy requires all clinical staff to receive clinical supervision from an appropriate professional as a minimum frequency of six-weekly. This can be on a one-to-one basis or within a professional group or forum. Individual teams are required to achieve

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compliance with a target of 80% of their staff receiving clinical supervision within the month. This target allows for sickness absence and other factors that impact on supervision. An audit of compliance with these standards is undertaken monthly across the whole organisation. Compliance is monitored via a number of governance groups throughout the organisation and is reported monthly through to the Trust Board and Quality Committee via the Integrated Quality and Performance Tracker.

The dashboard below shows clinical supervision compliance for the Trust, which as can be seen has been consistently meeting and exceeding the Trust target of 80% during 2019/20. Please note that March 2020 figures were not collected due to the Coronavirus pandemic.

Trust-level Supervision Compliance 1 April 2018- 28 February 2020
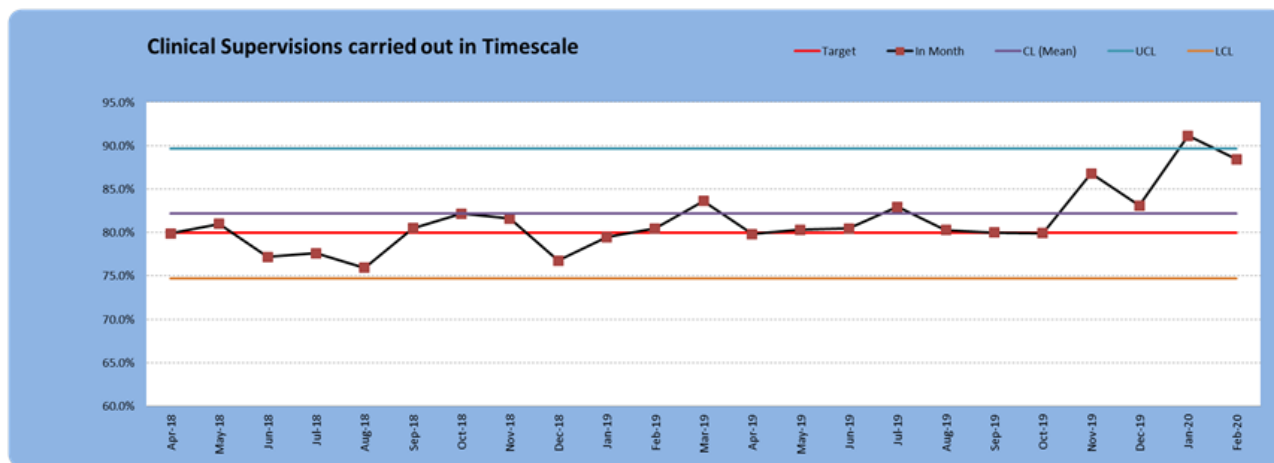
The reasons behind non-compliance with supervision standards are explored by division and action is taken to address areas of concern. Factors impacting on supervision compliance are complex; however, staffing levels can impact on the ability of staff to access supervision. Therefore, we monitor supervision compliance as one of the metrics within our safer staffing dashboard. This enables the Board to see when staffing is impacting on supervision compliance and take the appropriate action. The governors of Humber Teaching NHS Foundation Trust chose clinical supervision as the local indicator for the Quality Account.

Statutory and Mandatory Training Compliance

The Board places considerable emphasis on mandatory training compliance. All areas of the Trust receive a fortnightly mandatory training compliance report which enables managers to target areas of lower or reducing compliance. These reports were introduced in early 2018 and as can be seen the performance across the Trust has steadily improved and been maintained at above the 85% target compliance for the Trust during 2019/20. Please note figures were not collected for March 2020 due to the Coronavirus pandemic.

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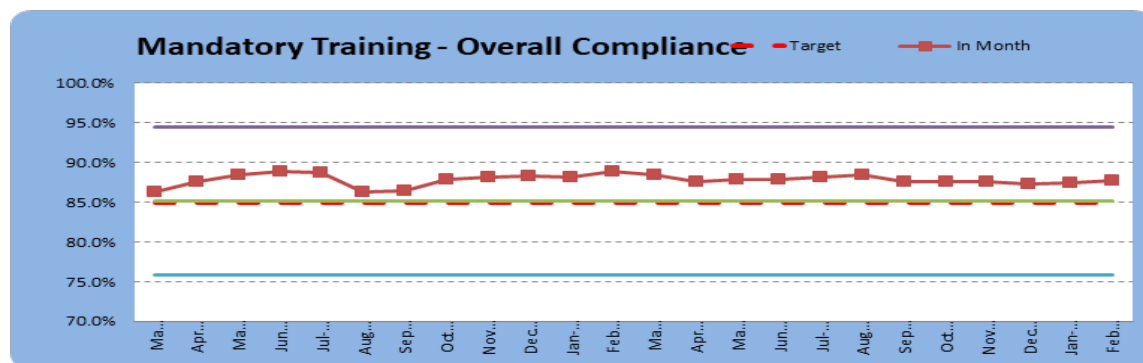
Formal Complaints and Patient Advice and Liaison Service (PALS)

All complaints data is sourced from Datix. The Complaints and PALS Department records and responds to complaints, concerns, comments and compliments received from all areas of the Trust. The Trust ensures that all potential complainants have the option to have their concerns dealt with informally via the PALS service or formally via the NHS Complaints Procedure. Offering both services through one department allows the Trust to monitor all concerns raised, whether formally or informally, to see if there are any trends and to provide a consistent approach for patients, carers and the public.

Formal complaints

For the period 1 April 2019 to 31 March 2020, the Trust received 235 formal complaints, which compares to 221 for 2018-19 and 191 for 2017-18.
Each complaint is treated individually, as although the issues raised may be similar to others, the circumstances are often different for the individual concerned. The Trust aims to respond to formal complaints within 30, 40 or 60 working days, dependent on the complexity and number of issues raised. If the timescale cannot be achieved, the complainant is informed of when they may expect their response.

It is important to note that not all formal complaints are the result of a Trust failing or poor service. For example, a complainant may not be happy with the service provided because they consider their needs are different to what the Trust has assessed them as needing. At the outset of each complaint staff try to determine the complainant's desired outcome from making the complaint, however it is not always possible to give people what they seek.

For the period 1 April 2019 to 31 March 2020, the Trust responded to 243 formal complaints which compared to 218 for 2018-19 and 185 for 2017-18.

The primary subjects for these complaints are as follows:

Primary subject	Number
Patient care	49
Communication	42
Appointments	35
Values and behaviours of staff	28
Admissions/discharge	18
Trust admin/policies and procedures	16
Clinical treatment	16
Access to treatment or drugs	12
Prescribing	10
Facilities	6
Other	4
Waiting times	4
Privacy and dignity	3

Of the 243 responded to, none of the complainants have, to date, taken their case to the Parliamentary and Health Service Ombudsman for review. Three older cases are being considered.

The following are some examples of actions/learning from complaints responded to between 1 April 2019 and 31 March 2020.

- GP practice – patients are to be offered appointments at an alternative Trust GP practice to avoid delays if they are willing to travel.

- Community Hospital – all registered nurses to attend ward based training session depicting a patient journey from admission to discharge. Clinical care planning training scenarios to be part of this training.
- Complaints and PALS – complainants are offered the opportunity to have their response/information emailed securely to them. This involves the complainant registering once to allow this to happen and all future correspondence to them will be secure.
- Mental Health Response Service – to ensure all staff are aware of the recent updated practice to give time windows of two to three hours when agreeing to call a patient back.
- Adult Inpatient Unit – works to be completed on perimeter to try to prevent patients from being able to leave the unit via the walls.
- Adult Mental Health, Community – to review the CMHT brochure and update information to appropriately reflect the availability of traumatic stress service.
- Older People's Mental Health, Community – no patient will be diagnosed with dementia without a face to face contact. Change to administrative procedure; no letter will be sent out directly to a patient without having being seen by the author or a nominated person and signed before sending.

The actions for complaints are monitored by the Complaints department and for each action, and confirmation and evidence is requested from the lead person identified for that action that the action has been completed by the specified time. An action plan tracker to cover the actions identified from formal complaints has been developed.

Patient Advice and Liaison Service (PALS)

For the period 1 April 2019 to 31 March 2019, the Trust responded to 484 PALS contacts which compares to 366 for the previous year.

Of the 484 contacts, 134 were referrals to other Trusts/agencies and therefore there were 347 concerns, queries or comments for this Trust.

Priorities for 2020-21

To continue to manage and respond to complaints, concerns, comments and compliments for all our services. To ensure that staff aim to resolve issues as they arise as close to the delivery of the service as possible, however, if a formal complaint is raised, to ensure staff are aware of the importance of a professional, open, honest and informative response to patients and carers when they raise a concern or complaint.

Feedback Tree, Child and Adolescent Mental Health Services, Rivendell House, Driffield

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Below are examples of a few of the compliments which have been received:

"It was most evident to the family that whole of the unit staff are professional in whatever aspect of patient care they are engaged in but the aspect that struck us most was the common decency of the staff in their genuine concern for the patient. The patient indeed sensed this 'affection' and it undoubtedly buoyed him up during his off days. The patient spoke with great respect and reciprocal affection for all of the staff that he came into contact with and he made relationships with staff and patients that sustained him, affording him fresh resolve to become well and move on".

Adult Mental Health, Inpatient

Email received saying thankyou to the team for responding to the patient's emails and the support given as it was appreciated. The patient also stated that they were back on track with things and were feeling better.

Mental Health Response Service

A patient came back to see his GP for review as planned after the GP had admitted him to hospital. He had a pacemaker fitted due to complete heart block. He thanked the GP for saving his life that day.
GP surgery

"No words could ever express my appreciations for the support your District Nurses have shown throughout the difficult time my wife and I endured in her final weeks at home. Not only were they most considerate and tender, they were friendly, uplifting and warm in their conversation that was most assuring. I especially wish to thank those who attended on my wife's final night as they helped me in ways far above anything I could have imagined. I do not think could have got through the ordeal without them".
District Nursing

Thanks received from the patient and his wife for the physiotherapy delivered to the patient in his home which had made all the difference and enabled the patient to resume his life fully.
Physiotherapy

"I would like to say a big thankyou to all the ward and catering staff for the care, kindness and empathy shown whilst being assisted on the road to recovery".

Older People's Mental Health, Inpatient

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Patient and Carer Experience

Our patients, service users, carers and communities are at the centre of everything we do. There is no better and more important way of improving services than by listening to what individuals think, feel and experience throughout their care journey and beyond.

The Trust continues to deliver on the priorities identified in our Patient and Carer Experience strategy (2018 to 2023). Our strategy plan on a page is shown on the next page.

We are continuing to actively engage and involve patients, service users and carers in Trust business and are actively listening and acting on the information we hear. This strategy not only promotes working together better but sets out how we will do this to ensure maximum involvement and engagement.

Forums

Five forums continue to meet on a regular basis to give our patients, service users, carers, staff and partners a voice and the chance to be involved in Trust business. These are:

Hull and East Riding Patient and Carer Experience Forum (PaCE) – our patients and their carers are invited to attend this forum to provide them with a public voice by bringing lived experiences and individual perspectives. We also have representatives from patient and carer support groups on the forum.

98%
Percentage of patients who believe they receive sufficient information

Hull and East Riding Staff Champions of Patient Experience (SCoPE) – staff (Champions) attend this forum to share best practice and provide a voice of experience on behalf of their teams. The forum also reviews survey findings and complaints to identify key themes to help inform the Patient Experience Team's work plan. The Trust currently has 122 Staff Champions and all teams are represented.

86%
Percentage of patients likely to recommend the Trust to family or friends

Whitby and District Patient and Carer Experience Forum – to raise awareness of patient and carer experience through patient, carer, staff, statutory and voluntary organisation participation by ensuring all have a voice.

Scarborough and Ryedale Patient and Carer Experience Forum – to raise awareness of patient and carer experience through patient, carer, staff, statutory and voluntary organisation participation by ensuring all have a voice.

Humber Co-production Network – to build stronger relationships and partnerships with third sector, public sector, commissioners and hard to reach groups by ensuring they all have the opportunity to provide a voice on behalf of the communities and groups they serve. The Humber Co-production network meets every six months to help to build stronger relationships. At present we have 56 organisations signed up to the network. Each meeting includes either a presentation or workshop from a partner organisation and an update or workshop from a service within the Trust.

99%
Percentage of patients who thought our staff were friendly and helpful

NHS Improvement Films

NHS England/Improvement chose the Trust to produce three short films (learning, leadership and culture) to showcase how we have developed our approach to integrating quality improvement and patient experience. This was a great opportunity for us to be a national exemplar of patient experience and share our journey with fellow Provider Trusts across the country. There were a number of film launches across the country and our regional launch in Leeds was attended by the Trust's patient and carer experience champions, Chief Executive, Chairman, Head of Patient and Carer Experience and Engagement, Communications and Marketing Manager and staff champions of patient experience.

Identification of Carers and Carers Assessments

Work is continuing to ensure staff are identifying and signposting carers for assessments as appropriate. When a clinician comes into contact with a patient, service user or their carer, they must identify whether there is a carer and then complete the relevant documentation.

Identification of Caregivers in Stress

A tool is now available to support clinicians when identifying if a care giver is in stress called the "Relatives Stress Scale". The tool asks the caregiver fifteen questions and identifies their level of personal stress and domestic upset. The tool helps clinicians to make the decision to refer the carer to carers support services for a carer's assessment. The carer's assessment will then determine what level of support is needed.

Involving Patients, Service Users and Carers in Recruitment

A framework called 'Involving Patients, Service Users and Carers in Recruitment' has been developed. The purpose of this framework is to initiate and implement a consistent approach for patient, service user and carer involvement in the recruitment process for public facing roles across the Trust.

Equality, Diversity and Inclusion Priorities for Patients, Carers Service Users 2019/20

As a result of last year's event called 'Building our Priorities for 2019/20' the following priorities have been progressed over the year:

- To improve communication with our young people with a protected characteristic.
- To co-produce relevant training packages with people from a diverse background so that it is representative of the protected characteristics.
- To raise awareness of the Interpretation and Translation services available to staff.
- To better understand the preferred channel of communication for individuals accessing our services.

Equality, Diversity and Inclusion Priorities for Staff 2019/20

The following actions have taken place to ensure we meet the equality and diversity needs of our staff:

- Developed a robust equality, diversity and inclusion strategy in partnership with staff groups this was subsequently incorporated into the Trust's wider people strategy in order to ensure equality, diversity and inclusion was the golden threat that runs through our people related initiatives.

- Recruitment has been restructured during 2019/20. To support this, the Trusts recruitment pages on the intranet as well as NHS Jobs have been redeveloped to be fully inclusive and training has been sourced for recruiting managers (delivery delayed due to Covid-19 pandemic).
- An LGBT+ staff network has been established with a strong early commitment from staff. The group meets on a bimonthly basis with the agenda to focus on how the Trust can be more inclusive to the LGBT community. Already, the group has been instrumental in co-producing the Trust's new Transitioning at Work Policy as well as the refreshed Equality, Diversity and Inclusion Policy. In addition, members of the group were is the early stages of supporting the Hull Pride event (delayed due to Covid-19 pandemic).
- In order to develop equality of opportunity for leadership roles between people who share a protected characteristic and people who do not share a protected characteristic a leadership development programme has been established and is available for all managers, across the Trust, to support their development as a leader. The first cohorts started in January 2020. (Put on hold due to Covid-19). Furthermore, the Trust has refreshed its Senior Leadership Forum (for managers at band 8a and above) to ensure it is fully inclusive. Additionally, the Trust has started delivering new a Leadership Forum (for managers at bands 3-7) designed to develop the Trust's junior managers, regardless of protected characteristics.
- In order to improve the working experience of Trust staff with protected characteristics in relation to bullying and (or) harassment in their place of work an independent review of bullying and harassment was carried out across the Trust. The outcome of this saw a refreshed Bullying and Harassment Policy, Procedure and Guidance produced. Additionally, training has been put in place for managers to raise awareness of bullying and harassment (delayed due to Covid-19).

Interpreter on Wheels

Interpreter on Wheels is a video interpretation service providing one touch, on demand, secure access to the largest global resource of experienced, security-vetted interpreters via electronic devises. Following the success of a pilot during spring 2019 including the Trust's Mental Health Crisis Service and Avondale Unit, approval was given to those teams who have the highest referral rates to interpretation services to use the interpreter on wheels service as a mainstream addition to their existing interpretation services. The teams include; Mental Health Response Service, all Mental Health inpatient units, Hull East and Hull West Community Mental Health teams.

Hull Pride 2019

The Trust supported the Hull Pride event and parade in July 2019. Many teams supported the Trust's two information stands on the day and participated in the Pride march with our Humber banner.

Always Events Framework

We are improving our Quality Improvement process by participating in the national Always Events programme. An Always Event involves patients, families and health professionals working together to decide what matters most to them. Teams involved in the programme include, Learning

Disabilities Inpatient Team, Townend Court, PSYPHER, Field House Surgery, Bridlington and the Humber Centre.

Friends and Family Test (FFT) National Guidance Changes

In September 2019 NHS England and NHS Improvement issued new guidance which sets out how Trusts must use the Friends and Family Test (FFT) to improve patient experience. The changes must be implemented by no later than 1 April 2020. Key changes relevant to our Trust include:

- A new standard question for all settings "Thinking about the service we provide…..Overall, how was your experience of our service?" (The previous mandatory question was "How likely are you to recommend our service to friends and family if they needed similar care or treatment?")
- A new response scale: Very good, good, neither good nor poor, poor, very poor, don't know. (The previous response scale was: extremely likely, likely, neither likely nor unlikely, unlikely, extremely unlikely, don't know).
- The guidance is encouraging commissioners to move away from a narrow focus on how many responses are being collected and what the score is and will move towards a quality improvement culture.
- The guidance promotes a culture where staff are engaged in the process of deciding what questions to ask, how to collect it, how to use it to make improvements.
- It is recommended that providers use a combination of methodologies to collect the information to support making the opportunity to give feedback accessible to all.

During the year a working group was formed to support development of two refreshed FFT survey forms; a generic form and an accessible form (in easy read) which will be used by all services with effect from 1 April 2020.

Child and Adolescent Mental Health Service (CAMHS)

As part of the development of the CAMHS Inpatient services 'Young Minds' were commissioned by NHS England North to engage with young people about the kind of services they wanted to see. From that engagement it was clear that the location, access and building design were key issues for young people. As a result of listening to the feedback the Trust identified a site for the new service which is situated within a socially inclusive and mutually supportive neighbourhood. The location is within easy walking distance of Hull city centre, with outstanding transport links and amenities as well as in close proximity to the local acute hospital.

Working with Adult and Children's Safeguarding Boards

The Humber safeguarding service works alongside the safeguarding children and adult boards throughout all of the statutory processes. This process identifies learning for Humber (and other agencies) and Humber safeguarding is a key part in multi-agency working, developing policies, training and protocols together.

The Humber safeguarding service is a key contributor to the Vulnerable Adult Risk Management (VARM) processes in Hull, East Riding and North Yorkshire via strategic work groups.

Prevent is about safeguarding people and communities from the threat of terrorism and a local authority responsibility. This is a key area for Humber and we have been cited as a very positive contributor to the complex Prevent cases involving mental health patients. Humber safeguarding attends all key Prevent meetings and provides complex information for high risk cases.

Self-neglect has been another key area of multi-agency working and we have shared our newly-developed training materials with Hull Safeguarding Adult Review (SAR) panel to identify Humber safeguarding actions and progress on this issue. Humber safeguarding has developed a new self-neglect, neglect and hoarding policy to reflect the growing focus on self-neglect. Local authority feedback has been very positive and they have adopted the policy as part of their processes.

The Humber safeguarding service is part of the ongoing multi-agency review of safeguarding referral threshold agreements and advisory processes.

Early Help and Hidden Harm (EHASH) are part of the statutory subgroups processes. Humber safeguarding has contributed to the development of new procedures and processes. Humber safeguarding sits on the EHASH management subgroups, has a presence in EHASH and is working with partners on issues including Voice of the Child and Domestic Abuse.

The Humber safeguarding service has completed a multi-agency audit in Making Safeguarding Personal (MSP) with Hull. This was to understand and analyse the involvement of the adult at risk, reflecting their views and outcomes, and is part of the Hull Adult Safeguarding Board business plan. As a result of the audit Humber, Hull and ER are working together formulate joint procedures and guidance on completing Sec 42 enquiries.

Humber will be facilitating a multi-agency working group to review the forthcoming changes for Mental Capacity (Amendment) Act 2019 and significant changes to Liberty Protection Safeguards under the new forthcoming legislation. This will have significant changes and impact on Humber services with responsibility for the new process falling more on Humber Teaching NHS Foundation Trust. The multi-agency working will help ensure a smooth facilitation of the change process.

Action plans are devised and shared within the panels that reflect all of the required learning objectives. These are also governed within the safeguarding forum so assurances can be provided regarding completion. The safeguarding team is involved in all related Serious Case Review (SCR), Safeguarding Adult Review (SAR), Domestic Homicide Review (DHR) and Learning Lessons Review (LLR) meetings and is part of the multi-agency review process throughout. The safeguarding team attends relevant subgroups and is involved in strategic work throughout all three local authorities.

Humber is firmly embedded in the SAR processes in Hull and East Riding, Humber is involved on the Hull SAR panel and the feedback has been that the health contribution has been invaluable with a number of key actions and improvements identified as a result.

The Safeguarding Children's Partnerships are now implemented and involve three key partners, LA, Police and Health. Our attendance at subgroups remains the same and there is health representation at the new partnership groups. This change came about following the Working Together statutory guidance 2018 and the Wood Report 2017. The purpose is to strengthen and have equal roles for all partners. Humber remains part of the new partnership processes throughout the statutory procedures.

Learning from SCR, SAR, DHR, and LLR is shared via:

- Monthly development sessions – operational and managers levels
- Training
- Supervision
- Newsletters
- Five-minute focus bulletins
- Safeguarding working lunches
- Six-monthly Lessons Learned conferences

- SCR/SAR tables with themes and trends identified in the quarterly reports disseminated to staff
- Specific planned work shop sessions in clinical areas affected which inform, train and develop staff knowledge
- Safeguarding Forum
- MDT (multi-disciplinary team)
- Clinical governance groups
- Clinical workshops

Some of the lessons learned over the last year have been identified via the statutory processes and include:

Mental Health Act, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DOLS)

The Mental Health legislation Committee meets quarterly to undertake its delegated function on behalf of the Trust Board in relation to the discharge of duties and responsibilities under the Mental Health Act (MHA), Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

It has been identified that although training compliance is not an issue, staff sometimes lack awareness of MCA in practice. MCA training compliance has improved, the MCA policy has been updated and Humber safeguarding has been conducting Trust-wide MCA reviews to identify areas of practice requiring improvement. Bespoke MCA training sessions are delivered to areas where issues are identified and now run face to face monthly sessions throughout the year.

The Safeguarding Team work closely with Humber Mental Health Legislation Team, delivering advice and support to staff Trust-wide. To ensure policies and procedure's remain up to date and in line with legislative changes

Early Help, Hidden Harm and Neglect

Development sessions have reflected these themes and raised awareness with staff: a themed newsletter on neglect has been distributed as well as a five-minute focus on neglect. The safeguarding children's policy is being updated to reflect more clearly the need for focus and awareness on these areas. Supervision guidance has been developed for all staff for safeguarding and the supervision links with children services has been strengthened. These issues are all addressed in the new integrated level three safeguarding training.

Self-neglect

Humber safeguarding has developed and delivered self-neglect training: which is now on the electronic training system and available to all staff. Self-neglect has been a theme for development sessions and practice notes and five-minute focus updates have been circulated. Humber safeguarding has developed a new self-neglect policy to give further guidance to staff. Humber safeguarding is part of the self-neglect strategy group in East Riding and North Yorkshire.

Domestic Abuse/Think Family

Domestic abuse has been an issue in several Serious Incident (SI) reports and has identified the need for staff to be aware of the impact of domestic abuse. Humber safeguarding has developed a domestic abuse policy reflecting national practice and has raised awareness with staff via a series of events which included a safeguarding week with a focus on domestic abuse through a series of roadshows. Humber safeguarding also co-facilitates multi agency domestic abuse training which also incorporates elements of the DASH risk assessment tool. Humber are seeking the 'White Ribbon Accreditation' and improving and reviewing its work with fathers. The safeguarding team

also are active members of the ER MARAC process and are involved in the domestic abuse sub groups in Hull, ER and North Yorkshire.

Voice of the Child

This is a theme from a recent LLR which included issues of recognising domestic abuse and the safety of the family as a whole. The Voice of The Child is a continuing theme in training, supervision, level three, development sessions and newsletters.

Sexual Abuse/Patient Safety

This has been identified in both internal and external statutory processes as an issue on inpatient areas. Humber safeguarding has contributed to the new sexual safety training and is part of the sexual safety strategic group. A standard operating procedure has now been developed and implemented. This issue is also reflected in the level three safeguarding training.

Our Charity – Health Stars

Health Stars works in partnership with the Humber Teaching NHS Foundation Trust to enhance the community and mental health services provided to over 800,000 people living in our service area.

At Health Stars, we're very proud of our NHS and we work hard to improve services, through investment in specialist equipment, training and environments.

As a local charity, we rely on the support of businesses, community groups and the generosity of our friends and neighbours. Generous donations and wonderful fundraising efforts help us improve services for patients and their loved one who are looked after by the amazing staff who work for Humber Teaching NHS Foundation Trust.

The financial year 2019/20 has been a very busy one for us here at Health Stars with us receiving 202 wishes and one major appeal, The Impact Appeal.

Throughout the year we have worked hard to add "sparkle" across the Trust with wishes such as dementia clocks to support our teams within the community, football kits for our inpatient units, refilling of CAMHS crisis bags, holistic therapy aids, team days and much more.

It was also a very exciting year as we saw the hard work of our Impact Appeal come to life. We worked extremely hard alongside the Trust to open INSPIRE, which was a great achievement for Health Stars with our appeal raising in excess of £300,000. This money enabled us to enhance the spec of the unit and add "sparkle" such as a range of technology, including a giant iPad built within the wall.

Health Stars continues to work hard granting wishes, hopes and dreams across the Trust and looks forward to an exciting future for 2020/21.

Celebrating Success – Our 2019-20 Highlights

In this section we are pleased to share some of our key successes across 2019-20:

CQC Rating of "Good" Retained

Following inspection by the CQC in February 2019, the Trust was rated 'Good' overall in its latest inspection. Inspectors awarded a rating of "Good" to the Trust for being well-led, effective, caring and responsive.

Acute wards for adults of working age and psychiatric intensive care units improved from "Requires improvement" to "Good", along with mental health crisis services and health-based places of safety improving to "Good" for being safe and well-led.

The report also highlighted examples of "outstanding practice" in the areas of patient feedback and engagement, self-harm and suicide prevention work and the redesigning of acute pathways to reduce out of area transfers for acute admissions.

We were disappointed to be assessed as 'requires improvement' for safety in community services, which continued to be an area of focus as we further integrated our community services.

Introducing Proud

In April 2019, the Trust launched Proud that invests in and values staff; our "**PRogramme of Organisational Development with U at the heart of it**". More detail of our Proud programme is contained in Section 7: Workforce Planning.

Health Service Journal Mental Health Provider of the Year Award

The Trust was shortlisted for four Health Service Journal Awards this year, and could not have been prouder to be the winners of the prestigious Mental Health Provider of the Year award.

The award recognises the dedication and commitment of our teams to ensure that we are delivering the best possible care to the communities that we serve. The judges said that "the journey for this organisation is exemplary they don't know quite how impressive they are. They retain an understated wow factor in their progress to change, patient safety and embedded positive culture. A unique presentation from a unique Trust".

CAMHS Inpatient Unit

The Trust's new children's and adolescent mental health inpatient unit serving the young people of Hull, East Riding of Yorkshire, North Lincolnshire and North East Lincolnshire was opened in January 2020.

The unit, based on Walker Street, Hull includes nine general adolescent beds and four Psychiatric Intensive Care beds for young people with severe and complex mental health difficulties. The inpatient unit will treat young people struggling with a wide range of mental health issues such as depression, severe anxiety, psychosis and eating disorders, providing a comprehensive recovery focussed treatment approach and education programme.

Inspire will mark a national step-change in Children and Adolescent Mental Health Services (CAMHS) delivery as a service that has been shaped with young people at its heart. Young people and their families were involved in each stage of the building from identifying a suitable location, designing interiors and developing the best practice and services that will be used during treatment.

Humber Trust Charity, Health Stars raised over £300,000 through their Impact Appeal which has been used to enhance the unit with special touches and enhanced features. The appeal was launched on World Mental Health Day 2018 with the initial ambition to raise £250,000. Funds raised have provided everything from enhanced gardens to gaming equipment and a fully equipped gym to allow occupational therapists to work with young people through art, exercise and more. Health Stars also ran a public competition to name the unit, with the winning suggestion 'Inspire' been selected by a panel of young people.

Baby Friendly Initiative Gold Award

Our Integrated Specialist Public Health Nursing Service (ISPHNS), working in partnership with East Riding of Yorkshire Council, were awarded the prestigious UNICEF Baby Friendly, Achieving Sustainability Gold Award in June 2019.

It is the first integrated service in the UK to achieve the gold award, and the East Riding is also the first children's centre service to achieve the gold accreditation.

This is fantastic achievement for the service and a testament to the hard work and dedication of everyone involved.

Electronic Prescribing

We were one of the first 13 trusts to implement electronic prescribing in June 2019. We have taken a phased implementation approach to launch the system, which will help improve patient safety by reducing the risks associated with traditional methods of prescribing and administering medicines.

There are a number of benefits to patients, staff and the organisation of implementing electronic prescribing, including:

- Improving patient safety: transcribing and administration errors will be reduced
- Saving staff time: electronic prescriptions will be automatically transferred to the pharmacy so reducing the time spent managing prescriptions
- Improving prescribing processes: it will help us to manage prescribing data more effectively to see the efficiency and effectiveness of how we are prescribing medicines
- Saving the Trust money - no purchase of paper prescription charts, improved formulary compliance, reduces the risk of fraudulent prescription claims

Research Conference

Our third annual research conference, held on 15th May 2019, was another great success and generated lots of positive feedback. Around 170 people attended and represented at least 26 organisations including commissioners, universities, NHS trusts, independent providers, local Clinical Research Network, and many different professional groups. Results from research were shared with the audience and new exciting opportunities for participation in future studies presented.

Quality Improvement Conference

The first Quality Improvement and Always Event Forum took place in June 2019. The audience had the opportunity to hear presentations that included:

- An introduction to Quality Improvement including our Quality Improvement Approach, QSIR (Quality, Service Improvement and Redesign) College and Always Events
- The Patient Experience Toolkit presented by the Improvement Academy
- Presentations from Trust Staff on the Quality Improvement (including Always Events) journey.

NHS Improvement Films

On Friday 13 September, the Trust launched five short films that were commissioned by NHS Improvement. The film themes were 'Culture', 'Leadership', 'Using Patient Experience Data' and 'Our Top Tips' and are a way to share our journey with fellow provider trusts across the country. The films represented an excellent opportunity to highlight the positive impact of involvement in Trust activities for our patients, service users, carers.

Occupational Health Accreditation

The Trust Occupational Health service was recently awarded the SEQOHS (safe, effective, quality occupational health services) accreditation 1 June 2019. Accreditation involved both a self-assessment and external peer assessment against accreditation standards to evidence a culture of continual quality improvement. The service was congratulated on its thorough and documented comprehensive processes including audit of the management of vaccines.

Launch of the Professional Strategy for Health and Social Care Staff

Our first Professional Strategy for Health and Social Care Staff, developed by professional who represent our diverse, dedicated and highly skilled workforce, was launched in July 2019. The Strategy aims to create the right climate for professionals to be empowered to deliver great care and have fulfilling and lifelong career development opportunities across the service provided by the Trust.

The Strategy is designed to support the Trust's Mission, Vision and Strategic Goals and the NHS Long-Term Plan, identifying four key priority areas of delivery:

1. Promoting professional identity and professional collaboration
2. Strengthening professional leadership
3. Shaping new models and pathways
4. Career pathways.

Whitby Hospital Remodel

The Whitby Hospital Remodel, led by the NHS Property Services, commenced in March 2020 with Phase One: the remodelling of the maternity unit. This will be followed in May 2020 by Phase Two: a 42-week project to remodel the tower block. It is expected that the inpatient facilities will be relocated into the remodelled maternity unit, but this relies on implementation of a successful bed reduction plan.

Launch of the Patient Safety Strategy at the first World Patient Safety Day

The Trust was proud to support the world Health Organisation's first ever patient safety day in September 2019 by holding a patient safety educational event for staff, Speak Up for Safety.

At the event we launched our Patient Safety Strategy, which builds on the achievements of our previous strategy (2016-2018) and sets our ambitious goals for the next three years in order to realise our ambition to become an outstanding organisation.

Our Patient Safety Strategy demonstrates that safety is at the heart of all we do and supports a leadership culture that supports staff to feel safe to report patient safety issues without fear of retribution, and be empowered to act swiftly to address risk.

Health Education England/Fair Health Charity

In November 2019, the Trust hosted a Health Education England/Fair Health Charity sponsored event concentrating on Health Inequalities. Over 70 GP's including trainees attended the event which attracted positive media attention from Radio Humberside.

Staff Survey Results 2019

The results of the 2019 national Staff Survey show that the Trust has maintained the improvements achieved in 2018 and show that 88% of staff feel that their role makes a difference to patients and service users and more staff would recommend the Trust as a place to work (49%) than last year with 71% of staff enthusiastic about their job and 77% of staff responding to say that time passes quickly when they are working.

More than 1,050 of staff (40%) took part in the 2019 survey to tell us what they like about working for our Trust and where we can improve. However, our response rate of 40% means the Trust was below the average national response rate of 49%.

NHS England Visit

The Trust hosted an NHS England visit on Tuesday 26th of November where they explored the Trust's approach to Patient and Carer Engagement, Patient Safety and Quality Improvement. It's envisaged that the 'Humber Approach' will subsequently feature in a publication as an exemplar site.

Launch of the Complex Recovery Service

The Complex Recovery Service was developed during 2019/2020 to provide intensive community rehabilitation people in Hull and East Riding who experience severe and/or enduring mental illness to prevent them being placed in inpatient facilities outside of the local area. It provides a range of accessible and responsive support structures within communities that wrap treatment and support around individuals as needed, ensuring they access inpatient services for the shortest time possible as part of a community focussed service.

IAPT

The Trust became the Lead Provider for IAPT service across the East Riding of Yorkshire CCG geographic Boundary from 1 December 2019.

Community Mental Health Team Redesign

We successfully secured investment to roll-out a new way of delivering community mental health services as part of a national pilot to test new and integrated models of primary and community mental health care.

The new models of care will more closely align community-based mental health teams to the emerging Primary Care Networks, helping to remove barriers between primary care and secondary care to create a seamless service. This will enable people to receive appropriate care from community mental health services within four weeks from referral to treatment in all areas of Humber, Coast and Vale.

Quality Health Mental Health Inpatient Survey 2019

Quality Health undertook a survey of a sample of our inpatients and found that we were in the highest 20% of trusts for patients assessing us on 'definitely involved as much as wanted in decisions about care and treatment', 'hospital food', 'purposes of medications explained completely' and 'discharge not being delayed for any reason'.

Annex 1: Statement from Commissioners, Local Healthwatch Organisations and Overview and Scrutiny Committees

Hull City Council Health and Wellbeing Overview and Scrutiny Commission

Hull City Council's Overview and Scrutiny Management Committee considered the Humber Teaching NHS Foundation Trust Draft Quality Account 2019/20 on 11 of June, 2020. The Committee welcomed the work that was taking place to improve patient services and reduce waiting lists, while also dealing with the impact of Coronavirus. The Committee also welcomed the commitment to improve engagement with people who identified as BAME (Black Asian and Minority Ethnic) and offered its support in developing that capacity going forward.

The Scrutiny Function looks forward to being involved in the development of future quality accounts and asks that any information is circulated at the earliest opportunity so Members can consider and respond in full.

Antony Spouse, Scrutiny Officer
25 June 2020

East Riding Health and Wellbeing Overview and Scrutiny Commission

Due to the COVID-19 pandemic the East Riding Health and Wellbeing Overview and Scrutiny Commission has been unable to provide a statement at this time.

Healthwatch East Riding of Yorkshire

Healthwatch East Riding of Yorkshire welcomes the opportunity to make a statement on the Quality Account for Humber Teaching NHS Foundation Trust.

I found the Chief Executive's statement very useful and provided a good introduction to the Accounts and delighted to see the Trust was named the Mental Health Provider of the Year at the Health Service Journal Awards.

The Quality Accounts were well laid out and easy to read, the month-by-month format provided a good insight to the Trust's achievements throughout the year. It is clear that the Trust has worked hard to deliver on its priorities to improve the quality of their services.

The opening of the Trust's new children's and adolescent mental health inpatient unit was especially welcome as young people were involved in every stage from the building location, interior design and developing best practice and services.

It was good to note that although the Trust maintained the Care Quality Commission (CQC) inspection 'Good' rating with 'Outstanding' features, measures were put in place to improve their performance in relation to safety, with the launch of the Patient Safety Strategy in September.

Healthwatch is pleased to note that reducing waiting lists remains a priority area for the Trust, and welcomes the ambition to continue reducing waiting lists and complaints.

The recruitment of 1,600 members and 120 volunteers is a big achievement and Healthwatch is pleased to note they are encouraged to get involved and have their say about the services they or their family member, have received.

Healthwatch's involvement in the Quarterly Patient and Carer Experience forums have proven to be very useful in hearing about patients', service users' and carers' experiences and welcomes the opportunity the Trust provides them giving them a voice and the chance to be involved in their activities.

We look forward in continuing to work more closely with Humber Teaching NHS Foundation Trust in the future and seeing how the new priorities are developed.

Julie Dearing, Manager
24 April 2020

Healthwatch Kingston Upon Hull

I believe that the Quality Accounts are representative and give a comprehensive coverage of the services that the Humber NHS Foundation Trust provides.

Healthwatch Kingston Upon Hull is delighted to be asked to comment on the Trust Quality Accounts for this year. Over the past year we have been asked to be involved in and consulted on some aspects of the Trust's work which we have been happy to participate in.

I found contents of the Quality Accounts to be well laid out and tastefully designed providing lots of information on the Trust's achievements throughout the year.

I found the Chief Executive's statement very useful and provided a good introduction to the Account. I was pleased to see the addition of patient and family stories too.

It is clear from the Account that the Trust has worked extremely hard to deliver on its priorities to improve the quality of their services throughout the year. On a month-by-month basis the Trust has identified their achievements, which is a credit to them.

The Trust was named Mental Health Provider of the Year at the Health Service Journal Awards in November 2019. This is a clear demonstration of the commitment and dedication of the workforce.

It is pleasing to see the Trust continues to maintain its CQC rating of 'good' and made some progress in some of these areas, demonstrating some outstanding features which will hopefully in time enable the Trust to obtain an outstanding CQC rate.

Equally, it is disappointing that the CQC has identified some areas that 'require improvement' in relation to patient safety. However, the Trust has already delivered on the 'should do and must do' actions identified by the CQC and it has also decided to carry out a series of peer reviews and audits, from which it has developed quality improvement plans.

Healthwatch welcomes the improvements to the waiting times for treatment in line with the national guidance and improvements in record keeping are maintained to ensure accurate records of assessments, care plans and reviews.

I am pleased to see the Trust has enlisted over 16,000 members who they encourage to get involved and have their say about the services they or their family member receive or indeed did receive. Healthwatch members act as patient representatives on the Patient Experience Meetings where carers, patients (present and past) play an active role.

In conclusion, Healthwatch welcomes the opportunity to comment on the Trust's Quality Accounts and we would like to congratulate all members including staff, patients, carers for all their hard work and commitment to improving the quality of care for improving patient and carer experience.

We also welcome the opportunity to work more closely with the Trust to facilitate independent engagement with patients, carers and the public.

Moira Harrison, Delivery Manager
20 April 2020

Healthwatch North Yorkshire

No response from Healthwatch North Yorkshire was received in relation to the Trust's Quality Account.

North Yorkshire CCG

North Yorkshire CCG is pleased to provide comments on Humber Teaching NHS Foundation Trust's 2019/20 Quality Account. The Trust is commissioned by the CCG to deliver the community services for Scarborough, Ryedale and Whitby and has community hospitals in Whitby and Malton. We have found Humber Teaching NHS Foundation Trust to be a responsive partner with the development and delivery of our community services.

Overall, the Quality Account is well presented and the information included in the report provides a balanced view of the Trust's performance. The report shows the success that the Trust has had this year and identifies where there are actions required to improve the quality of patient care further. We are pleased to see the CQC rating of overall "good" following inspection in February 2019, but disappointed with the rating of "requires improvement"' for safety in community services. We are satisfied that the Trust continues to improve our community services and continues to drive forward sustainable community health and social care services, including the remodelling work at Whitby Hospital.

The culture of patient safety, learning from incidents and provision of high quality patient-centred care is threaded throughout the report and the engagement of patients and carers is pleasing to see. The use of patient and carer experience forums in Scarborough and Whitby affords our service users the chance to be involved with the Trust's activities and allows a patient voice for service improvement.

The recognition of workforce challenges is valued and as part of the Trust's health and well-being agenda the introduction of the PROUD leadership programme is demonstrating the Trust vision and values of supporting and developing its staff, which should assist with recruitment and retention. The innovative developments to support different models of care and service delivery, within the constraints of resources are commended.

Finally, North Yorkshire CCG confirms that it is satisfied with the accuracy of this Quality Account. The CCG looks forward to continuing to work collaboratively with the Trust in 2020/21.

Sue Peckitt, Chief Nurse
17 May 2020

Hull CCG and East Riding CCG – Joint Response

NHS East Riding of Yorkshire and NHS Hull Clinical Commissioning Group are pleased to be given the opportunity to review and comment on Humber Teaching NHS Foundation Trust's Quality Report for 2019/20. The Quality Account provides Commissioners with an informative overview of the progress that has been made by the Trust and the challenges that the Trust has encountered during 2019/20.

May we start our review of your Quality Account by once again congratulating you on wining the Health Service Journal Mental Health Provider of the Year 2019. The comments made by the judges on the progress evidence the extent of the improvement journey you have made over recent years. We congratulate you on this.

We are pleased to see the Quality Account starts with patient stories. These reflections and detailed patient journeys gives an excellent insight into the services offered by the Trust, the impact on patient outcomes and the great work of the Trust in supporting recovery.

Commissioners note that in the 2018/19 Quality Account feedback we looked forward to receiving the outcome of your Well Led CQC Inspection that had begun in February 2019. We again congratulate the Trust on your overall "Good" rating with elements of "Outstanding" from the CQC.

As noted there continues to be areas for improvement identified by the CQC in relation to record keeping. This has also been identified as an issue within Serious Incident (SI) investigations. We would welcome the opportunity to work with and support the Trust to improve record keeping further.

Supervision and appraisal has also been raised by the CQC. It is recognised that the Trust has remained focussed on improvements in both the uptake and quality of supervision and appraisal within its services and this has being discussed within the quality meetings.

Both Clinical Commissioning Groups acknowledge the focussed worked undertaken over the year in both improving and maintaining a consistent and quality driven service. We hope therefore that this dedication and commitment will bring further improvement in regulatory ratings particularly in the safe domain which is at this time requiring improvement.

As appreciated there is a national challenge in respect of workforce. It is therefore accepted that the Trust also continues to be challenged in respect of the recruitment and retention of staff; in particular clinical staff. The Trust has taken a positive and proactive approach to addressing this, staff satisfaction and retention via your #PROUD Programme. We also noted the Annual Report on gaps and vacancies with regards to Doctors and Dentists. Commissioners know the Trust is particularly challenged with regards to Consultant Psychiatrist recruitments and note the commitment to address this by the Trust.

Commissioners would also like to make special mention of the Trust's "Professional Strategy for Health and Social Care Staff" launched in July 2019. The strategy with its focus on Professional Identity, Collaboration and Leadership and new career pathways will hopefully contribute to the Trusts recruitment strategy by making Humber an employer of first choice by the wide range of clinical professionals it is hoping to attract.

Commissioners have noted the Trust's commitment to addressing waiting lists and long waits and have welcomed the discussions with the Trust in Quality Forum Meetings with regards to waiting lists and the assurances given by the Trust with regards to patient safety. We appreciate the work that has been done to address waiting lists and times, however there is still a considerable way to go and this will continue to be a significant focus in the coming months and we need to maintain close communication over risk assessment and stratification as well as opportunities for improved efficiency. Hull CCG has invested considerably in CAMHS, Autism and ADHD services within the Trust and look forward to seeing further improvements to waiting lists in these areas and compliance with National standards.

It was good to see the section on the Trust's approach to Quality Improvement (QI). Commissioners have had several presentations from the Medical Director and members of the QI Team and have seen the process in action in Quality Meetings and various workshops. The several different approaches to QI outlined in the Quality Account that are to be rolled out to other staff sound innovative and aspirational. Commissioners look forward to receiving updates on the outcomes of this work.

The Quality Accounts reflect the progress that has been made towards the quality priorities that were identified in 2018/19 by the Trust showing that many of the actions identified were achieved. Commissioners particularly enjoyed reading the reviews of the 2018/19 Quality Priorities having being involved in the workshops held in the Humber Lecture Theatre that had worked on and set these priorities. It was good to be involved in this process and appreciate the real focus on partnership as both staff, patients and other agencies were given a voice and opportunity to contribute to priority setting. It was pleasing to read the progress made against the priorities in the Quality Account and Commissioners know from the "Building our Priorities" event in January 2020 that the priorities have been thoroughly reviewed and updated.

Commissioners would like to pay specific recognition to the "Patient and Carer Experience Strategy". This continues to go from strength to strength and underpins so much of the Trusts activity. The success of this work was rightly acknowledged by NHS Improvement who asked the Trust to contribute films to showcase the work the Trust has undertaken, Commissioners are pleased to note the significant number of national and local clinical audits that the Trust participated in. The variety of audits reflects the wide range of services provided by the Trust. It was particularly good to see the actions that have resulted from these audits and how they will be used to improve patient care and improve efficiency.

The Trust continued to be a strong advocate for research, development, learning and teaching as evidenced in the Quality Account. The increase in the number of studies and recruited participants is to be applauded leading to the Trust being recognised in the top third of mental health trusts participating in research. The Trust far exceeded its target of studies, set by the Yorkshire and Humber NIHR Clinical Research Network (CRN) ensuring that patients using the Trust's services have the opportunity to participate in a wide range of studies if they so wish. We note the new Research Strategy for 2020-22 has been developed and should ensure that research activity continues to increase.

The large and detailed section in the Quality Account with regards to Information Governance and Data Quality was noted and welcomed. The new Data Security and Protection (DSP) Toolkit provides a new and challenging framework for all providers to meet and Commissioners look forward to receiving details of the Trust's compliance with the DSP requirements.

Commissioners welcome the opening of the new Inspire CAMHS unit in Hull. As acknowledged and monitored the Trust has on occasion been required to admit patients under the age of 16 to adult beds or placement in units outside of the area. The Inspire Unit with its combination of Psychiatric Intensive Care and general adolescent beds provides a welcome new resource not just for East Riding and Hull but also the wider area.

Finally, we confirm that to the best of our knowledge, the report is a true and accurate reflection of the quality of care delivered by Humber Teaching NHS Foundation Trust and that the data and information contained in the report is accurate.

Commissioners remain committed to working with the Trust and its regulators to improve the quality and safety of services available for the population of each CCG area in order to improve patient outcomes.

Nicki Sparling, Assistant Director of Quality and Improvement/Deputy Lead Nurse (ERY CCG) and Robert Thompson, Head of Nursing and Quality (Hull CCG)
30 April 2020

NHS England/NHS Improvement

The Trust's Quality Account 2019/20 reflects the progress that has been made towards its four quality priorities. The new 13-bedded CAMHS Inpatient Unit has a great design and there are

areas of innovation. The seclusion facilities have digital/IT to enable young people to have contact with family and friends. The new service offers a shift from the traditional approach to CAMHS inpatient provision to one that supports the ongoing transformation of Children and Young People Mental Health Services. The Trust has integrated service user feedback into its appraisal process which is positive. It has won a number of awards for collaboration and research.

Wendy Barker, Deputy Director of Nursing and Quality
13 May 2020

Annex 2: Statement of Directors' Responsibilities for the Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.
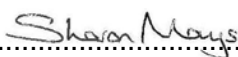
NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:
- the content of the quality report meets the requirements set out in the *NHS foundation trust annual reporting manual 2019/20 and supporting guidance Detailed requirements for quality reports 2019/20*
- the content of the quality report is not inconsistent with internal and external sources of information including:
  - board minutes and papers for the period April 2019 to March 2020
  - papers relating to quality reported to the board over the period April 2019 to March 2020
  - feedback from commissioners dated 30 April 2020
  - feedback from governors dated 28 May 2020
  - feedback from local Healthwatch organisations dated 20 and 24 April 2020
  - feedback from overview and scrutiny committee dated 25 June 2020
  - summative data from the Trust's quarterly complaints report to provide annual data relating to complaints received within the Trust. The annual complaints report published under regulation of the Local Authority Social Services and NHS Complaints Regulations 2009 will be submitted to the September Board
  - the national patient survey 2019
  - the national staff survey 2019
  - the Head of Internal Audit's annual opinion of the trust's control environment dated 10 June 2020
  - CQC inspection report dated 14 May 2019
- the quality report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the quality report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- the quality report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the Board

25 June 2020 .... Sharon Mays (Chairman)

25 June 2020 .... Michele Moran (Chief Executive)

Annex 3: Independent auditors report to the Council of Governors of Humber Teaching NHS Foundation Trust on the Quality Account

In line with revised guidance published 1 May 2020, due to the Coronavirus pandemic which states that "*providers are no longer expected to obtain assurance from their external auditor on their quality account/quality report for 2019/20*" external audit has not taken place. Therefore, this section is intentionally blank.

Caring, Learning and Growing

Annex 4: Our Strategic Goals

Strategic Goal One: Innovating Quality and Patient Safety

What we will do
We will:

- Deliver high-quality, responsive care by strengthening our patient safety culture;
- Demonstrate that we listen, respond and learn;
- Achieve excellent clinical practice and services;
- Capitalise on our research and development;
- Exceed CQC and other regulatory requirements

How will we know we have achieved it

We will demonstrate:

- An 'outstanding' CQC rating;
- Timely access to safe services delivered by excellent clinical staff;
- National recognition for best practice through specialist research and benchmarking.

Strategic Goal Two: Enhancing Prevention, Wellbeing and Recovery

What we will do
We will:

- Ensure patients, carers and families play a key role in the planning and delivery of our services;
- Empower people to work with us so they can manage their own health and social care needs;
- Deliver responsive care that improves health and reduces health inequalities;
- Develop an ambitious prevention and recovery strategy

How will we know we have achieved it

We will demonstrate:

- Pioneering innovation that promotes access, patient/carer engagement, empowerment, self-management and peer support;
- A zero suicide death rate in our inpatient services;
- A jointly managed transformation of services based on people's needs;
- Nationally recognised leadership demonstrated across all health and social care pathways.

Strategic Goal Three: Fostering Integration, Partnership and Alliances

What we will do
We will:

- Be a leader in delivering Sustainability and Transformation Partnership plans;
- Foster innovation to develop new health and social care service delivery models;
- Strive to maximise our research-based approach through education and teaching initiatives;
- Build trusted alliances with voluntary, statutory/non-statutory agencies and the private sector.

How will we know we have achieved it

There will be::

- System-wide solutions to long-term problems with our partners;
- Recognition of the Trust as a world-class specialist education and teaching provider;
- Joint ventures that enhance our ability to deliver excellent services.

Strategic Goal Four: Developing and Effective and Empowered Workforce

What we will do
We will:

- Develop a healthy organisational culture;
- Invest in teams to deliver clinically excellent and responsive services;
- Enable transformation and organisational development through shared leadership.

How will we know we have achieved it

We will demonstrate:

- Teams built around their members and which deliver services tailored to individual needs;
- Staff who are nationally recognised as excellent leaders;
- Motivated staff influencing decision-making and delivering change.

Strategic Goal Five: Maximising an Efficient and Sustainable Workforce

What we will do
We will:

- Be a flexible organisation that responds positively to business opportunities;
- Be a leading provider of integrated services;
- Exceed requirements set by NHS Improvement regarding financial sustainability;
- Build state-of-the-art care facilities.

How will we know we have achieved it

We will demonstrate:

- Business growth that exceeds £30 million;
- A physically and financially efficient business built on sound integrated models of care.

Strategic Goal Six : Promoting People, Communities and Social Values

What we will do
We will:

- Apply the principles outlined in the Social Value Act (2013);
- Ensure our human resource priorities and services have a measurable social impact;
- Improve recruitment and apprenticeship schemes and promote career opportunities;
- 'Make every contact count' via an integrated approach designed to make communities healthier.

How will we know we have achieved it

There Will be:

- A robust social values policy implemented across the organisation;
- Social impact measures as core performance measures for all services;
- A clear demonstration of the social impact return on investment for apprenticeship schemes;
- Reduced demand for services.

Annex 5: Glossary and Further Information

Term	Definition
136 Suite	A registered health-based place of safety where Police can take an individual under a Section 136 of the Mental Health Act for their own safety
BIA – Best Interests Assessor	Best Interests Assessors are responsible for ascertaining that the person is 18 or older. They are solely responsible for assessing whether there are any lawful decision-makers who object to what is proposed. If qualified also as Approved Mental Health Professionals, they are able to carry out an eligibility assessment, to decide whether a person's rights should be protected by the use of the MHA or the MCA, via the Safeguards.
BMI – Body Mass Index	A measure of body fat based on height and weight.
C. Diff – *Clostridium difficile*	A type of bacterial infection affecting the digestive system.
Care Co-ordinators	A health care worker who is assigned a caseload of patients and is responsible for organising the care provided to them.
Care Plan	A document which plans a patient's care and can be personalised and standardised.
CCG – Clinical Commissioning Group	NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England.
Community Hospital	The Trust has two Community wards providing short term 24-hour clinical care and rehabilitation – Whitby Community Hospital and Fitzwilliam Ward, Malton Community Hospital
CPA – Care Programme Approach	A multi-agency system used to assess, plan and co-ordinate care for a patients receiving mental health services.
CQC – Care Quality Commission	The independent regulator of health and social care services in England. The CQC monitors services by way of setting standards and carrying out inspections.
CQUIN – Commissioning for Quality and Innovation	A framework rewarding excellence in healthcare by linking achievement with income.
CROMS – Clinical Reported Outcome Measures	Assess the quality of care delivered to NHS patients from the clinical perspective.
CTO – Community Treatment Order	A legal order made by the Mental Health Review Tribunal or by a Magistrate. It sets out the terms under which a person must accept medication and therapy, counselling, management, rehabilitation and other services while living in the community.
Datix	Datix Limited is a patient safety organization that produces web-based incident reporting and risk management software for healthcare and social care organisations.
DHSC – Department of Health and Social Care	Responsible for Government policy on health and social care in England.

Term	Definition
DoLS – Deprivation of Liberty Safeguards	Part of the Mental Capacity Act 2005. The safeguards aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.
E. coli – Escherichia coli	*Escherichia coli* (abbreviated as *E. coli*) are bacteria found in the environment, foods, and intestines of people and animals. *E. coli* are a large and diverse group of bacteria.
EDGE	Clinical Research Management System
FACE – Functional Analysis of Care Environments	The FACE risk profile is part of the toolkits for calculating risks for people with mental health problems, learning disabilities, substance misuse problems, young and older people, and in perinatal services.
FFT – Friends and Family Test	A patient feedback survey used throughout the NHS asking whether patients would recommend services to their friends and family.
Freedom to Speak Up Guardian	Freedom to Speak Up (FTSU) guardians in NHS trusts were recommended by Sir Robert Francis, following his review and subsequent report into the failings in Mid-Staffordshire. FTSU guardians have a key role in helping to raise the profile of raising concerns in their organisation and provide confidential advice and support to staff in relation to concerns they have about patient safety and/or the way their concern has been handled.
KPI – Key Performance Indicator	Indicators which help an organisation to measure progress towards goals.
LeDeR – Learning Disability Mortality Review Programme	The programme aims to make improvements to the lives of people with learning disabilities. It clarifies any potentially modifiable factors associated with a person's death, and works to ensure that these are not repeated elsewhere.
Lorenzo	An electronic health record for patient records.
MCA – Mental Capacity Act	Designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. It is a law that applies to individuals aged 16 and over.
MDT – Multi-disciplinary Team	A group of health care workers who are members of different disciplines (professions e.g. Psychiatrists, Social Workers, etc.), each providing specific services to the patient.
MHA – Mental Health Act	The main piece of legislation that covers the assessment, treatment and rights of people with a mental health disorder.
Midweek Mail	A communication email sent weekly to Humber Teaching NHS Foundation Trust.
MRSA – Methicillin-resistant *Staphylococcus aureus*	A bacterial infection, resistant to a number of anti-biotics.

Term	Definition
MyAssurance	An app-based, real time inspection and reporting tool for healthcare inspections. It eliminates administration by capturing results directly and provides automated reporting
NHSE – NHS England	NHS England is an executive non-departmental public body of the Department of Health and Social Care.
NHSI – NHS Improvement	Supports foundation trusts and NHS trusts to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable.
NICE – National Institute for Health and Care Excellence	Produces evidence-based guidance and advice for health, public health and social care practitioners. Develops quality standards and performance metrics for those providing and commissioning health, public health and social care services. Provides a range of information services for commissioners, practitioners and managers across the spectrum of health and social care.
NIHR – National Institute for Health Research	Funds health and care research and translate discoveries into practical products, treatments, devices and procedures, involving patients and the public in all our work.
NPSA – National Patient Safety Agency	Lead and contribute to improved, safe patient care by informing and supporting organisations and people working in the health sector.
PALS – Patient Advice and Liaison Service	Offers confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and their carers.
POMH-UK – Prescribing Observatory for Mental Health (UK)	Helps clinical services maintain and improve the safety and quality of their prescribing practice, reducing the risks associated with medicines management.
PROMS – Patient Reported Outcome Measures	Assess the quality of care delivered to NHS patients from the patient perspective.
QOF – Quality Outcome Framework	Part of the General Medical Services contract for general practices and was introduced on 1 April 2004. The QOF rewards practices for the provision of 'quality care' and helps to fund further improvements in the delivery of clinical care.
SEA – Significant Event Analysis	A qualitative method of clinical audit which highlights and reviews events in a non-threatening meaningful way; involving a range of people to review the issues, to gain a collective understanding of what happened, why it happened and identify areas for learning and or areas for change or improvement to reduce the likelihood or prevent recurrence.
SitRep – Situation Report	A report on the current situation to inform of any issues within services at that time.
SOF – Single Oversight Framework	Sets out how NHSI oversees NHS trusts and NHS foundation trusts, helping to determine the level of support they need.

Caring, Learning and Growing

Term	Definition
STP – Sustainability and Transformation Partnerships	The purpose of Sustainability and Transformation Partnerships is to help ensure health and social care services in England are built around the needs of local populations.
SystmOne	An electronic health record for patient records.

Caring, Learning and Growing

Humber Teaching
NHS Foundation Trust
Financial Statements
2019/20

Humber Teaching NHS Foundation Trust

Annual accounts for the year ended 31 March 2020

Foreword to the accounts

Humber Teaching NHS Foundation Trust

These accounts, for the year ended 31 March 2020, 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   **24th June 2020**

Statement of Comprehensive Income

	Note	2019/20 £000	2018/19 £000
Operating income from patient care activities	3	134,924	117,907
Other operating income	4	10,609	12,496
Operating expenses	6, 8	(145,518)	(129,761)
Operating surplus/(deficit) from continuing operations		**15**	**642**
Finance income	11	131	91
Finance expenses	12	(231)	(165)
PDC dividends payable		(2,499)	(2,355)
Net finance costs		**(2,599)**	**(2,429)**
Other gains / (losses)	13	-	-
Share of profit / (losses) of associates / joint arrangements		-	-
Gains / (losses) arising from transfers by absorption	38	-	-
Corporation tax expense		-	-
Surplus / (deficit) for the year from continuing operations		**(2,584)**	**(1,787)**
Surplus / (deficit) on discontinued operations and the gain / (loss) on disposal of discontinued operations		-	-
Surplus / (deficit) for the year		**(2,584)**	**(1,787)**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	3,260	(3,425)
Revaluations	16	2,303	15
Share of comprehensive income from associates and joint ventures		-	-
Fair value gains / (losses) on equity instruments designated at fair value through OCI		-	-
Other recognised gains and losses		-	-
Remeasurements of the net defined benefit pension scheme liability / asset	33	292	(170)
Gain / (loss) arising from on transfers by modified absorption	38	-	-
Other reserve movements		-	-
May be reclassified to income and expenditure when certain conditions are met:			
Fair value gains/(losses) on financial assets mandated at fair value through OCI		-	-
Recycling gains/(losses) on disposal of financial assets mandated at fair value through OCI	13	-	-
Foreign exchange gains / (losses) recognised directly in OCI		-	-
Total comprehensive income / (expense) for the period		**3,271**	**(5,367)**

Statement of Financial Position

	Note	31 March 2020 £000	31 March 2019 £000
Non-current assets			
Intangible assets	14	8,006	4,239
Property, plant and equipment	15	84,781	74,216
Total non-current assets		**92,787**	**78,455**
Current assets			
Inventories	20	150	138
Receivables	21	9,903	11,651
Non-current assets for sale and assets in disposal groups	23	990	2,145
Cash and cash equivalents	24	15,110	14,935
Total current assets		**26,153**	**28,869**
Current liabilities			
Trade and other payables	25	(16,650)	(16,793)
Borrowings	27	(366)	(282)
Other financial liabilities	28	-	-
Provisions	30	(156)	(147)
Other liabilities	26	(1,969)	(717)
Total current liabilities		**(19,141)**	**(17,939)**
Total assets less current liabilities		**99,799**	**89,385**
Non-current liabilities			
Borrowings	27	(3,838)	(4,110)
Provisions	30	(950)	(710)
Other liabilities	26	(1,216)	(1,175)
Total non-current liabilities		**(6,004)**	**(5,995)**
Total assets employed		**93,795**	**83,390**
Financed by			
Public dividend capital		61,179	54,045
Revaluation reserve		18,568	13,294
Other reserves		(8)	(300)
Income and expenditure reserve		**14,056**	**16,351**
Total taxpayers' equity		**93,795**	**83,390**

The notes on pages 9 to 60 form part of these accounts.

Name   Michele Moran
Position   Chief Executive
Date   24 June 2020

Statement of Changes in Taxpayers Equity for the year ended 31 March 2020

	Public dividend capital £000	Revaluation reserve £000	Financial assets reserve £000	Other reserves £000	Merger reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2019 - brought forward	**54,045**	**13,294**	**-**	**(300)**	**-**	**16,351**	**83,390**
Surplus/(deficit) for the year	-	-	-	-	-	(2,584)	**(2,584)**
Other transfers between reserves	-	(289)	-	-	-	289	**-**
Impairments	-	3,260	-	-	-	-	**3,260**
Revaluations	-	2,303	-	-	-	-	**2,303**
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	-	292	-	-	**292**
Public dividend capital received	7,134	-	-	-	-	-	**7,134**
Public dividend capital written off	-	-	-	-	-	-	**-**
Taxpayers' and others' equity at 31 March 2020	**61,179**	**18,568**	**-**	**(8)**	**-**	**14,056**	**93,795**

Statement of Changes in Taxpayers Equity for the year ended 31 March 2019

	Public dividend capital £000	Revaluation reserve £000	Financial assets reserve £000	Other reserves £000	Merger reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2018 - brought forward	**44,320**	**17,164**	**-**	**(130)**	**-**	**17,819**	**79,173**
Impact of implementing IFRS 15 on 1 April 2018	-	-	-	-	-	-	**-**
Impact of implementing IFRS 9 on 1 April 2018	-	-	-	-	-	(141)	**(141)**
Surplus/(deficit) for the year	-	-	-	-	-	(1,787)	**(1,787)**
Other transfers between reserves	-	(460)	-	-	-	460	**-**
Impairments	-	(3,425)	-	-	-	-	**(3,425)**
Revaluations	-	15	-	-	-	-	**15**
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	-	(170)	-	-	**(170)**
Public dividend capital received	9,725	-	-	-	-	-	**9,725**
Taxpayers' and others' equity at 31 March 2019	**54,045**	**13,294**	**-**	**(300)**	**-**	**16,351**	**83,390**

Information on reserves

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

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

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

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

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

Statement of Cash Flows

	Note	2019/20 £000	2018/19 £000
Cash flows from operating activities			
Operating surplus / (deficit)		15	642
Non-cash income and expense:			
Depreciation and amortisation	6.1	2,760	2,956
Net impairments	7	2,093	3,957
Non-cash movements in on-SoFP pension liability		333	298
(Increase) / decrease in receivables and other assets		1,748	440
(Increase) / decrease in inventories		(12)	(11)
Increase / (decrease) in payables and other liabilities		5,488	(1,289)
Increase / (decrease) in provisions		234	(110)
Net cash flows from / (used in) operating activities		**12,659**	**6,883**
Cash flows from investing activities			
Interest received		101	66
Purchase of intangible assets		(4,081)	(3,648)
Sales of intangible assets		-	-
Purchase of PPE and investment property		(12,863)	(3,775)
Net cash flows from / (used in) investing activities		**(16,843)**	**(7,357)**
Cash flows from financing activities			
Public dividend capital received		7,134	9,725
Public dividend capital repaid		-	-
Movement on loans from DHSC		(219)	(273)
Other capital receipts		-	-
Capital element of finance lease rental payments		-	-
Interest on loans		(100)	(116)
PDC dividend (paid) / refunded		(2,456)	(2,540)
Net cash flows from / (used in) financing activities		**4,359**	**6,796**
Increase / (decrease) in cash and cash equivalents		**175**	**6,322**
Cash and cash equivalents at 1 April - brought forward		**14,935**	**8,613**
Prior period adjustments			-
Cash and cash equivalents at 1 April - restated		**14,935**	**8,613**
Cash and cash equivalents at 31 March	24.1	**15,110**	**14,935**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor, 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 2019/20 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. After making enquiries, the directors have a reasonable expectation that Humber Teaching NHS Foundation Trust has adequate resources to continue in opearional existence in the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.

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 in November 2017 to hold the GMS contract for Peeler House and Princes Medical Centre.

Note 1.4 Revenue from contracts with customers

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

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

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. A performance obligation relating to delivery of a spell of health care is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year end, the Trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete. This accrual is disclosed as a contract receivable as entitlement to payment for work completed is usually only dependent on the passage of time. At the year end, the Trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete.

The Trust receives income from commissioners under Commissioning for Quality and Innovation (CQUIN) schemes. The Trust agrees schemes with its commissioner but they affect how care is provided to patients. That is, the CQUIN payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the contract.

Revenue from research contracts

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

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Provider sustainability fund (PSF) and Financial recovery fund (FRF)

The PSF and FRF enable providers to earn income linked to the achievement of financial controls and performance targets. Income earned from the funds is accounted for as variable consideration.

Note 1.5 Other forms of income

Grants and donations

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

Apprenticeship service income

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

Note 1.6 Expenditure on employee benefits

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

Pension costs

NHS Pension Scheme

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

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 East Riding of Yorkshire Local Government Pension Scheme, which is a defined benefit pension scheme. The scheme assets and liabilities attributable to these employees can be identified and are recognised in the Trust's accounts. The assets are measured at fair value, and the liabilities at the present value of future obligations.

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

Note 1.7 Expenditure on other goods and services

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

Note 1.8 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

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

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

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.

All assets are measured subsequently at valuation.   The valuation of buildings has been undertaken with reference to the buildings' current condition and agreed obsolescence and assumed that over its life it will be maintained to its current condition. The valuation has been undertaken on a modern equivalent asset basis and reflects the current service potential of the Trust. The last full revaluation of the Trust's estate was 31st March 2017, undertaken by the District Valuer, which including inspecting all of the Trust buildings. An interim valuation was undertaken at the 31st March 2020.
An item of property, plant and equipment which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

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.

The valuation exercise was carried out in February 2020 with a valuation date of 31 March 2020. In applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 ('Red Book'), the valuer has declared a 'material valuation uncertainty' in the valuation report. This is on the basis of uncertainties in markets caused by COVID-19. The values in the report have been used to inform the measurement of property assets at valuation in these financial statements. With the valuer having declared this material valuation uncertainty, the valuer has continued to exercise professional judgement in providing the valuation and this remains the best information available to the Trust.

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.

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.

Revaluations

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.

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 all of the following criteria 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. 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	10	99
Plant & machinery	-	16
Transport equipment	7	7
Information technology	1	10
Furniture & fittings	3	10

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

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

Useful lives of intangible assets

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

	Min life	Max life
	Years	Years
Software licences	-	5
Licences & trademarks	-	5
Other (purchased)	-	5

Note 1.10 Inventories

Inventories are valued at the lower of cost and net realisable value using the first-in first-out cost formula. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

Note 1.11 Cash and cash equivalents

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

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

Note 1.12 Financial assets and financial liabilities

Recognition

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

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. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

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).

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

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.

The trust as a lessee

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for an item of property plant and equipment.

The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to finance costs in the Statement of Comprehensive Income.

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially in other liabilities on the statement of financial position and subsequently as a reduction of rentals on a straight-line basis over the lease term. Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

The trust as a lessor

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

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

Note 1.14 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective for 31 March 2020:

		Nominal rate
Short-term	Up to 5 years	0.51%
Medium-term	After 5 years up to 10 years	0.55%
Long-term	Exceeding 10 years	1.99%

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 31 March 2020:

	Inflation rate
Year 1	1.90%
Year 2	2.00%
Into perpetuity	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 0.5% in real terms.

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 31 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 31 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 31, 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, except for
(i) donated and grant funded assets,
(ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and
(iii) any PDC dividend balance receivable or payable.

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 Third party assets

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

Note 1.20 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 1.21 Early adoption of standards, amendments and interpretations
No new accounting standards or revisions to existing standards have been early adopted in 2019/20.

Note 1.22 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases
IFRS 16 Leases will replace IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2021. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2021, the trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the trust's incremental borrowing rate. The trust's incremental borrowing rate will be a rate defined by HM Treasury. Currently this rate is 1.27% but this may change between now and adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1 April 2021 for existing finance leases.

For leases commencing in 2021/22, the Trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

HM Treasury revised the implementation date for IFRS 16 in the UK public sector to 1 April 2021 on 19 March 2020. Due to the need to reassess lease calculations, together with uncertainty on expected leasing activity in from April 2021 and beyond, a quantification of the expected impact of applying the standard in 2021/22 is currently impracticable. However, the trust does expect this standard to have a material impact on non-current assets, liabilities and depreciation.

Note 1.23 Critical judgements in applying accounting policies
In the application of Humber Teaching NHS Foundation Trust's accounting policies, management is required to make judgments, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates, and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

Note 1.24 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 are:

Going Concern

The accounting rules (IAS1) require management to assess, as part of the accounts preparation process, Humber Teaching NHS Foundaiton Trust's ability to continue as a going concern

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.

The valuation exercise was carried out in February 2020 with a valuation date of 31 March 2020. The valuer has declared a 'material valuation uncertainty' in the valuation report, on the basis of uncertainties in markets caused by COVID-19.   Having declared this material valuation uncertainty, the valuer has continued to exercise professional judgement in providing the valuation and this remains the best information available to the Trust.

Local Government Pension Scheme

Valuations are undertaken by an independent actuary. These values will therefore be subject to changes in market conditions and market values.

Accruals

Accruals are included in the accounts based on the best available information. This is applied in conjunction with historical experience and based on individual circumstances

Provisions

The estimates of outcome and financial effect of provisions are determined by the judgement of the management of the Trust, supplemented by experience of similar transactions and in some cases reports of independent experts.

Uncertainties surrounding the amount to be recognised as a provision are dealt with by various means according to circumstances. Where the provision being measured involves more than one outcome and each point in the range is as likely as the other, the mid point of the range is used. Where a single outcome is being measured, the most likely outcome may be the best estimate of the liability. However, even in such a case, the Trust considers other possible outcomes.

Note 2 Operating Segments

Humber Teaching NHS Foundation Trust activities are purely healthcare related and therefore is treated as a single segment. The operating results of the Trust are reviewed monthly by the Trust's chief operating decision maker which is the overall Trust Board and which includes non-executive directors. For 2019/20, the Board of Directors reviewed the financial position of the Foundation Trust as a whole in their decision making process. The single segment of 'Healthcare' has therefore been identified consistent with the core principle of IFRS 8 Operating Segments which is to enable users of financial statements to evaluate the nature and financial effects of business activities and economic environments.

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)	2019/20 £000	2018/19 £000
Mental health services		
Cost and volume contract income	1,194	-
Block contract income	83,227	71,475
Clinical partnerships providing mandatory services (including S75 agreements)	1,640	1,332
Clinical income for the secondary commissioning of mandatory services	-	-
Other clinical income from mandatory services	7,499	10,176
Community services		
Community services income from CCGs and NHS England	24,435	23,182
Income from other sources (e.g. local authorities)	4,259	4,817
All services		
Private patient income	11	26
Agenda for Change pay award central funding*		1,498
Additional pension contribution central funding**	4,359	
Other clinical income	8,300	5,401
Total income from activities	**134,924**	**117,907**

*Additional costs of the Agenda for Change pay reform in 2018/19 received central funding. From 2019/20 this funding is incorporated into tariff for individual services.

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

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2019/20 £000	2018/19 £000
NHS England*	20,296	14,051
Clinical commissioning groups	105,401	93,224
Department of Health and Social Care	-	1,498
Other NHS providers	1,011	768
NHS other	61	2
Local authorities	8,140	7,792
Injury cost recovery scheme	-	26
Non NHS: other	15	546
Total income from activities	**134,924**	**117,907**
Of which:		
Related to continuing operations	134,924	117,907
Related to discontinued operations	-	-

*The NHS England figure includes the additional pensions contribution amount being paid over on providers' behalf. The full cost and related funding have been recognised in these accounts.

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 2019/20 (£NIL 2018/19)

Note 4 Other operating income

	2019/20			2018/19		
	Contract income £000	Non-contract income £000	Total £000	Contract income £000	Non-contract income £000	Total £000
Research and development	503	-	**503**	386	-	**386**
Education and training	3,800	39	**3,839**	3,408	87	**3,495**
Non-patient care services to other bodies	1,453		**1,453**	2,218		**2,218**
Provider sustainability fund (PSF)	1,224		**1,224**	3,864		**3,864**
Financial recovery fund (FRF)	452		**452**			
Marginal rate emergency tariff funding (MRET)	-		**-**			
Income in respect of employee benefits accounted on a gross basis	562		**562**	592		**592**
Receipt of capital grants and donations		-	**-**		-	**-**
Rental revenue from operating leases		2,295	**2,295**		1,941	**1,941**
Other income	281	-	**281**	-	-	**-**
Total other operating income	**8,275**	**2,334**	**10,609**	**10,468**	**2,028**	**12,496**
Of which:						
Related to continuing operations			**10,609**			**12,496**
Related to discontinued operations			**-**			**-**

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

	2019/20 £000	2018/19 £000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	496	356
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	-	-

Note 5.2 Transaction price allocated to remaining performance obligations

	31 March 2020 £000	31 March 2019 £000
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:		
within one year	1,845	496
after one year, not later than five years	-	-
after five years	-	-
Total revenue allocated to remaining performance obligations	**1,845**	**496**

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

Note 5.3 Income from activities arising from commissioner requested services

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

	2019/20 £000	2018/19 £000
Income from services designated as commissioner requested services	116,967	102,492
Income from services not designated as commissioner requested services	17,957	15,415
Total	**134,924**	**117,907**

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

Humber Teaching NHS Foundation Trust has no disposal of assets in 2019/20 (2018/19 £NIL)

Note 6.1 Operating expenses

	2019/20 £000	2018/19 £000
Purchase of healthcare from NHS and DHSC bodies	850	1,433
Purchase of healthcare from non-NHS and non-DHSC bodies	5,234	4,382
Purchase of social care	-	-
Staff and executive directors costs*	111,687	96,945
Remuneration of non-executive directors	119	121
Supplies and services - clinical (excluding drugs costs)	1,950	1,622
Supplies and services - general	1,115	1,080
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	1,159	1,154
Inventories written down	-	-
Consultancy costs	113	101
Establishment	2,643	3,370
Premises	6,928	4,332
Transport (including patient travel)	846	1,544
Depreciation on property, plant and equipment	2,446	2,668
Amortisation on intangible assets	314	288
Net impairments	2,093	3,957
Movement in credit loss allowance: contract receivables / contract assets	863	754
Movement in credit loss allowance: all other receivables and investments	-	-
Increase/(decrease) in other provisions	-	(9)
Change in provisions discount rate(s)	-	-
Audit fees payable to the external auditor		
audit services- statutory audit	50	66
other auditor remuneration (external auditor only)	5	-
Internal audit costs	111	111
Clinical negligence	533	589
Legal fees	354	218
Insurance	-	49
Research and development	591	481
Education and training	1,034	1,226
Rentals under operating leases	4,040	3,259
Early retirements	-	-
Redundancy	432	-
Car parking & security	-	-
Hospitality	-	-
Losses, ex gratia & special payments	8	20
Other	-	-
Total	**145,518**	**129,761**
Of which:		
Related to continuing operations	145,518	129,761
Related to discontinued operations	-	-

* Staff and executive director costs include additional costs related to the increase in the employer contribution rate for NHS Pensions from 14.3% to 20.6% from April 2019.

Note 6.2 Other auditor remuneration

	2019/20 £000	2018/19 £000
Other auditor remuneration paid to the external auditor:		
8. Other non-audit services not falling within items 2 to 7 above	5	-
Total	**5**	**-**

Note 6.3 Limitation on auditor's liability

There is no limitation on auditor's liability for external audit work carried out for 2019/20. In 2018/19 there was a limitation of £1m

Note 7 Impairment of assets

	2019/20 £000	2018/19 £000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	2,093	3,583
Other	-	374
Total net impairments charged to operating surplus / deficit	**2,093**	**3,957**
Impairments charged to the revaluation reserve	(3,260)	3,425
Total net impairments	**(1,167)**	**7,382**

Humber Teaching NHS Foundation Trust revalued its Land and Buildings during the period, resulting in an impairment loss credited to revaluation reserve of £104k (2018/19: gain £3,425k), £3,502k as an operating expense (2018/19 £3,855k) and £1,410k reversal of impairments (2018/19 £318k). The net impairment charged to the I & E in 2019/20 was £2,093k (2018/19 £3.957k). The total net impairment to the Trust was £1,167k (2018/19 impairment reversal £7,382k)

Note 8 Employee benefits

	2019/20 Total £000	2018/19 Total £000
Salaries and wages	86,140	78,849
Social security costs	7,778	7,347
Apprenticeship levy	393	367
Employer's contributions to NHS pensions *	14,351	9,550
Pension cost - other	262	238
Termination benefits	-	-
Temporary staff (including agency)	4,145	2,190
Total gross staff costs	**113,069**	**98,541**
Recoveries in respect of seconded staff	-	-
Total staff costs	**113,069**	**98,541**
Of which		
Costs capitalised as part of assets	-	451

* 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.

Note 8.1 Retirements due to ill-health

During 2019/20 there were 7 early retirements from the trust agreed on the grounds of ill-health (1 in the year ended 31 March 2019). The estimated additional pension liabilities of these ill-health retirements is £398k (£175k in 2018/19).

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

Note 9 Pension costs

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

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

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2020, is based on valuation data as at 31 March 2019, updated to 31 March 2020 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

b) Full actuarial (funding) valuation

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

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6%, and the Scheme Regulations were amended accordingly.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

Note 9.1   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 33

Note 9.2   NEST Pension Scheme

Some employees are members of the NEST Pension Scheme. NEST was set up by the Government especially for auto enrolement. The intention of the scheme is to ensure that all employees have access to a scheme that meets the requirements of the pension rules. Further disclosure can be found in Note 1.6 Employer contributions to the Scheme in 2019/2020 were £44k (2018/19 £20k)

Note 10 Operating leases

Note 10.1 Humber Teaching NHS Foundation Trust as a lessor

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

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

	2019/20 £000	2018/19 £000
Operating lease revenue		
Minimum lease receipts	2,295	1,941
Contingent rent	-	-
Other	-	-
Total	**2,295**	**1,941**

	31 March 2020 £000	31 March 2019 £000
Future minimum lease receipts due:		
- not later than one year;	2,295	1,941
- later than one year and not later than five years;	9,136	1,423
- later than five years.	-	-
Total	**11,431**	**3,364**

Note 10.2 Humber Teaching NHS Foundation Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where Humber Teaching NHS Foundation Trust is the lessee.

Following NHS reforms under the Health and Social Care Act 2012 (Commencement No.4, Transactional, Savings and Transitory Provisions Order 2013) the costs of properties leased through NHS Property Services are disclosed in the accounts, as substance over form dictates, as operating leases, though there are no formal lease agreements in place. Minimum lease payments represent the recharge by NHS Property Services in year.

	2019/20 £000	2018/19 £000
Operating lease expense		
Minimum lease payments	4,040	3,259
Contingent rents	-	-
Less sublease payments received	-	-
Total	**4,040**	**3,259**

	31 March 2020 £000	31 March 2019 £000
Future minimum lease payments due:		
- not later than one year;	3,689	3,152
- later than one year and not later than five years;	10,452	4,244
- later than five years.	12,519	12,110
Total	**26,660**	**19,506**
Future minimum sublease payments to be received	-	-

Note 11 Finance income

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

	2019/20	2018/19
	£000	£000
Interest on bank accounts	101	66
Other finance income	30	25
Total finance income	**131**	**91**

Note 12.1 Finance expenditure

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

	2019/20	2018/19
	£000	£000
Interest expense:		
Loans from the Department of Health and Social Care	155	116
Total interest expense	**155**	**116**
Unwinding of discount on provisions	15	2
Other finance costs	61	47
Total finance costs	**231**	**165**

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

Humber Teaching NHS Foundation Trust had no liability as a result of late payment legislation in 2019/20 (2018/19 £Nil) and paid no compensation under this legislation (2018/19 £Nil)

Note 13 Other gains / (losses)

	2019/20	2018/19
	£000	£000
Gains on disposal of assets	-	-
Losses on disposal of assets	-	-
Total gains / (losses) on disposal of assets	**-**	**-**
Total other gains / (losses)	**-**	**-**

Note 14.1 Intangible assets - 2019/20

	Software licences £000	Licences & trademarks £000	Intangible assets under construction £000	Other (purchased) £000	Total £000
Valuation / gross cost at 1 April 2019 - brought forward	**2,009**	**52**	**3,622**	**114**	**5,797**
Additions	33	-	4,048	-	**4,081**
Reclassifications	55	-	(55)	-	**-**
Valuation / gross cost at 31 March 2020	**2,097**	**52**	**7,615**	**114**	**9,878**
Amortisation at 1 April 2019 - brought forward	**1,558**	**-**	**-**	**-**	**1,558**
Provided during the year	314	-	-	-	**314**
Transfers to / from assets held for sale	-	-	-	-	**-**
Amortisation at 31 March 2020	**1,872**	**-**	**-**	**-**	**1,872**
Net book value at 31 March 2020	**225**	**52**	**7,615**	**114**	**8,006**
Net book value at 1 April 2019	**451**	**52**	**3,622**	**114**	**4,239**

Intangible assets under construction relate to the Yorkshire and Humber Care Record Programme.

Note 14.2 Intangible assets - 2018/19

	Software licences £000	Licences & trademarks £000	Intangible assets under construction £000	Other (purchased) £000	Total £000
Valuation / gross cost at 1 April 2018 - as previously stated	**1,983**	**52**	**-**	**114**	**2,149**
Prior period adjustments	-	-	-	-	**-**
Valuation / gross cost at 1 April 2018 - restated	**1,983**	**52**	**-**	**114**	**2,149**
Additions	-	-	3,648	-	**3,648**
Reclassifications	26	-	(26)	-	**-**
Valuation / gross cost at 31 March 2019	**2,009**	**52**	**3,622**	**114**	**5,797**
Amortisation at 1 April 2018 - as previously stated	**1,270**	**-**	**-**	**-**	**1,270**
Prior period adjustments	-	-	-	-	**-**
Amortisation at 1 April 2018 - restated	**1,270**	**-**	**-**	**-**	**1,270**
Provided during the year	288	-	-	-	**288**
Amortisation at 31 March 2019	**1,558**	**-**	**-**	**-**	**1,558**
Net book value at 31 March 2019	**451**	**52**	**3,622**	**114**	**4,239**
Net book value at 1 April 2018	**713**	**52**	**-**	**114**	**879**

Note 15.1 Property, plant and equipment - 2019/20

	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 2019 - brought forward	7,541	57,190	7,058	3,303	121	11,982	1,204	88,399
Additions	-	4,147	2,539	10	-	1,669	21	8,386
Impairments	-	(104)	-	-	-	-	-	(104)
Reversals of impairments	150	3,214	-	-	-	-	-	3,364
Revaluations	302	(1,270)	-	-	-	-	-	(968)
Reclassifications	-	6,164	(7,639)	-	-	1,475	-	-
Transfers to / from assets held for sale	370	785	-	-	-	-	-	1,155
Valuation/gross cost at 31 March 2020	**8,363**	**70,126**	**1,958**	**3,313**	**121**	**15,126**	**1,225**	**100,232**
Accumulated depreciation at 1 April 2019 - brought forward	916	731	-	1,939	121	9,571	905	14,183
Transfers by absorption	-	-	-	-	-	-	-	-
Provided during the year	-	1,226	-	385	-	727	108	2,446
Impairments	-	3,503	-	-	-	-	-	3,503
Reversals of impairments	(115)	(1,295)	-	-	-	-	-	(1,410)
Revaluations	115	(3,386)	-	-	-	-	-	(3,271)
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-
Accumulated depreciation at 31 March 2020	**916**	**779**	**-**	**2,324**	**121**	**10,298**	**1,013**	**15,451**
Net book value at 31 March 2020	**7,447**	**69,347**	**1,958**	**989**	**-**	**4,828**	**212**	**84,781**
Net book value at 1 April 2019	**6,625**	**56,459**	**7,058**	**1,364**	**-**	**2,411**	**299**	**74,216**

Note 15.2 Property, plant and equipment - 2018/19

	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 2018 - as previously stated	8,169	65,077	3,120	2,966	121	10,934	1,198	91,585
Prior period adjustments	-	-	-	-	-	-	-	-
Valuation / gross cost at 1 April 2018 - restated	8,169	65,077	3,120	2,966	121	10,934	1,198	91,585
Additions	-	-	7,758	139	-	-	6	7,903
Impairments	-	(3,450)	(374)	-	-	-	-	(3,824)
Reversals of impairments	-	25	-	-	-	-	-	25
Revaluations	242	(5,377)	-	-	-	-	-	(5,135)
Reclassifications	-	2,200	(3,446)	198	-	1,048	-	-
Transfers to / from assets held for sale	(870)	(1,285)	-	-	-	-	-	(2,155)
Valuation/gross cost at 31 March 2019	7,541	57,190	7,058	3,303	121	11,982	1,204	88,399
Accumulated depreciation at 1 April 2018 - as previously stated	916	691	-	1,565	121	9,000	799	13,092
Prior period adjustments	-	-	-	-	-	-	-	-
Accumulated depreciation at 1 April 2018 - restated	916	691	-	1,565	121	9,000	799	13,092
Provided during the year	-	1,617	-	374	-	571	106	2,668
Impairments	-	3,901	-	-	-	-	-	3,901
Reversals of impairments	(235)	(83)	-	-	-	-	-	(318)
Revaluations	235	(5,385)	-	-	-	-	-	(5,150)
Transfers to / from assets held for sale	-	(10)	-	-	-	-	-	(10)
Accumulated depreciation at 31 March 2019	916	731	-	1,939	121	9,571	905	14,183
Net book value at 31 March 2019	6,625	56,459	7,058	1,364	-	2,411	299	74,216
Net book value at 1 April 2018	7,253	64,386	3,120	1,401	-	1,934	399	78,493

Note 15.3 Property, plant and equipment financing - 2019/20

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2020									
Owned - purchased	7,346	68,941	-	1,958	847	-	4,828	212	**84,132**
Finance leased	-	-	-	-	-	-	-	-	**-**
Owned - government granted	-	-	-	-	-	-	-	-	**-**
Owned - donated	101	406	-	-	142	-	-	-	**649**
NBV total at 31 March 2020	**7,447**	**69,347**	**-**	**1,958**	**989**	**-**	**4,828**	**212**	**84,781**

Note 15.4 Property, plant and equipment financing - 2018/19

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2019									
Owned - purchased	6,527	56,061	-	7,058	1,164	-	2,411	299	**73,520**
Finance leased	-	-	-	-	-	-	-	-	**-**
Owned - government granted	-	-	-	-	-	-	-	-	**-**
Owned - donated	98	398	-	-	200	-	-	-	**696**
NBV total at 31 March 2019	**6,625**	**56,459**	**-**	**7,058**	**1,364**	**-**	**2,411**	**299**	**74,216**

Note 16 Revaluations of property, plant and equipment

Humber Teaching NHS Foundation Trust's Land and Buildings revalued at 31 March 2020 by independent valuers The District Valuers Office, as part of an interim valuation. The last full valuation of the Trust's property , by the District Valuer, took place as at 31st March 2017.

The valuation of buildings has been undertaken with reference to the buildings' current condition and agreed obsolescence and assumed that over its life it will be maintained to its current condition. The valuation has been undertaken on a modern equivalent asset basis and reflects the current service potential of the Trust. A desktop revaluation of the Trusts estate was undertaken by the District Valuer, which included inspecting some of the Trust buildings.

The valuation exercise was carried out in February 2020 with a valuation date of 31 March 2020. In applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 ('Red Book'), the valuer has declared a 'material valuation uncertainty' in the valuation report. This is on the basis of uncertainties in markets caused by COVID-19. The values in the report have been used to inform the measurement of property assets at valuation in these financial statements. With the valuer having declared this material valuation uncertainty, the valuer has continued to exercise professional judgement in providing the valuation and this remains the best information available to the Trust.

Note 17.1 Investment Property

Humber Teaching NHS Foundation Trust held no investment property in 2019/20 (2018/19: £ Nil)

Note 18.1 Investments in associates and joint ventures

Humber Teaching NHS Foundation Trust held no investments in associates or joint ventures in 2019/20 (2018/19: £ Nil)

Note 19 Disclosure of interests in other entities

Humber Teaching NHS Foundation Trust owns by control, Humber Primary Care Limited.

Humber Primary Care Limited is a limited company, set up in November 2017. It holds the GMS contract for Peeler House, Princes Medical Centre and in 2019/20 it aquired Manor House Surgery. It has not been consolidated in the accounts of Humber Teaching NHS Foundation Trust on the basis of materiality. In 2019/20 it had a loss of £125k.

Humber Teaching NHS Foundation Trust is the Corporate Trustee of the Humber Teaching NHS Foundation Trust Charitable Funds - Registered charity number 1052727. The Charitable Funds have not been consolidated into the accounts of Humber Teaching NHS Foundation Trust on the basis of materiality. The balance of the funds at 31 March 2020 is £682k. (2019/20 £566k)

Note 20 Inventories

	31 March 2020 £000	31 March 2019 £000
Consumables	150	138
Total inventories	**150**	**138**
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £1,137k (2018/19: £647k). Write-down of inventories recognised as expenses for the year were £0k (2018/19: £0k).

Note 21.1 Receivables

	31 March 2020 £000	31 March 2019 £000
Current		
Contract receivables	10,140	11,432
Contract assets	-	-
Capital receivables	-	-
Allowance for impaired contract receivables / assets	(1,197)	(969)
Deposits and advances	-	-
Prepayments (non-PFI)	758	743
Interest receivable	-	-
PDC dividend receivable	-	-
VAT receivable	202	445
Other receivables	-	-
Total current receivables	**9,903**	**11,651**
Non-current		
Deposits and advances	-	-
Total non-current receivables	**-**	**-**
Of which receivable from NHS and DHSC group bodies:		
Current	5,833	7,173
Non-current	-	-

Note 21.2 Allowances for credit losses

	2019/20		2018/19	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 April - brought forward	**969**	**-**	**-**	**74**
Prior period adjustments			-	-
Allowances as at 1 April - restated	**969**	**-**	**-**	**74**
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018			215	(74)
Transfers by absorption	**-**	**-**	-	-
New allowances arising	258	-	613	-
Changes in existing allowances	605	-	141	-
Reversals of allowances	-	-	-	-
Utilisation of allowances (write offs)	(635)	-	-	-
Allowances as at 31 Mar 2020	**1,197**	**-**	**969**	**-**

Note 21.3 Exposure to credit risk

	31 March 2020	31 March 2019
	£000	£000
Non NHS Invoices	2633	4,124
NHS Invoices	4294	4,181
	6927	**8,305**
Credit Risk	17.16%	22.14%
Loss Provision	(1,197)	(969)
Net Carrying Amount	**5,730**	**7,336**

Note 22 Other assets

	31 March 2020 £000	31 March 2019 £000
Current		
EU emissions trading scheme allowance	-	-
Other assets	-	-
Total other current assets	-	-
Non-current		
Net defined benefit pension scheme asset	-	-
Other assets	-	-
Total other non-current assets	-	-

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

	2019/20 £000	2018/19 £000
NBV of non-current assets for sale and assets in disposal groups at 1 April	2,145	-
Prior period adjustment		-
NBV of non-current assets for sale and assets in disposal groups at 1 April - restated	2,145	-
Transfers by absorption	-	-
Assets classified as available for sale in the year	-	2,145
Assets sold in year	-	-
Impairment of assets held for sale	-	-
Reversal of impairment of assets held for sale	-	-
Assets no longer classified as held for sale, for reasons other than sale	(1,155)	-
NBV of non-current assets for sale and assets in disposal groups at 31 March	990	2,145

Humber Teaching NHS Foundation Trust, currently has 2 assets held for sale, Victoria House and Hallgate. A contract for the sale of Victoria House has been agreed and disposal is expected to be completed in 2020/21. Hallgate is currently being marketed for sale and is also expected to be disposed of in 2020/21. Westend was previously catagorised as held for sale but this has been reviewed and the property has been reclassified back to Property Plant and Equipment.

Note 23.2 Liabilities in disposal groups
Humber Teaching NHS Foundation Trust has no liabilities in disposal groups in 2019/20 (2018/19 £Nil)

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.

	2019/20 £000	2018/19 £000
At 1 April	**14,935**	**8,613**
Prior period adjustments		-
At 1 April (restated)	**14,935**	**8,613**
Transfers by absorption	-	-
Net change in year	175	6,322
At 31 March	**15,110**	**14,935**
Broken down into:		
Cash at commercial banks and in hand	292	212
Cash with the Government Banking Service	14,818	14,723
Deposits with the National Loan Fund	-	-
Other current investments	-	-
Total cash and cash equivalents as in SoFP	**15,110**	**14,935**
Bank overdrafts (GBS and commercial banks)	-	-
Drawdown in committed facility	-	-
Total cash and cash equivalents as in SoCF	**15,110**	**14,935**

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 2020 £000	31 March 2019 £000
Bank balances	370	412
Monies on deposit	-	-
Total third party assets	**370**	**412**

Note 25.1 Trade and other payables

	31 March 2020 £000	31 March 2019 £000
Current		
Trade payables	5,621	6,491
Capital payables	1,551	6,028
Accruals	6,256	2,152
Receipts in advance and payments on account	-	-
Social security costs	1,188	1,101
VAT payables	-	-
Other taxes payable	781	729
PDC dividend payable	91	48
Other payables	1,162	244
Total current trade and other payables	**16,650**	**16,793**

Non-current

Humber Teaching NHS Foundation Trust held no non-current payables in the year 2019/20 (2018/19:£Nil)

Of which payables from NHS and DHSC group bodies:

Current	932	3,110
Non-current	-	-

Other payables includes outstanding pensions payments, previously classified to Trade Payables in 2018/19

Note 25.2 Early retirements in NHS payables above
Humber Teaching NHS Foundation Trust made no payments for early retirements in the year 2019/20 (2018/19:£Nil)

Note 26 Other liabilities

	31 March 2020 £000	31 March 2019 £000
Current		
Deferred income: contract liabilities	1,969	717
Total other current liabilities	**1,969**	**717**
Non-current		
Net pension scheme liability	1,216	1,175
Total other non-current liabilities	**1,216**	**1,175**

Note 27.1 Borrowings

	31 March 2020 £000	31 March 2019 £000
Current		
Loans from DHSC	366	282
Total current borrowings	**366**	**282**
Non-current		
Loans from DHSC	3,838	4,110
Total non-current borrowings	**3,838**	**4,110**

Note 27.2 Reconciliation of liabilities arising from financing activities - 2019/20

	Loans from DHSC £000	Total £000
Carrying value at 1 April 2019	4,392	4,392
Cash movements:		
Financing cash flows - payments and receipts of principal	(219)	**(219)**
Financing cash flows - payments of interest	(100)	**(100)**
Non-cash movements:		
Transfers by absorption	-	**-**
Additions	-	**-**
Application of effective interest rate	131	**131**
Change in effective interest rate	-	**-**
Changes in fair value	-	**-**
Early terminations	-	**-**
Other changes	-	**-**
Carrying value at 31 March 2020	4,204	4,204

Note 27.3 Reconciliation of liabilities arising from financing activities - 2018/19

	Loans from DHSC £000	Total £000
Carrying value at 1 April 2018	4,656	4,656
Cash movements:		
Financing cash flows - payments and receipts of principal	(273)	**(273)**
Financing cash flows - payments of interest	(116)	**(116)**
Non-cash movements:		
Impact of implementing IFRS 9 on 1 April 2018	10	**10**
Transfers by absorption	-	**-**
Additions	-	**-**
Application of effective interest rate	116	**116**
Change in effective interest rate	-	**-**
Changes in fair value	-	**-**
Early terminations	-	**-**
Other changes	(1)	**(1)**
Carrying value at 31 March 2019	4,392	4,392

Note 28 Other financial liabilities

	31 March 2019 £000
Current	
Derivatives held at fair value through income and expenditure	-
Other financial liabilities	-
Total current other financial liabilities	**-**
Non-current	
Derivatives held at fair value through income and expenditure	-
Other financial liabilities	-
Total non-current other financial liabilities	**-**

Note 29 Finance leases

Humber Teaching NHS Foundation Trust had no finance leases in the year 2019/20 (2018/19:£Nil)

Note 30.1 Provisions for liabilities and charges analysis

	Pensions: early departure costs £000	Pensions: injury benefits £000	Legal claims £000	Re-structuring £000	Equal Pay (including Agenda for Change) £000	Redundancy £000	Other £000	Total £000
At 1 April 2019	327	496	34	-	-	-	-	857
Transfers by absorption	-	-	-	-	-	-	-	-
Change in the discount rate	-	-	-	-	-	-	-	-
Arising during the year	-	-	44	-	-	-	296	340
Utilised during the year	(74)	(32)	-	-	-	-	-	**(106)**
Reclassified to liabilities held in disposal groups	-	-	-	-	-	-	-	-
Reversed unused	-	-	-	-	-	-	-	-
Unwinding of discount	1	6	1	-	-	-	7	15
At 31 March 2020	254	470	79	-	-	-	303	1,106
Expected timing of cash flows:								
- not later than one year;	76	31	-	-	-	-	49	156
- later than one year and not later than five years;	178	126	-	-	-	-	198	502
- later than five years.	-	313	79	-	-	-	56	448
Total	254	470	79	-	-	-	303	1,106

"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.

Other includes a provision for potential overtime claims arising from the Flowers and others v East of England Ambulance Trust employment appeal tribunal.

Note 30.2 Clinical negligence liabilities

At 31 March 2020, £49k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Humber Teaching NHS Foundation Trust (31 March 2019: £53k).

Note 31 Contingent assets and liabilities

	31 March 2020 £000	31 March 2019 £000
Value of contingent liabilities		
NHS Resolution legal claims	(49)	(17)
Employment tribunal and other employee related litigation	-	-
Redundancy	-	-
Other	-	-
Gross value of contingent liabilities	**(49)**	**(17)**
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	**(49)**	**(17)**
Net value of contingent assets	**-**	**-**

Contingent liabilities relate to NHS Resolution legal claims that have been identified as a contingent liability by NHS Resolution

Note 32 Contractual capital commitments

	31 March 2020 £000	31 March 2019 £000
Property, plant and equipment	-	4,412
Intangible assets	-	-
Total	**-**	**4,412**

In 2018/19 the contractual capital commitments related to the Inspire Camhs unit which was completed in 2019/20.

Note 33 Other financial commitments

Humber Teaching NHS Foundation Trust is not committed to making payments under non-cancellable contracts (which are not leases, PFI contracts or other service concession arrangement) in 2019/20 (2018/19 : £Nil)

Note 33 Defined benefit pension schemes

East Riding of Yorkshire Council Pension Scheme

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

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

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

In the financial year 2019/20 Humber Teaching NHS Foundation Trust contributed £582k to the fund (2018/19:

A pension deficit of £1,216k is included in the Statement of Financial Position as at 31 March 2019 (2018/19: £1,175k)

Note 33.1 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

	31 March 2020	31 March 2019
Pension Increase Rate	1.90%	2.50%
Salary Increase Rate	2.80%	2.70%
Discount Rate	2.30%	2.40%

Note 33.2 The estimated Fund asset allocation is as follows:

	31 March 2020 £000	31 March 2019 £000
Equities Securities	886.4	95
Debt Securities	819.8	169
Private Equity	186.7	59
Real Estate	360.9	136
Investment Funds & Unit Trusts	4913.2	648
Cash & Cash Equivalents	278.7	46
	7,446	1,153

Note 33.3 Sensitivity Analysis

Change in assumptions at 31 March 2020	Approximate % increase to Defined Benefit Obligation	Approximate monetary amount £000
0.5% decrease in Real Discount Rate	11%	1,166
0.5% increase in the Salary Increase Rate	1%	149
0.5% increase in the Pension Increase Rate	9%	1,004

Note 33.4 Projected defined benefit cost for the period to 31 March 2020

Period Ended 31 March 2020	Assets £000	Obligations £000	Net (liability)/asset £000	% of pay
Projected Current Service cost		401	(401)	(34.4%)
Total Service Cost	**0**	**401**	**(401)**	**(34.4%)**
Interest income on plan assets	223		223	19.10%
Interest cost on defined benefit obligation		253	(253)	(21.7%)
Total Net Interest Cost	223	253	(30)	(2.6%)
Total included in SoCI	223	654	(431)	(37.0%)

Note 33.5 Changes in the defined benefit obligation and fair value of plan assets during the year

	2019/20 £000	2018/19 £000
Present value of the defined benefit obligation at 1 April	**(2,327)**	**(1,459)**
Prior period adjustment		-
Present value of the defined benefit obligation at 1 April - restated	**(2,327)**	**(1,459)**
Transfers by absorption	-	-
Current service cost	(521)	(514)
Interest cost	(61)	(47)
Contribution by plan participants	(74)	(83)
Remeasurement of the net defined benefit (liability) / asset:		
- Actuarial (gains) / losses	(8,007)	(224)
Benefits paid	134	-
Past service costs	-	-
Business combinations	-	-
Curtailments and settlements	-	-
Present value of the defined benefit obligation at 31 March	**(10,856)**	**(2,327)**
Plan assets at fair value at 1 April	**1,152**	**752**
Prior period adjustment		-
Plan assets at fair value at 1 April -restated	**1,152**	**752**
Transfers by normal absorption	-	-
Interest income	30	25
Remeasurement of the net defined benefit (liability) / asset:		
- Return on plan assets	-	54
- Actuarial gain / (losses)	8,299	-
- Changes in the effect of limiting a net defined benefit asset to the asset ceiling	-	-
Contributions by the employer	219	238
Contributions by the plan participants	74	83
Benefits paid	(134)	-
Business combinations	-	-
Settlements	-	-
Plan assets at fair value at 31 March	**9,640**	**1,152**
Plan surplus/(deficit) at 31 March	**(1,216)**	**(1,175)**

Note 33.6 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 2020 £000	31 March 2019 £000
Present value of the defined benefit obligation	(10,856)	(2,327)
Plan assets at fair value	9,640	1,152
Net defined benefit (obligation) / asset recognised in the SoFP	**(1,216)**	**(1,175)**
Fair value of any reimbursement right	-	-
Net (liability) / asset after the impact of reimbursement rights	**(1,216)**	**(1,175)**

Note 33.7 Amounts recognised in the SoCI

	2019/20 £000	2018/19 £000
Current service cost	(521)	(514)
Interest expense / income	(31)	(22)
Past service cost	-	-
Gains/(losses) on curtailment and settlement	-	-
Total net (charge) / gain recognised in SOCI	**(552)**	**(536)**

Note 34 On-SoFP PFI, LIFT or other service concession arrangements

Humber Teaching NHS Foundation Trust does not have any PFI or LIFT schemes.

Note 35 Financial instruments

Note 35.1 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 Clinical Commissioning Groups and the way those Clinical Commissioning Groups 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 low exposure to currency rate fluctuations.

Interest rate risk
Humber Teaching NHS Foundation Trust borrows from government for capital expenditure. The borrowings are for 1 – 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. Humber Teaching NHS Foundation Trust therefore has low exposure to interest rate fluctuations.

Credit risk
The majority of income derives from contracts with other public sector bodies, and therefore there is low exposure to credit risk. The maximum exposures as at 31 March 2020 are in receivables from customers, as disclosed in the Trade and other receivables note. (See Note 21.1)

Liquidity risk
Humber Teaching NHS Foundation Trust's operating costs were incurred under contracts with Clinical Commissioning Groups in 2019/20. These entities are financed from resources voted annually by Parliament. Humber Teaching NHS Foundation Trust funds its capital expenditure from internally raised funds or by borrowing and therefore is not exposed to significant liquidity risks.

Note 35.2 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2020	Held at amortised cost £000	Held at fair value through I&E £000	Held at fair value through OCI £000	Total book value £000
Trade and other receivables excluding non financial assets	8,943	-	-	**8,943**
Other investments / financial assets	-	-	-	**-**
Cash and cash equivalents	15,110	-	-	**15,110**
Total at 31 March 2020	**24,053**	**-**	**-**	**24,053**

Carrying values of financial assets as at 31 March 2019	Held at amortised cost £000	Held at fair value through I&E £000	Held at fair value through OCI £000	Total book value £000
Trade and other receivables excluding non financial assets	10,185	-	-	**10,185**
Other investments / financial assets	-	-	-	**-**
Cash and cash equivalents	14,935	-	-	**14,935**
Total at 31 March 2019	**25,120**	**-**	**-**	**25,120**

Note 35.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2020	Held at amortised cost £000	Held at fair value through I&E £000	Total book value £000
Loans from the Department of Health and Social Care	4,204	-	**4,204**
Other borrowings	-	-	**-**
Trade and other payables excluding non financial liabilities	14,590	-	**14,590**
Other financial liabilities	-	-	**-**
Provisions under contract	-	-	**-**
Total at 31 March 2020	**18,794**	**-**	**18,794**

Carrying values of financial liabilities as at 31 March 2019	Held at amortised cost £000	Held at fair value through I&E £000	Total book value £000
Loans from the Department of Health and Social Care	4,392	-	**4,392**
Other borrowings	-	-	**-**
Trade and other payables excluding non financial liabilities	14,915	-	**14,915**
Other financial liabilities	-	-	**-**
Provisions under contract	-	-	**-**
Total at 31 March 2019	**19,307**	**-**	**19,307**

Note 35.4 Maturity of financial liabilities

	31 March 2020 £000	31 March 2019 £000
In one year or less	14,956	15,197
In more than one year but not more than two years	3,838	4,110
In more than two years but not more than five years	-	-
In more than five years	-	-
Total	**18,794**	**19,307**

Note 35.5 Fair values of financial assets and liabilities

Book value (carrying value) has been used as a reasonable approximation of fair value.

Note 36 Losses and special payments

	2019/20		2018/19	
	Total number of cases	**Total value of cases**	**Total number of cases**	**Total value of cases**
	Number	**£000**	**Number**	**£000**
Losses				
Cash losses	-	-	-	-
Fruitless payments	-	-	-	-
Bad debts and claims abandoned	-	-	-	-
Stores losses and damage to property	-	-	-	-
Total losses	**-**	**-**	**-**	**-**
Special payments				
Compensation under court order or legally binding arbitration award	-	-	-	-
Extra-contractual payments	-	-	-	-
Ex-gratia payments	2	8	1	20
Special severance payments	-	-	-	-
Extra-statutory and extra-regulatory payments	-	-	-	-
Total special payments	**2**	**8**	**1**	**20**
Total losses and special payments	**2**	**8**	**1**	**20**
Compensation payments received		-		-

Note 37 Related parties

Humber Teaching NHS Foundation Trust is a body corporate established by order of the Secretary of State for Health.

During the year two Non Executive board members of Humber Teaching NHS Foundation Trust Board had a related party interest in entities which has undertaken transactions with Humber Teaching NHS Foundation Trust. Mike Smith provided services to The Rotherham NHS Foundation Trust as an Non Executive Director . Mike Cooke is Chair of the Yorkshire Wildlife Trust (£72k Income)

The Trust owns Humber Primary Care Ltd, a company registered in the United Kingdom. This has not been included in the accounts due to materiality. The company's main activity is Primary Care and owns 3 Primary Care practices.

The Department of Health and Social Care is regarded as a related party. During the period Humber Teaching NHS Foundation Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These entities are listed below:

Health Education England
Hull University Teaching Hospitals NHS Trust
NHS East Riding Of Yorkshire CCG
NHS England
NHS Hull CCG
NHS Pensions Agency
NHS Property Services
NHS Scarborough and Ryedale CCG
NHS Vale of York CCG
The Rotherham NHS Foundation Trust
Tees, Esk and Wear Valleys NHS Foundation Trust
York Teaching Hospital NHS Foundation Trust

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 had no other related party transactions.

Note 38 Transfers by absorption

Humber Teaching NHS Foundation Trust had no transfers by absorption in 2019/20 (2018/19 £Nil)

Note 39 Prior period adjustments

Humber Teaching NHS Foundation Trust had no prior period adjustments in 2019/20 (2018/19 £Nil)

Note 40 Events after the reporting date

On 2 April 2020, the Department of Health and Social Care (DHSC) and NHS England and NHS Improvement announced reforms to the NHS cash regime for the 2020/21 financial year. During 2020/21 existing DHSC interim revenue and capital loans as at 31 March 2020 will be extinguished and replaced with the issue of Public Dividend Capital (PDC) to allow the repayment. Given this relates to liabilities that existed at 31 March 2020, DHSC has updated its Group Accounting Manual to advise this is considered an adjusting event after the reporting period for providers.

The cash regime reform will not affect Humber Teaching NHS Foundation Trust as no DHSC interim revenue and capital loans are held by the Trust