Humber NHS Foundation Trust Annual Report and Accounts 2017/18

From the 1 April 2018 known as Humber Teaching NHS Foundation Trust

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

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(Granville Court gardens)

Welcome from Chairman and Chief Executive

Chairman and Chief Executive's foreword

The pace of change over the past year has been challenging, both as an individual organisation and as part of the wider NHS. This report looks back over the year and provides information on our achievements, challenges and successes. Further detail is included within the report but here we summarise, in our welcome to you, some of the key highlights and challenges of 2017/18.

Careful planning and sustained hard work have underpinned what has proved to be a very successful 12 months for the Trust.

Our Highlights

In April we launched our Trust Strategy which set out how we intend to deliver our six strategic goals over the next five years. We have made great strides to deliver this in our first year.

We introduced a role devoted to patient and carer experience and engagement to ensure patients and carers remain at the centre of everything we do and that we learn from their experiences.

We are proud to be able to report that we have improved our services and that these improvements have been externally validated by our regulator, the Care Quality Commission (CQC), and we are now rated as 'good'.

In October this year, 12 months or so after being rated 'requires improvement', the CQC visited the Trust again to check our progress by conducting a comprehensive well-led inspection. Three months later, the CQC delivered the news we had all been working towards by declaring that overall our services were 'good'.

We achieved a significant improvement in our services in less than 16 months, improving our safety, effectiveness, responsiveness and leadership while maintaining our 'good' standard of care. Two aspects of our services for people with learning disability and autism – care and responsiveness – are now rated 'outstanding' – a standard we aspire to achieve across all of our services.

To go from 'requires improvement' to 'good' making improvements across all five categories in such a short period of time represents a remarkable turnaround in the Trust's performance and is a fitting tribute to the extraordinary effort, commitment and loyalty of our staff. They are the backbone of the Trust and the reason for our success. Without their boundless enthusiasm and determination to always 'go the extra mile' to deliver, we would not have risen to the challenge and achieved the improvements demanded by the CQC.

We would like to take this opportunity to formally record our thanks to them for everything they have done and continue to do.

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.

Our commitment to research continued this year in May when we hosted our first major research conference – *Developing a City of Research 2017* - where we launched our Research Strategy. The conference demonstrated 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. The conference heard from people who access our services and take part in our studies - as well as hearing from national and international experts.

We've managed to progress, it is fair to say, despite a less than encouraging backdrop characterised by a familiar challenge: using limited resources to provide more and better services to a growing number of people, many of them elderly and frail or with complex needs.

Crisis Pad

We began the year by opening our 'crisis pad' for adults in emotional distress in Hull - a service recently complemented by a pilot facility for young people - and were delighted to receive £700,000 of NHS funding to improve our accident and emergency (A&E) mental health services.

We established a private limited company this year - Humber Primary Care Limited - to enable us to hold General Medical Services (GMS) contracts with the practices we run, developing services for our communities.

We added Northpoint GP Practice, in Bransholme, and Peeler

House Surgery, in Hessle, to our primary care portfolio, which is now six practices strong and growing. All of our practices are rated 'good' by the CQC and one, Chestnuts Surgery, in Cottingham, has 'outstanding' features.

The Trust also took responsibility for providing services at Granville Court, a specialist service in Hornsea for people with profound and multiple learning difficulties; we won a highly prized NHS England tender to develop a much-needed mental health inpatient unit for young people living north and south of the River Humber; and we gained an extension to our Health Trainers' healthy lifestyle contract in the East Riding - all tremendous achievements.

We were also successful in securing a tender to provide community services for adults in Scarborough and Ryedale - services we will deliver from early in the new year (1 May 2018). These will build upon our services in Pocklington and Whitby.

We continue to be a key partner in the Humber Coast and Vale Sustainability and Transformation Partnership (STP) and continue to work closely with all the partner organisations to deliver a more integrated health and social care system of provision.

Our Humber Recovery College, which goes from strength to strength, held a successful and well-attended conference, as did the Perinatal Mental Health and Research and Development teams, and our Social Mediation and Self-Help Service (SMASH) produced superb results.

Professor Nav Kapur, who leads the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness, visited to inspire our work on suicide

prevention, while his colleague, Professor Louis Appleby, literally added gloss to the Humber Centre's 25th birthday celebrations by helping to paint one of the secure forensic service's new murals.

Our community mental health services were found to be performing better than expected - one of only three trusts in the country compared to other trusts - results which drew praise and congratulations from the CQC, and we were shortlisted for a Health Service Journal Patient Safety Award.

Throughout the year we promoted and entered a number of external awards and were delighted to have been successful in the Team of the Year category of the British Journal of Midwifery Practice Awards and the General Practice Nurse of the Year category of the local General Practice Nursing Awards.

We welcomed a new Medical Director, Dr John Byrne, and - months later - a new Non-Executive Director, Francis Patton. We held a well-attended Annual Members' Meeting and celebrated our employees' success at our 2017 Staff Awards.

Our wonderful charity, Health Stars, continued to 'add sparkle' to our services throughout the year. We are extremely grateful for their tremendous support.

The innovation and success continued into the New Year with the opening of our new 'step-down' service for recovering mental health patients. The Trust retained a contract to continue operating Field House Surgery, a GP practice in Bridlington, after turning around its fortunes; and our Research and Development team announced that one of the keynote speakers at its second research conference would be Professor Alistair Burns, the National Clinical Director for Dementia.

We are delighted with our achievements this year and our ongoing improvement journey continues.

Although the CQC's report is a positive validation of our efforts to continually improve our services, we acknowledge that we still have work to do.

In April 2018 we became 'Humber Teaching NHS Foundation Trust'. This will further progress our strategic aim to be recognised as a world-class specialist education and teaching provider. This will be an important strategic development in the year ahead and will emphasise our commitment to delivering excellent services to our patients and carers, development opportunities for staff, and to continue to work with our academic partners to nurture the future generation of doctors, nurses and other healthcare professionals.

As we move forwards, we continue to deliver on our pledge to put patients and their families at the centre of their care and to make as much of a positive difference to their lives as we can. We will continue to care, learn and grow together.

Sharon Mays
Chairman

Michele Moran
Chief Executive

Performance Report

Overview of Performance

The purpose of this Performance Report is to provide information on Trust services and our vision, values and strategic aims. It also provides information on our development, performance and the principal risks to our objectives during 2017/18.

A statement from the Chief Executive

I am delighted to be able to report that the Trust's performance has improved during the period covered by this report.

I can declare this because our regulator, the Care Quality Commission (CQC), has said as much in its latest report on our services, published in January 2018.

Jenny Wilkes, the CQC's Head of Inspection for Mental Health, said: "CQC has seen a real improvement in services at Humber NHS Foundation Trust, and these changes move their overall rating from Requires Improvement to Good. At this most recent comprehensive inspection we saw exceptionally caring, kind and compassionate staff who involved patients in their own care."

Ms Wilkes went on to say our services were more responsive to people's needs; discharge was embedded from the point of admission; senior leaders and commissioners met regularly and protected patients from having to remain in hospital unnecessarily; and that complaints were listened to and acted on.

Staff and patients at Townend Court celebrate Halloween

She said some of our practices were 'outstanding', adding: "In the learning disability service, there was a real culture of development and improvement where staff were striving for excellence. Inspectors saw staff undertaking additional training to enhance their practice, as well as some team members who had received national awards for good practice. The learning disability service also undertook innovative practice to support patient discharge into the local community."

The CQC's report showed we had improved our overall rating from 'requires improvement' to 'good' in less than 16 months, improving our safety, effectiveness, responsiveness and leadership while maintaining our 'good' standard of care. The regulator said that since our last inspection, in 2016, five are now 'good' and three 'required improvement'.

To have received such an overwhelmingly positive, independent, external validation of our efforts to improve our services is testament to the extraordinarily hard work of our staff. Our improvement is down to them and, once again, I'd like to formally record my thanks and gratitude to them for everything they have done – and continue to do – for the Trust.

Although I'm thrilled with the progress we have made, I'd also like to reassure our patients, their carers and relatives, our stakeholders and the CQC that the Trust is fully aware that we have a lot of work to do and are in no way complacent about the task at hand.

The CQC assessed us as 'requires improvement' in the Safe domain and although an improvement on the previous inspection, we are working to address the issues raised to ensure our performance in this domain improves - and as in all domains, strive for continuous quality improvement which will be a key focus of the year ahead.

Improving our performance will require careful planning and sustained effort to achieve our goals, not arbitrary and sporadic bursts of activity. We all know that we have a lot to do – and we are determined to do it.

In April we launched our Trust Strategy which set out how we intend to deliver our six strategic goals over the next five years. We have progressed in a number of areas and work continues.

Despite our success, there have been many challenges during the course of the year, not least a service demobilisation – the ending of our contract to provide mental health services in the Pocklington area – and a service mobilisation – the provision of adult community services in Scarborough and Ryedale, which will come on stream in May this year.

There has also been the need to provide more and better services to an ageing population, many with very complex health problems, with limited financial resources.

We have, however, maintained a sustainable business capable of meeting all of these challenges and more besides. We have delivered cost savings of approximately £3m and are one of the few trusts to have balanced our books and reported a surplus. Our NHS Improvement (NHSI) Use of Resources Assessment is two.

As a provider of mental health, community, GP and specialist services, we are accountable to our service users and commissioners. These include NHS England, NHS Hull CCG, NHS East Riding CCG, NHS Hambleton, Richmondshire and Whitby CCG, and NHS Scarborough and Ryedale CCG. It is their responsibility to design, develop and buy health services for the people who live in their areas.

The Trust regularly provides information about our performance to our commissioners and engages with them by taking part in monthly contract management, service mobilisation and sub-group meetings. These sessions focus on quality, service development and delivery, and finance.

In October we established Humber Primary Care Limited, a private limited company, to enable us to hold General Medical Services (GMS) contracts with the practices we run. This made it possible for us to embark on the first stage of implementing our Primary Care Strategy and will help secure primary care services for the future.

We have worked closely with our commissioners to expand our involvement in primary care and learning disability services, pilot a 'safe space' for young people in acute emotional distress, develop a 'step-down' service for adults leaving inpatient mental health care, and prepare for the construction of a new inpatient mental health unit for young people who live north and south of the River Humber. A section highlighting some of the Trust's most notable achievements is included in this report.

We continue to be a key partner in the Humber Coast and Vale Sustainability and Transformation Partnership (STP) and we will continue to work closely with all the partner organisations to deliver a more integrated health and social care system of provision. We maintain a crucial role in this partnership, with my role as executive lead - in addition to leading the mental health work stream - ensuring that the STP priorities are reflected in our strategic and operational plans.

The Trust has welcomed a new Medical Director, Interim Chief Operating Officer, Non-Executive Director and Governors. We have overhauled our approach to quality and workforce and organisational development, and given a massive boost to our determination to ensure patients and their carers remain at the centre of everything we do by employing a Head of Patient and Carer Experience and Engagement – a role devoted to doing just that – engaging with patients and carers and learning from their experiences.

Our mission is to be a 'multi-specialty healthcare and teaching provider committed to our values of caring, learning and growing'. One of the key steps along this journey is to incorporate *teaching* into our trust name from 1 April 2018. This move has been approved by our Council of Governors and Board of Directors and supported by our partners and stakeholders.

Our strategic goals are:
- innovating in quality and patient safety;
- enhancing prevention, wellbeing and recovery;
- fostering integration, partnership and alliances;
- developing an effective and empowered workforce;
- maximising an efficient and sustainable organisation;
- promoting people, communities and social values.

As for the quality of our staff and services, I regularly receive letters of praise and read patient experience feedback from our Friends and Family Test results. A selection of these fantastic comments is included below:

The nurses are very lovely, kind and swift. The doctors are also very human and professionally responsive. *Market Weighton GP Surgery*	Your mental health team are really good and they really listen and are supportive. They're the best I've been to and I've been to at least 10. *Hospital Mental Health Team*	The staff are very polite and helpful and the doctors/nurses listen to your problems and help you 100%. *Addiction Services – Central Hub*
The staff were all friendly and caring towards my daughter. They give her the best possible care they could offer and make quick referrals. *Children's Physio Service*	The team responded very quickly to our crisis. Everyone involved has been very professional, empathetic and kind. We hope that the situation doesn't arise again where we need to call the team again, but we are very lucky to have them *Crisis and Intervention Team Older People*	The main reason is the care, compassion, help and advice always given by the members of the team who looked after me! – *Beverley Mental Health*
I liked the way that they treated me and that they explained everything. *Immunisation Team (School Nursing)*	Referred by GP for help with anxiety/depression. This was my first meeting and she was brilliant, warm, kind, gentle. She offered various suggestions and help to go forward. *Health Trainers*	Explained everything fully and in a way which was easily understood, straight talking and respectful! Invited conversation and opinion, good communicator and knowledgeable. *Looked After Children*

Our Friends and Family Test results show that more than 99% of respondents find our staff friendly and helpful; almost 99% believe they receive sufficient information; and almost 99% feel they are involved as much as they want to be in their care. The targets for all three categories is 90% and we have significantly overachieved in these areas.

There are many outstanding successes I could mention, but I will restrict myself to a handful, including:

Securing a multi-million pound contract to develop a new mental health inpatient unit for young people – The Trust will establish a 13-bed unit for 13 to 18-year-olds from Hull, the East Riding and North and North-East Lincolnshire under a 10-year contract with NHS England. To be built in Hull, the unit will treat illnesses such as depression, psychoses, eating disorders, anxiety and emerging personality disorder;

(Artist's impression of the new CAMHS unit)

Hear in Hull – Hull UK City of Culture 2017 stammering awareness initiative – Developed with Artlink and City of Culture organisers with Big Lottery funding, the aim of the project was to raise awareness, change perceptions, create understanding and build confidence. Portraits, an animation and posters and leaflets were all included. The feedback has been overwhelmingly positive, with comments hailing it as "brilliant" and "inspirational";

Winning an £80 million contract to provide adult community services in Scarborough and Ryedale – NHS Scarborough and Ryedale, which awarded the contract following a competitive tender process, said we "put forward an excellent model which aligns strongly with the CCG's vision" to deliver a new, transformed service. The new service is planned to 'go live' on 1 May 2018;

Trust named as one of three organisations in the country whose community mental health services are 'performing better than expected compared to other trusts' – The CQC said our results in the 2017 Community Mental Health Survey were down to "a higher proportion of patients responding positively about the care they received".

Opened our 'Crisis Pad' for adults experiencing severe emotional distress – We formally opened this seven-day-a-week service, located at St Andrew's Place, in St George's Road, Hull, in May 2017. Staffed by one of our charity partners, Humbercare, and now open from 6pm until 2am, the sanctuary is a calm, safe environment in which support, therapeutic interventions and expert assessment are provided as required. Patient surveys conducted during a three-month period revealed satisfaction levels of almost 100 per cent.

Social Mediation and Self-Help (SMASH) produces outstanding results – Feedback from pupils involved in a three-month pilot project to improve the emotional resilience and mental health of young people at ten East Riding secondary schools showed the programme boosted the participants' confidence and self-esteem by 50% and improved their feelings and behaviour by 42%. The results also showed that on average the youngsters' education, learning and relationships improved by 35% and their number of friends by 37%. SMASH capped a fine year by winning a special recognition award at the 2017 Hull and East Riding Health Expo.

The Trust is continuing to play a key role in the Humber Coast and Vale Sustainability and Transformation Partnership. This is exemplified by our leadership of the Mental Health Delivery Board which is tackling key challenges such as improving dementia care and reducing out-of-area placements for people requiring mental health inpatient services.

I've mentioned our staff earlier, and I'd like to do so again in my concluding remarks.

Our staff are the backbone of the Trust and have a key role in our continuing efforts to improve our performance.

Just as they have a duty to do their best for our patients, we have a duty to them to look after their welfare at work and to provide them with the best possible tools to do their job. A number of initiatives continue to be offered and introduced to support our commitment to staff health and wellbeing. This work will continue.

One of these tools is training, and we're always trying to do what we can to ensure our staff receive the best tuition and guidance.

Our staff have responded magnificently, as they always do, by helping us achieve an overall training compliance rate of more than 86%, well above the target of 75%.

Our Staff Charter, launched in May, was founded on our new values of caring, learning and growing.

We have further work to do to ensure staff regard the Trust as an excellent place to work. Our staff survey results bear this out but we are committed to doing everything we can to listen to, support, nurture, advise and lead them. They deserve our very best.

2017-18 has been a year in which we have improved our performance in the face of familiar and new challenges.

Our challenge in the year ahead is to maintain the momentum and strive for excellence.

Signed: *[signature]*   **Date:** 23 May 2018

Michele Moran
Chief Executive

About our Trust

(Staff at Westlands Inpatient Unit celebrating World Hand Hygiene Day)

Humber NHS Foundation Trust (which became Humber Teaching NHS Foundation Trust on 1 April 2018) provides a wide range of health and social care services including acute and forensic inpatient mental health services, community mental health services, Child and Adolescent Mental Health Services (CAMHS), community services, substance misuse and learning disability services.

The Trust serves patients across a large geographical area that includes Hull, the East Riding of Yorkshire and North Yorkshire, and provides specialist mental health services to people from across the UK.

Our specialist services, such as forensic support and offender health, support patients from the wider Yorkshire and Humber area and from further afield.

We employ approximately 2,500 staff who work from about 120 sites at locations throughout the East Riding, Hull and Whitby.

We became a foundation trust eight years ago.

Our income in 2017/18 was £118.3m, with the majority of this money coming from our two main commissioners, NHS Hull and NHS East Riding of Yorkshire Clinical Commissioning Groups (CCGs).

Our services:

Our services are delivered via three care groups:
- **Mental Health Care Group**
- **Primary Care, Community, Learning Disability and Children's Services**
- **Specialist Services**

Mental Health Care Group services include:
➢ Mental Health Response Service (including Home-Based Treatment, Crisis/Urgent Assessment, Non-urgent Assessment and Mental Health Triage service)
➢ Adult and Older Adult Inpatient Units
➢ Chronic Fatigue
➢ Community Mental Health Services
➢ Complex Interventions Services, including specialist trauma and services for people with a personality disorder
➢ Perinatal Services
➢ Crisis Intervention Team for Older People
➢ Veterans Outreach

- Psychosis Service for Young People in Hull and East Riding (PSYPHER)
- Memory Clinic

Primary Care, Community, Learning Disability and Children's Services include:
- Community Services – Pocklington, Whitby and specialist therapies to Dove House Hospice
- Health Trainers
- Child and Adolescent Mental Health Services
- Integrated Specialist Public Health Nursing Services (formerly Health Visiting and School Nursing Services)
- Children's Therapies
- Learning Disabilities Services (inpatient and community services), including Granville Court
- Primary Care (GP Practices)

Specialist Services include:
- Forensic Services - Humber Centre and Greentrees
- Addictions Services
- Humber Recovery College

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

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

One of the reasons we changed the name of the Trust to Humber *Teaching* NHS Foundation Trust on 1 April 2018 was to fulfil our Trust mission to become a multi-specialty health and social care teaching provider. Great strides have been made in-year in preparing to change our Trust name to incorporate Teaching – a change that will emphasise our commitment to delivering excellent services to our patients and carers and reinforce our close working relationships with Hull York Medical School, the University of Hull and other educational establishments.

People who use our community and mental health services receive a wide range of care and therapeutic treatments in a variety of settings including their 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.

An element of our strategy is to provide services as close to a patient's home or usual place of residence as possible and to ensure when inpatient care is necessary, it is provided in safe, high-quality environments.

Vision, values and strategic aims 2017 - 2020

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 valued partner.

Our Values and what they mean

Caring for people while ensuring 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 Goals
- Innovating in quality and patient safety
- Enhancing prevention, wellbeing and recovery
- Fostering integration, partnership and alliances
- Developing an effective and empowered workforce
- Maximising an efficient and sustainable organisation
- Promoting people, communities and social values

Our six strategic goals and key objectives all have equal importance and our outlined below:

Innovating Quality and Patient Safety
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.

Enhancing Prevention, Wellbeing and Recovery
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.

Fostering Integration, Partnership and Alliances
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.

Developing an Effective and Empowered Workforce
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.

Maximising an Efficient and Sustainable Organisation
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.

Promoting People, Communities and Social Values
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.

Development and Performance
Our performance management framework tracks progress against key performance indicators. This is based on our

strategic goals and is shared with 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 business units account to the executive team via quarterly performance review meetings and likewise the senior operational managers review their teams on a structured basis.

Any problem 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.

Celebrating success

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 2 December 2017 at Willerby Manor Hotel.

This year, we had 14 categories in which staff could nominate themselves or a colleague. We also had the Patient Choice Award which gave patients, their families and carers a chance to nominate a member of our staff or team who has gone the extra mile to provide outstanding care.

Our staff awards winners were:

Team of the Year – Mental Health Services
Perinatal Mental Health Team

Team of the Year – Primary Care, Community, Learning Disabilities and Children's Services
Field House Surgery

Team of the Year – Specialist Services
Road to Recovery Academy

Team of the Year – Corporate Services
Communications Team

Outstanding Care Award
Dave Reade – Changes Project

Inspiration Award
Victoria Dunn
(Sponsored by DXC Technology)

Chief Executive's Rising Star Award
Hollie Wilkinson

Patient Choice Award
Adult Community Mental Health Team –
Haltemprice
(Sponsored by Gosschalks Solicitors)

Volunteer Award
Michael Cohen
(Sponsored by the Smile Foundation)

Volunteer Award
Wendy Mitchell
(Sponsored by the Smile Foundation)

Apprentice of the Year Award
Trevor Lusiola
(Sponsored by KCOM)

Health Stars Sparkle Award
Vicky Oxbury

Mentor of the Year
Catherine West
(Sponsored by Konica Minolta)

Outstanding Team of the Year
Perinatal Mental Health Team

Chairman's Award
Ruth Edwards and Siobhan Ward

This year our event was sponsored by Konica Minolta, Clark Weightman KCOM, DXC Technology, Gosschalks Solicitors and the Smile Foundation.

National success

Perinatal Mental Health team won a prestigious award
Our Perinatal Mental Health team won Team of the Year at the British Journal of Midwifery Practice Awards.

The award recognises collaborative working and innovation and is given to the team which has demonstrated an exceptional contribution to midwifery.

The Trust team was shortlisted for its commitment to resolving everyday challenges in perinatal mental health, such as poor attendance and the need to improve prediction, diagnosis and referral rates.

Trust Nurse crowned General Practice Nurse of the Year

Charlene Sargeant, a practice nurse at Field House Surgery in Bridlington, was crowned Yorkshire's General Practice Nurse of the Year at the General Practice Nursing Awards on 21 March 2018.

The awards were held by the Yorkshire and Humber General Practice Nursing Awards Committee to recognise the skills, expertise and dedication of practice nurses in our area.

The Committee hosted the awards ceremony after NHS England's Chief Nursing Officer, Professor Jane Cummings, launched a ten-point action plan to recognise and develop the role general practice nurses have in transforming care and helping deliver the plan to make the NHS fit for the future.

The regional success came after Charlene was crowned Practice Nurse of the Year for the Humber, Coast and Vale Sustainability and Transformation Partnership area on 28 February 2018.

Externally, we also had our successes, with Trust Mental Health Nurse Andrew Barker nominated in the Edith Cavell Outstanding British Army Reserve of the Year Award. The award recognised his provision of welfare support to service personnel at the height of the 2007 Ebola crisis in the West African state of Sierra Leone.

We are proud of our internal and external award submissions which demonstrate the quality of our services and our staff. To be nominated, shortlisted or to win is an achievement to be celebrated.

Principal Risks and Uncertainties

The risks outlined below have been identified as the principal risks to the delivery of the Trust's key objectives.

More detail regarding the risks to which the Trust has been exposed in 2017/18 is included in full within the table in the Annual Governance Statement on page 79**.**

Innovating Quality and Patient Safety
- Failure to ensure a robust approach to clinical policy development, review and implementation.
- Failure to meet Regulation 18 HSCA (RA) Regulations 2014 regarding Safer Staffing.
- Develop processes that demonstrate organisational learning from Serious Incidents, Serious Event Analyses and adverse incidents.
- Compliance with the Mental Health Act (MHA) and the Mental Capacity Act (MCA)/Deprivation of Liberty Safeguards (DOLS).
- Maximisation of research and development programmes due to staff not referring patients into research studies.

Enhancing Prevention, Wellbeing and Recovery
- Equipping patients and carers with skills and knowledge needed via social prescribing.
- Failure to meet early intervention targets (national – Improving Access to Psychological Therapies [IAPT], Early Intervention in Psychosis [EIP], Dementia).
- Failure to meet early intervention targets (local – Child and Adolescent Mental Health Services [CAMHS], Autism Spectrum Disorder [ASD], Children and Young People [CYP]).
- Ensuring the right level of physical healthcare support and that there is a cohesive alignment of mental health and physical health services to achieve parity of esteem.
- Capacity to deliver East Riding of Yorkshire CAMHS services in the light of increased referrals.

Fostering Integration, Partnerships and Alliances
- Lack of involvement in Sustainability and Transformation Plans or Patient-Led Assessment of the Care Environment (PLACE) plans.
- The Trust does not achieve the informatics strategy due to lack of funding and specialist resources required.
- Utlising 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.
- There is a risk to future sustainability and reputation arising from a failure to compete effectively and build excellent relationships with partners and stakeholders via partnership working and all communications and marketing activities.

Developing an Effective and Empowered Workforce
- Current CQUINs targets for Health and Wellbeing in place and the possibility that lack of current capacity and focus may result in these not being achieved.
- Failure to recruit and retain appropriately qualified, skilled and experienced workforce will directly impact on the Trust's ability to meet its objectives.
- Failure to achieve compliance with statutory and mandatory training could result in staff not having the right skills and competencies required to ensure safe care to patients and safety within the environment.
- Failure to implement the Trust's Workforce Plan and Strategy may result in an inability to achieve the changes to culture and reputation which are aspired to by the organisation.

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 developed 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 system being compromised due to a cyber security attack.
- Trust is unable to contain agency expenditure within its target ceiling from NHS Improvement, the consequence of which would impact on the Trust's Use of Resources score.
- Failure to achieve the organisation's Cost Improvement Programme, control total and required NHS Improvement Use of Resources score for 2017/18.
- Failure to identify, agree and implement a financial plan that returns the Trust to surplus, meets the NHS Improvement control total and delivers its short, medium and long-term CIP and service transformation targets to ensure costs are contained within budget.
- Deterioration of the Trust cash position so that day-to-day functioning is impacted and the organisation is no longer financially independent.
- Failure to address all risks identified as part of the capital application process due to lack of capital resource.
- Failure to improve the overall condition and efficiency of our estate.

Promoting People, Communities and Social Values
- Equipping patients and carers with skills and knowledge needed via social prescribing.
- Failure to have an 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 Equality and Diversity aims.
- Reduction in patients likely to recommend Trust services to friends and family may impact on the Trust's reputation and stakeholder confidence in services provided.
- Failure to implement the Trust's Workforce Plan and Strategy may result in an inability to achieve the changes to culture and reputation which are aspired to by the organisation.
- Failure to recruit and retain an appropriately qualified, skilled and experienced clinical workforce as a result of national shortages and rising demands outside the Trust's control will directly impact on the Trust's ability to meet its objectives.

The principal risks to the achievement of strategic goals 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 assurance and oversight.

Going Concern

After making enquiries, the directors have a reasonable expectation that the NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.

Performance Analysis

(Staff taking part in the Willerby to Whitby bike ride to raise money for Trust Charity Health Stars)

Summary of the Financial Year

We are reporting an operating surplus of £5.659m for the year on income of £118.386m in the year. After finance costs, we have recorded a surplus of £3.695m.

Performance against out NHS Improvement control total was achievement of the target set, which was a surplus of £0.233m after the receipt of £2.597m of Sustainability and Transformation funding.

Operationally, we have continued to work very hard to achieve this result. However, there is a level of underachievement of recurrent savings on our efficiency programme and we have developed a Budget Reduction Strategy. We have continued to consider non-recurrent savings which although successful will impact on next year's Budget Reduction Strategy and the longer-term financial plan.

Income received to deliver core services has decreased by £29m compared to 2016/17, primarily due to the loss of the East Riding Community contract in 2017/18. The Trust had increases in income from new contracts and from the acquisition of a number of GP surgeries in the area.

Efficiency reductions will continue to be required at an increased level for the foreseeable future. Coupled with the effect of cost inflation, this has placed increasing emphasis on the need to deliver financial efficiencies throughout the organisation. A total of £3.024m of cost efficiencies were generated, the majority of these were of a non-recurrent nature and this will affect our future financial position.

The closing cash balance decreased to £8.613m in the year due to operational and capital expenditure. The balance is expected to rise back to above £9m in the early part of 2018/19.

Our total capital spend in the year was £5.372m. This level of expenditure is as expected. Schemes in 2017/18 comprised of expenditure for rolling equipment replacement in IT, a number of ligature reduction projects, initial costs of the new CAMHS unit scheme, and Maister Lodge refurbishment works.

We have an expected year-end risk rating of 2. 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 2017/18 – Headlines

- Income of £118.3m, a decrease of £24.5m
- Surplus of £3.695m
- The cash balance was £8.613m compared to £9.426m at March 2017
- Net current assets of £5.692m compared to £6.386m at March 2017
- Total net assets of £85.064m compared to £75.91m at March 2017

Income and expenditure

Income in the period was £118.3m compared to £142.9m in the previous year. Expenditure (excluding the East Riding Community Services contract) has increased due to costs associated with the new services and cost pressures around temporary staff; but overall for 2017/18 the Trust achieved an underlying surplus of £0.233m for income and expenditure which counts towards the NHS Improvement control total.

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 2017/18.

Capital Expenditure

Capital expenditure totalled £5.372m during the year which was below the capital plan, mainly in relation to the delayed Child and Adolescent Mental Health Services (CAMHS) Tier Four build. The schemes we supported included IT infrastructure projects, including the ongoing replacement of IT equipment, and estate projects including ligature reduction works in all mental health units.

Our total assets employed increased to £79.1m compared to £70.5m a year ago.

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

Management costs

Management costs for the year amounted to £8.7m which equates to 7.12% of income. This shows a small increase in value and decrease in the percentage of total costs when compared to the previous year. Details of directors' remuneration are provided on page 40.

Better payment practice code

In accordance with the Confederation of British Industry's (CBI) Better Payment Practice Code, our policy is to pay non-NHS trade creditors within 30 days of receipt of goods or services, or of a valid invoice (whichever is later), unless other payment terms have been agreed with the supplier. The figures for NHS creditors by value paid within 30 days dropped from 97% to 71%, while the number of invoices paid has reduced to by 14% to 80%. We will continue to focus on this important performance measure although this is often dependent on our customers paying invoices raised by ourselves.

	2017/2018		2016/17	
	Number	£000	Number	£000
Total non-NHS trade invoices paid in the year	26,450	44,913	34,460	57,785
Total non-NHS trade invoices paid within target	22,685	38,073	32,998	52,837
Percentage of non-NHS trade invoices paid within target	85.8%	84.8%	96%	91%
Total NHS trade invoices paid in the year	551	2,323	575	2,304
Total NHS trade invoices paid within target	441	1,641	538	2,377
Percentage of NHS trade invoices paid within target	80.0%	70.6%	94%	97%

Financial Outlook

We have responded well to the financial challenges we and the wider NHS have faced over the last three years in particular. Over £11m of cost-efficiency savings have been generated over the course of the past three years.
The Trust successfully bid for community services in Scarborough and Ryedale. This is a seven-year contract with a total income of £80.5m.

Further income opportunities exist for the Trust which include:

Further Acquisition of GP practices
CAMHS Tier 4 services

The Trust operates in an environment of rising costs, increased expectations and increasing demand, all of which present financial challenges.

Medium-term plans demonstrate the need to continue to deliver this level of efficiency improvement over the next four years. Given the amount already saved it is naturally more difficult to identify further savings. We 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 to ensure there is no negative impact on patient safety or quality of care. The programme of work for identifying savings initiatives for 2018/19 is largely complete and will continue to be reviewed on an ongoing basis.

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.

As reported last year, there is no doubt the difficult economic environment will remain for some time. We have maintained a solid financial base but 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 continue to perform well against achievement of our Commissioning for Quality and Innovation (CQUIN) framework. We accomplished a high level of achievement of these indicators in 2017/18. We continue to focus on these indicators in 2018/19 to ensure this level of income remains in place.

Conclusion
We delivered our expected financial performance last year despite national efficiency requirements being applied and the loss of income from some commissioned services. This was a positive achievement given that it was the fifth year of receiving a reduction in income and because 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.

In conclusion, it is appropriate to re-affirm the comments made last year. 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 illusions 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.

Signed: Date: 23 May 2018
Michele Moran, Chief Executive

Performance Analysis

How performance is measured

The Trust reports to NHS Improvement (NHSI) and NHS Digital. Key indicators are mapped via the Integrated Quality and Performance Report (IQPT) to the NHSI Single Oversight Framework (SOF), formerly the Risk Assessment Framework.

Our Trust uses a 'traffic light' or 'RAG-rating' system to report on performance and quality against our selected priorities and key performance indicators (KPIs), e.g. Red = Weak, Amber = Fair and Green = Good. This is translated to reflect the organisation's performance on the selected priorities and initiatives.

The links between our key performance indicators (KPIs), risk and uncertainty run through our corporate risk register and Board Assurance Framework (BAF). Where performance is not where it is expected, this is logged as a risk for the Trust which if sufficiently scored appears on the risk register and the BAF. In addition, Finance and Use of Resources is one of the five themes feeding into the Single Oversight Framework. 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 granular 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.

Performance during the year

Performance to the end of March 2018 for the NHSI Single Oversight Framework is summarised in the table below:

Quality
The Trust monitors various quality metrics each month which are embedded into the IQPT, which is considered by the Trust Board each month.

Finance

Monthly KPI Assurance Levels : Finance			
Within Target	Within Tolerance	Outside Target	Under Review/ Not Rated
3	3	2	1
Period Ending:		Mar-18	
Quarter Ending:		Q4	

Financial Indicators and CQUiNS

Entry	Strategic Goal	Indicator Definition	Threshold / Target	Current month RAG Definition	Frequency	Quarter 1 Q1	Quarter 2 Q2	Quarter 3 Q3	Quarter 4 Q4	YTD
F1	5	Bank, Agency and Overtime - Trustwide (£'000s)	Low Spend	Fair	Mthly	£2,614	£2,320	£2,126	£1,965	£9,025
F2a	5	Cash in the Bank (£'000K)	None set	Not Rated	Mthly	As at Jun 17	As at Sep 17	As at Dec 17	As at March 2018	
F2b	5	Use of Resources Score	≤2	Good	Mthly	2	2	2	2	2
F3	5	Income/Expenditure against Plan (£'000K) - Cumulative	Surplus	Good	Mthly	0	0	0	0	0
F4	5	PbR Clustering (Patients Clustered)	95.0%	Fair	Mthly	95.2%	95.5%	94.5%	92.9%	92.2%
F5	5	PbR Clustering (Patients Clustered with a Review)	95.0%	Fair	Mthly	96.1%	95.3%	94.6%	93.6%	91.6%
CQUIN1	1 and 2	NHS Hull and East Riding of Yorkshire	81.0%	Weak	Qrly	91.6%	87.2%	65.0%	14.7%	45.9%
CQUIN2	1 and 2	Hambleton, Richmondshire and Whitby	81.0%	Weak	Qrly	119.6%	83.3%	61.5%	6.1%	44.2%
CQUIN3&4	1 and 2	NHS England (Forensic Services)	81.0%	Good	Qrly	100.0%	100.0%	100.0%	100.0%	100.0%

Operational Performance

All KPI Assurance Levels : Monitor			
Within Target	Within Tolerance	Outside Target	Under Review/ Not Rated
13	5	7	0
Period Ending:		Mar-18	
Quarter Ending:		Q4	

Operational Performance

Entity	Strategic Goal	Indicator Definition	Threshold / Target	Current month RAG Definition	Frequency	Quarter 1 Q1	Quarter 2 Q2	Quarter 3 Q3	Quarter 4 Q4	YTD/QTD Month End
CP2	1	Occupied Bed Days - Specialist Including Leave ONLY	90.0%	✖ Weak	Mthly	✅ 93.0%	❌ 82.4%	❌ 74.5%	❌ 74.1%	❌ 78.9%
CP3MH	1	Occupied Bed Days - Mental Health Excluding Leave	85.0%	✔ Good	Mthly	🟡 89.9%	❌ 90.9%	🟡 81.8%	✅ 83.0%	✅ 86.2%
CP3MHInc	1	Occupied Bed Days - Mental Health Including Leave	85.0%	✖ Weak	Mthly	❌ 96.9%	❌ 98.5%	🟡 88.0%	🟡 89.0%	❌ 90.9%
CP4	1	Occupied Bed Days - Children's and LD Excluding Leave	85.0%	✖ Weak	Mthly	❌ 67.1%	❌ 62.0%	❌ 62.6%	❌ 69.9%	❌ 57.4%
CP4Inc	1	Occupied Bed Days - Children's and LD Including Leave	85.0%	✖ Weak	Mthly	❌ 69.8%	❌ 65.5%	❌ 65.1%	❌ 73.4%	❌ 62.7%
CP6	1	Occupied Bed Days - Whitby Excluding Leave	90.0%	❗ Fair	Mthly	✅ 91.1%	🟡 85.6%	🟡 81.6%	🟡 87.2%	🟡 84.4%
CP6Inc	1	Occupied Bed Days - Whitby Including Leave	90.0%	❗ Fair	Mthly	✅ 91.1%	🟡 85.6%	🟡 81.6%	🟡 87.2%	🟡 84.4%
CP7	1	Care Programme Approach (CPA) Formal Review within 12 months	95.0%	❗ Fair	Mthly	🟡 94.4%	✅ 95.1%	✅ 95.5%	🟡 94.1%	🟡 94.0%
CP8	1	Admissions to inpatients services - Access via Crisis (gate-keeping)	95.0%	✔ Good	Mthly	✅ 99.6%	✅ 100.0%	✅ 100.0%	✅ 100.0%	✅ 99.9%
CP9	1	Early Intervention in Psychosis (EIP) - First episode treated within 2 weeks	50.0%	✔ Good	Mthly	✅ 71.7%	❌ 36.2%	✅ 91.2%	✅ 95.7%	✅ 95.7%
CP10a	1	IAPT - Treated in 6 weeks of referral	75.0%	✔ Good	Mthly	✅ 97.2%	✅ 97.1%	✅ 98.5%	98.2%	✅ 97.8%
CP10b	1	IAPT - Treated in 18 weeks of referral	95.0%	✔ Good	Mthly	✅ 99.8%	✅ 100.0%	✅ 100.0%	✅ 99.8%	✅ 99.9%
CP11	1	ER IAPT - Moving to Recovery	50.0%	✔ Good	Mthly	✅ 51.7%	✅ 58.3%	✅ 55.9%	✅ 58.6%	✅ 56.1%
CP12	2	Care Programme Approach (CPA) Follow Up within 7 days of discharge	95.0%	✔ Good	Mthly	✅ 97.2%	✅ 96.2%	✅ 99.2%	✅ 97.7%	✅ 97.6%
CP13a	1	Referral to Treatment - Non Admitted 18 weeks (Alfred Bean)	90.0%	✔ Good	Mthly	✅ 99.5%	✅ 97.7%	✅ 97.1%	✅ 94.8%	✅ 97.4%
CP13b	1	Referral to Treatment - Incomplete 18 Weeks (Alfred Bean)	92.0%	✔ Good	Mthly	✅ 99.5%	✅ 97.8%	✅ 96.0%	✅ 98.2%	✅ 97.9%
CP13c	1	Total Time in A&E (Whitby) - spent waiting less than 4 hours	95.0%	✔ Good	Mthly	✅ 99.9%	✅ 99.7%	✅ 99.9%	✅ 99.8%	✅ 99.8%
CP14	2	Minimising Mental Health Delayed Transfers of Care - As at Month End	7.3%	✔ Good	Mthly	🟡 7.3%	✅ 6.7%	✅ 4.8%	✅ 5.4%	✅ 6.1%
CP15	3	Mental Health Data Completeness - Identifiers (as at month end)	95.0%	✔ Good	Mthly	✅ 99.8%	✅ 99.8%	✅ 99.7%	✅ 99.8%	✅ 99.8%
CP16	3	Mental Health Data Completeness - Priorities (as at month end)	85.0%	✖ Weak	Mthly	❌ 54.3%	❌ 55.8%	❌ 56.7%	❌ 56.5%	❌ 56.5%
CP18	2	Breastfeeding Attrition Rates	11.5%	❗ Fair	Yrly	Year End Position Only				❌ 12.4%

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Operational Performance

Entry	Strategic Goal	Indicator Definition	Threshold / Target	Current month RAG Definition	Frequency	Quarter 1 Q1	Quarter 2 Q2	Quarter 3 Q3	Quarter 4 Q4	YTD/QTD Month End
				12 month rolling figure		Rolling 3 months	Rolling 3 months	Rolling 3 months	Rolling 3 months	12 month average
OP 20	1	RTT - within 18 weeks of Referral - **Seen / Experienced Waits**	95.0%	! Fair	Mthly	⊗ 88.7%	⊗ 86.6%	⊗ 87.5%	⚠ 91.0%	⊗ 88.3%
OP 21	1	RTT - within 18 weeks of Referral - **Unseen / Waiting List**	92.0%	✖ Weak	Mthly	as at month end	as at month end	as at month end	as at month end	⊗ 85.3%
OP 22a	1	RTT > 52 weeks of Referral - **Unseen / Waiting List**	0	✖ Weak	Mthly	as at month end	as at month end	as at month end	as at month end	⊗ 11
				Patients Discharged in the month of:		Rolling 3 months	Rolling 3 months	Rolling 3 months	Rolling 3 months	Month End
OP 1	1	Emergency Readmissions - Mental Health (Reported **one** month in arrears)	10.0%	✔ Good	Mthly	✔ 1.3%	✔ 1.7%	✔ 2.9%	✔ 2.1%	✔ 2.0%

Strategic Change

All KPI Assurance Levels : Safe			
Within Target	Within Tolerance	Outside Target	Under Review/ Note Rated
3	0	0	1
Period Ending:		Mar-18	
Quarter Ending:		Q4	

Strategic Change

Entry	Indicator Definition	Threshold / Target	Current month RAG Definition	Frequency	Quarter 1 Q1	Quarter 2 Q2	Quarter 3 Q3	Quarter 4 Q4	As At Month End
ST 1a	Admission of patients under 18 to adult wards	0	✔ Good	Mthly	⊗ 5	⊗ 2	⊗ 3	⊗ 3	✔ 0
ST 2	Best practice in Mental Health for people with Learning Disability	n/a	✔ Good	Mthly	Green	Green	Green	Green	Green
ST 3	Access to Healthcare for People with a Learning Disability	n/a	✔ Good	Qtrly	met	met	met	met	met
ST 4	Out of Area Placements	n/a	Not Rated	Mthly	46	56	34	21	4

Leadership

All KPI Assurance Levels : Well Led			
Within Target	Within Tolerance	Outside Target	Under Review/ Not Rated
18	7	1	4
Period Ending:		Mar-18	
Quarter Ending:		Q4	

Leadership and Improvement (Training EXCLUDES PRIMARY CARE PRACTICES)

Leadership and Improvement (Training EXCLUDES

Indicator Definition	Threshold / Target	Current month RAG Definition		Frequency	Quarter 1 Q1	Quarter 2 Q2	Quarter 3 Q3	Quarter 4 Q4	As at Month End	
Percentage of Sickness Absence	5.2%	✔	Good	Mthly	As at June	As at Sept	As at Dec	As at Mar	✅	4.5%
Sickness Absence Rolling 12 months	5.2%	❗	Fair	Mthly	n/a	n/a	n/a	n/a		
Staff Turnover as at month end	0.8%	❗	Fair	Mthly	❌ 0.9%	❌ 1.7%	❌ 1.3%	⚠ 0.9%	⚠	0.9%
Percentage of Appraisals Completed	85.0%	❗	Fair	Mthly	⚠ 80.6%	❌ 78.4%	⚠ 81.1%	⚠ 80.8%	⚠	80.8%
Percentage of Appraisals Completed for staff whose employment exceeds 12 months	85.0%	❗	Fair	Mthly	⚠ 82.8%	⚠ 80.5%	⚠ 83.5%	⚠ 82.5%	⚠	82.5%
Percentage of staff with appropriate Clinical Supervision	80.0%	❗	Fair	Mthly	❌ 68.9%	❌ 70.0%	❌ 73.4%	⚠ 77.0%	⚠	77.0%
Percentage of teams with Clinical Supervision Structure in place	80.0%	✔	Good	Mthly	✅ 100.0%	✅ 100.0%	✅ 100.0%	✅ 100.0%	✅	100.0%
Trust Overall Training Compliance	75.0%	✔	Good	Mthly	✅ 75.8%	✅ 78.5%	✅ 83.3%	✅ 86.3%	✅	86.3%
Control of Substances Hazardous to Health (COSHH)	75.0%	✔	Good	Mthly	✅ 82.4%	✅ 85.2%	✅ 87.9%	✅ 89.5%	✅	89.5%
Managing Conflict	75.0%	✔	Good	Mthly	✅ 76.9%	✅ 75.3%	✅ 84.7%	✅ 87.6%	✅	87.6%
MAPA Overall	75.0%	❗	Fair	Mthly	❌ 55.9%	❌ 56.5%	❌ 59.6%	⚠ 71.2%	⚠	71.2%
Display Screen Equipment (DSE)	75.0%	✔	Good	Mthly	⚠ 73.6%	✅ 76.4%	✅ 84.0%	✅ 86.7%	✅	86.7%
Equality & Diversity	75.0%	✔	Good	Mthly	✅ 75.5%	✅ 80.8%	✅ 85.2%	✅ 86.8%	✅	86.8%
Fire	75.0%	✔	Good	Mthly	✅ 79.2%	✅ 77.9%	✅ 80.7%	✅ 82.4%	✅	82.4%
Health & Safety	75.0%	✔	Good	Mthly	✅ 86.3%	✅ 87.4%	✅ 89.9%	✅ 91.2%	✅	91.2%
Infection Control	75.0%	✔	Good	Mthly	⚠ 73.9%	✅ 78.8%	✅ 87.3%	✅ 90.1%	✅	90.1%

Leadership and Improvement (Training EXCLUDES

Indicator Definition	Threshold / Target	Current month RAG Definition	Frequency	Quarter 1 Q1	Quarter 2 Q2	Quarter 3 Q3	Quarter 4 Q4	As at Month End
Information Governance (IG)	95.0%	✔ Good	Mthly	❌ 73.4%	❌ 75.8%	⚠ 85.4%	✅ 95.3%	✅ 95.3%
Mental Capacity Act (MCA)	75.0%	✔ Good	Mthly	✅ 84.0%	✅ 82.9%	✅ 87.0%	✅ 87.5%	✅ 87.5%
Moving & Handling	75.0%	✔ Good	Mthly	⚠ 73.6%	✅ 77.2%	✅ 80.8%	✅ 83.7%	✅ 83.7%
Prevent	75.0%	✔ Good	Mthly	✅ 84.0%	✅ 92.2%	✅ 92.5%	✅ 91.8%	✅ 91.8%
Basic Life Support (BLS)	75.0%	✖ Weak	Mthly	❌ 38.2%	❌ 47.7%	❌ 55.7%	❌ 63.0%	❌ 63.0%
Immediate Life Support (ILS)	75.0%	❗ Fair	Mthly	❌ 61.0%	⚠ 67.9%	⚠ 69.5%	⚠ 71.8%	⚠ 71.8%
Adult Safeguarding	80.0%	✔ Good	Mthly	✅ 81.7%	✅ 83.4%	✅ 89.0%	✅ 90.9%	✅ 90.9%
Children Safeguarding	80.0%	✔ Good	Mthly	⚠ 74.6%	⚠ 77.8%	✅ 81.7%	✅ 85.4%	✅ 85.4%
Mental Health Act (MHA)	75.0%	✔ Good	Mthly	✅ 80.0%	✅ 76.2%	✅ 80.1%	✅ 83.4%	✅ 83.4%
Staff Flu Vaccination Uptake (Trustwide)	n/a	## Not Rated	Mthly	Data provided October to February		n/a	ended	ended
Research and Development		Target		As at June	As at Sept	As at Dec	As at Mar	660
Research and Development - Recruitment of Patients on Studies	100.0%	✔ Good	Mthly	✅ 134%	✅ 131%	✅ 156%	✅ 164%	✅ 164%
Research and Development - Total Recruitment (within MTH/QTR)	660 / yr		Not Rated	Mthly	62	99	96	122	122
Research and Development - Recruitment (YTD cummulative)	n/a		Achievement month to date		221	433	772	1085	1085

Environmental Issues

Sustainable Development

As an NHS organisation which spends public funds we have an obligation to work in a way that has a positive effect on the community we serve. Sustainability means spending public money well and using resources efficiently and effectively to grow healthy, resilient communities.

With the rising cost of natural resources, it is vital for the Trust to work more sustainably and to make the most of its economic and environmental assets.

The Trust works with the newly commissioned Sustainable Development Management Plan (SDMP) which was signed off by the Board of Directors in 2017. The SDMP is located on the Trust's intranet site.

The driving forces behind the reduction of all trusts' carbon footprints are the targets set by the Sustainable Development Unit (SDU) NHS England - outlined here are the reductions - 34% by 2020, based on the 2007 level. The NHS has been set a target of an 80% reduction of its emissions by 2050. The Trust is using a 2012/13 figure as highlighted in the SDMP.

The Trust's current carbon footprint equates to 12,224 tons of carbon dioxide equivalent (tCO2e). This is spread over four key areas:
- Energy management and green technology
- Procurement and food
- Waste
- Behaviour change

The Sustainable Development Action Plan sets out clear actions for each department which affect the four key groups (energy, procurement, travel, waste). The SDMP and SDAP are reported to the Board of Directors on a quarterly basis by tracking development and targets. The SDMP will be reviewed in 2018/19 to match the changes that have happened in 2017/18.
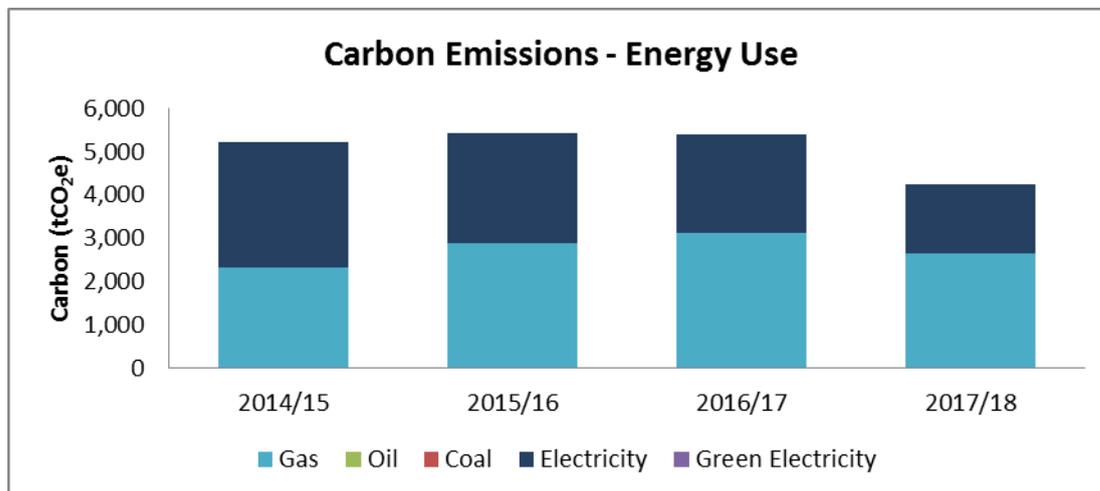
The Trust has reduced its carbon footprint from 13,373 tC02e to 12,224 tC02e. This is a reduction of 1149 tC02e.
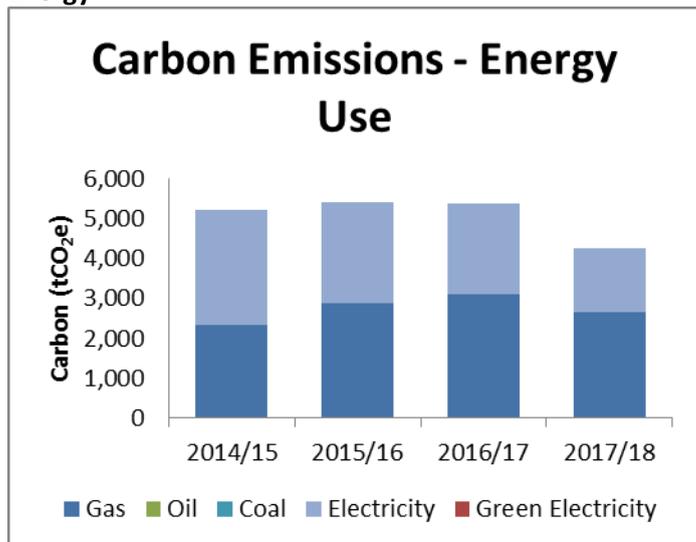
Energy

The Trust has seen a huge reduction in its energy use-related carbon emissions. However, energy is prone to fluctuate and can be easily influenced by external factors outside the Trust's control. As demonstrated by the graph above, electricity use is steadily reducing and the Trust has also seen a decline in gas usage due to the introduction of new boilers and better heating controls.

The Trust is constantly looking at ways to combat the extreme weather patterns and reduce usage where possible.

The Trust has been investing in green technology such as high-efficiency boilers and LED lighting systems - which are becoming the standard for new installations - as well as introducing replacements via maintenance.

It is important to us and for all users of our properties to work with a sympathetic manner towards sustainability. The Trust has been running a green energy campaign (*Trust in Green* campaign) focusing on behaviour change and which aims to introduce 'green champions' to lead by example and influence others to work more sustainably. Work will continue in 2018/19 to recruit new champions, provide staff with information and advise new staff at induction.

Waste
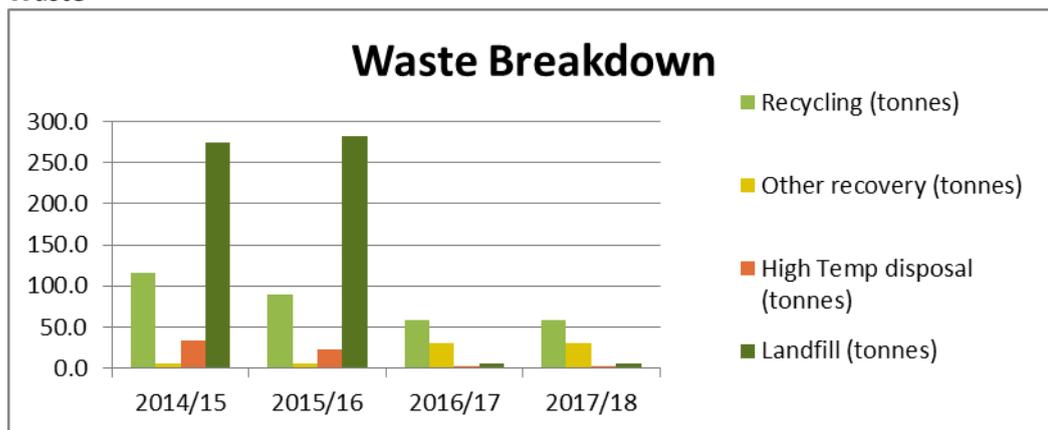
Waste continues to have a low impact due to high levels of recycling from the agreement arranged with the current waste specialist.

Water

Water		2014/15	2015/16	2016/17	2017/18
Mains Water	m^3	35,996	38,797	40,433	30,140
	tCO$_2$e	33	35	37	27
Water & Sewage Spend		£ 108,145	£ 112,727	£ 112,742	£ 83,676

Water continues to reduce due to better controls and monitoring of the usage leak detection and better controls at site level.

Procurement

Breakdown of 2017/18 emissions (tCO$_2$e)
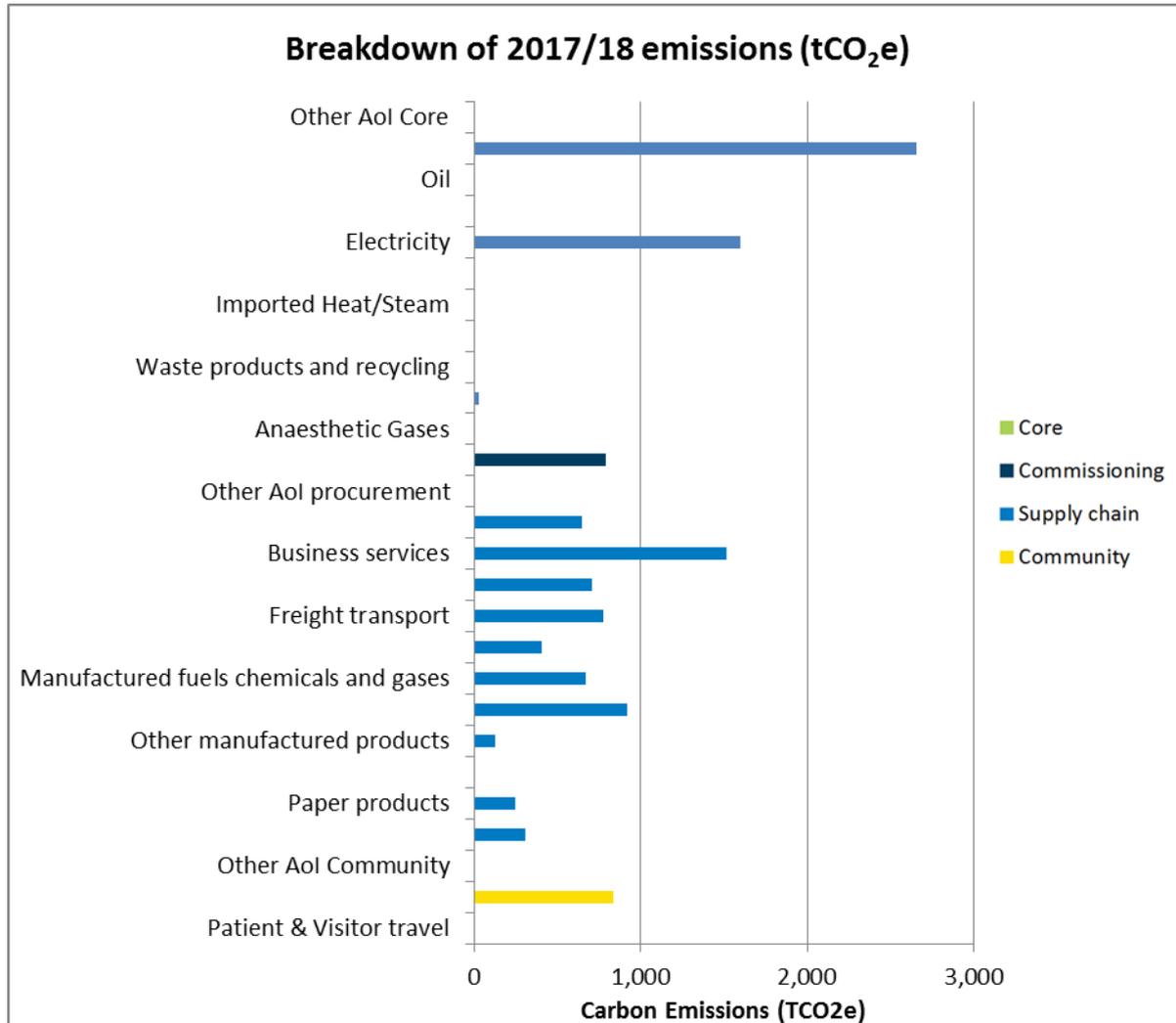
As can be seen above, the Trust can monitor its carbon emissions for procurement through eClass. In an exciting phase of carbon reductions the Trust will be using the above information to look at high impact areas and consider where it can use cost versus sustainability to reduce its carbon emissions, highlighting hot spots for further investigation.

Counter-fraud 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.

Anti-Bribery

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 Anti-Bribery 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.

Social Values Report

We are committed to embedding social accounting within the Trust to enable us to demonstrate and measure the impact we make socially on the communities we serve.

The principles of social value allow the Trust to take into account the wider aspects of increasing equality, improving wellbeing and increased environmental sustainability 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.

Determining social value added requires judgement and different people may have different opinions or perceptions on the value added from different items. Draft calculations use financial proxies to determine the Social Return on Investment (SROI), which indicates the benefit to cost ratio.

Areas where draft SROI are currently been estimated include:

• Volunteers Services (Draft SROI £1: £2.28) through group activities and increased social interaction.

• Psychological Therapies (Draft SROI £1: £19.44) through benefits of recovered patients and reduced reliance on other forms of healthcare.

• Humber Recovery College (Draft SROI £1: £3.58) through increased empowerment and reduced consumption of health services.

The above are only examples of where SROI has been estimated for services the Trust provides. There are many other areas of our services where SROI can be calculated, and we will be working through these areas during 2018/19 with the ambition of producing a set of social accounts later in the calendar year.

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 which 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, sexual orientation, and religion or belief.

Our vision, which applies to staff, patients, and patients' families, 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.

We are refreshing our Patient and Carer Experience Strategy 2016 to 2018. The refreshed strategy will run from 2018 to 2023 and equality and diversity will be the golden thread woven throughout it. The strategy and will meet the duties and requirements of the Equality Act 2010 and the national NHS Equality Delivery System 2 (EDS2). The strategy will be available from spring 2018.

An Equality and Diversity Strategy for staff is being developed for the year ahead to further outline and progress our commitment to equality and diversity in the workplace. The aim of the strategy will be to demonstrate our commitment to employing and retaining a diverse workforce and developing robust employment practices that are free from discrimination and create equality of opportunity for everyone.

The Trust has an Equality and Diversity and Human Rights Policy in respect of our employment which is kept under review. 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.

Conclusion

We delivered our expected financial performance last year despite national efficiency requirements being applied and the loss of income from some commissioned services with effect from 1 April 2017. This was a positive achievement given that it was the fifth successive year of pressures on the level of income and because of 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, it is appropriate to reaffirm the comments made last year. We will continue to face significant financial challenges both in 2018/19 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: _[signature]_　　　　**Date:** 23 May 2018

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 were some changes at Board level that are also summarised below:

- Dr Dasari Michael resigned as Medical Director in September 2017.
- Dr John Byrne was appointed as the new Medical Director from 1 October 2017.
- Dr Andrew Milner, Non-Executive Director and Senior Independent Director (SID), reached the end of his term of office at the end of October 2017 and left the Trust.
- Mr Peter Baren was appointed Senior Independent Director from November 2017
- Mr Francis Patton was appointed as a Non-Executive Director in January 2018. The Governor Appointments, Terms and Conditions Committee oversaw the process and details are provided within the Council of Governors section of the report.
- Ms Teresa Cope, Chief Operating Officer, commenced a three-month career break in February 2018 and left the Trust at the end of March.
- Ms Lynn Parkinson was appointed Interim Chief Operating Officer in February 2018.

The Chairman of the Board of Directors is Sharon Mays and the Board of Directors comprised seven non-executive directors (including the chairman) and six executive directors (including the chief executive). Peter Baren, Non-Executive Director, took over the role of Senior Independent Director from Andrew Milner. Elizabeth Thomas, Director of Human Resources and Diversity, is a non-voting member of the Board of Directors.

The Board of Directors reviews and evaluates its performance via a process led by the senior independent director

or a nominated non-executive director. This review covers areas such as constructive challenge, appropriateness of the agenda, quality of papers, quality and inclusiveness of debate, and effectiveness of the Chairman. A review of the strategic priorities is reported on a quarterly basis.

An independent review of governance arrangements against NHS Improvement's Well-Led framework was commissioned in late 2016 and the work was undertaken by Deloitte in 2017. Twenty-five recommendations were made and an action plan was devised to deliver on all the recommendations and reported to Board. The final action plan was presented in September 2017.

At the end of 2017/18, an internal review of these actions was undertaken which confirmed their delivery and integration into business as usual.

The governance structure of the organisation was fully reviewed in preparation for 2017/18 and was embedded during the year. A number of improvements were made to the committee structure to provide a clear focus on key governance areas. One key change was the separation of the Integrated Audit and Governance Committee which was separated into two - the Audit Committee and the Quality Committee. The Audit Committee continues to provide a means of independent and objective review and seeks assurance about the adequate and effective operation of the Trust's internal control systems, with the Quality Committee established to provide a clearer focus on quality and patient safety performance. In addition, the Quality Committee is able to review performance in relation to information governance and research and development. A Finance Committee was also introduced in July 2017 and details of all committees are described in this report.

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 Chairman 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 Chairman, with appropriate consultation with Non-Executive Directors, Governors and other relevant parties. The Chairman led the evaluation of the Non-Executive Directors supported by the Council of Governors' Appointments, Terms and Conditions Committee.

The Chief Executive and Executive Directors are subject to formal appraisal by the Chairman 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 Chairman is consulted concerning the corporate, as opposed to professional, performance of the Executive Directors. Regular meetings with the Non-Executive Directors and the Chairman 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 NHS Foundation Trust	Term of office ends
Sharon Mays	Trust Chairman • *Chairman of Council of Governors* • *Chairman of Remuneration and Nomination Committee*	16 September 2014	15 September 2020
David Crick	Independent Non-Executive Director • *Chair of Mental Health Legislation Committee* up to January 2018	1 June 2012	31 May 2018
Andrew Milner	Independent Non-Executive Director • *Chair of Strategic Investment Committee*	1 April 2013	31 October 2017

	(up to 30 October 2017) • *Senior Independent Director (up to 30 October 2017)*		
Peter Baren	Independent Non-Executive Director • *Chair of Audit Committee* • *Chair Charitable Funds Committee (up to September 2017)* • *Chair of Finance Committee (up to January 18).* • *Senior Independent Director from November 2017*	1 December 2013	31 January 2020
Paula Bee	Independent Non-Executive Director • *Chair of Charitable Funds Committee from September 2017*	1 March 2016	28 February 2019
Mike Cooke	Independent Non-Executive Director • *Chair of Quality Committee,* • *Chair of Strategic Investment Committee from October 2017 –March 2018*	1 September 2016	31 August 2019
Mike Smith	Independent Non-Executive Director *Chair of Mental Health Legislation Committee from February 2018*	1 October 2016	30 September 2019
Francis Patton	Independent Non-Executive Director, • *Chair of Finance Committee from 1 February 2018*	1 January 2018	31 December 2020
Executive Directors			
Michele Moran	Chief Executive	29 January 2017	N/A
Hilary Gledhill	Director of Nursing, Quality and Patient Experience	1 June 2015	N/A
Peter Beckwith	Director of Finance	10 March 2017	N/A
Teresa Cope	Chief Operating Officer	1 April 2015	Career break February–May 2018. Left the Trust 31/3/18
Lynn Parkinson	Interim Chief Operating Officer	1 February 2018	Covering vacancy of Chief Operating Officer role since February 2018
Dasari Michael	Medical Director	1 May 2014	30 September 2017
John Byrne	Medical Director	1 October 2017	N/A
Elizabeth Thomas (non-voting)	Director of Human Resources & Diversity	1 February 2014	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 Chairman) 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 Chairman who is responsible for providing leadership to both the Board of Directors and the Council of Governors. The Chairman 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 Chairman, 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. Executive and Non-Executive Directors had a visibility programme which involved them travelling to the Trust's sites and meeting its teams. This included shadowing staff to gain a better understanding of the services being provided and any issues staff were facing.

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 Chairman 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. As far as the Board of Directors is aware, there is no relevant audit information which the auditors are unaware of and the directors have taken all necessary steps as directors to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

The Trust Board has in place a three-year Risk Management Strategy (2016-2019) which sets out the Trust's commitment to embedding an integrated approach to managing risk. 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 areas for improvement within risk management and has developed a plan for implementing its Risk Management Strategy. Risk management objectives have also been developed which are based on the outcome of the risk maturity assessment carried out by the Trust in line with national guidance and best practice.

A review will be undertaken in early 2018/19 as part of the Board's 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 will then be developed following agreement by the Board of Directors which is responsible for defining the level of risk that can be accepted against key domain areas as well as the Trust's strategic goals.

The Trust Board has the overall responsibility for risk management throughout the Trust and reviews the Board Assurance Framework and Trust-wide risk register on a quarterly basis. Risks identified by Board committees and sub-groups are recorded on the relevant directorate/care group risk register and managed through the necessary forum. Risks are identified across the organisation and there is an escalation process in place to use when required.

Regular updates from the Executive Management Team and the Trust's Audit, Quality and Finance Committees are received by the Board of Directors for further assurance around the application of risk management within the organisation.

The Audit Committee is the Board committee with overarching responsibility for risk. The role of the committee is to scrutinise and review the Trust's systems of governance, risk management and internal control. Regular assurance is sought in terms of the Trust's risk management arrangements to enable oversight of the approach to risk as well as the Trust-wide risk register and Board Assurance Framework to focus on individual risks and suitability of identified controls. The Trust has also formed a Quality Committee in April 2017 and a Finance Committee in August 2017 which also are 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.

Leadership for risk management across the organisation is provided by the Executive Management Team (EMT) 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 area of responsibility. The group fulfils the lead function for managing the Trust-wide Risk Register, reviewing all proposed new risks for inclusion, monitoring existing risk entries on a regular basis and considering requests for risk de-escalations.

The Operational Performance and Risk Group is chaired by the Chief Operating Officer and considers risk registers at a care group 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. Care group risk registers are cross-referenced to identify any emerging themes or trends in terms of risk and items can be escalated for consideration of the Executive Management Team when required.

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

Enhanced quality reporting

The 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 Performance Tracker (IPT)/Quality Dashboard.
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 is 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.

Meetings are held regularly with commissioners, board members, care group 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 national and local guidelines.

All NHS Improvement and CQC indicators are reported in the Trust's Integrated Quality Performance Tracker and in care group dashboards. KPIs that are failing to either meet a target or are showing a 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.

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 16–18 October 2017.

Following the inspection, the Trust received a full report into the quality of care provided. The overall rating of the Trust improved from the previous inspection of 'requires improvement' to 'good'. The CQC rated the domains of effective, caring and well-led as 'good'. The safe domain was rated as 'requires improvement,' although this was an improvement from the 2016 inspection when safe was rated as 'inadequate.'

The CQC identified a number of actions that the Trust must 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.

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 Chairman and Non-Executive Directors and in so doing takes into account comparative remuneration of other foundation trusts. They are on fixed term, renewable contracts. There is no performance-related pay and no compensation for early termination.

The Remuneration and Nomination Committee and agreed a cost of living award for the Chief Executive and Executive Directors in line with Agenda for Change - of 1% with effect from 1 April 2017.

There were no other changes relating to senior managers' remuneration made during the year and the Council of Governors is currently reviewing the salaries of the Chairman and Non-Executive Directors.

Sharon Mays
Chairman
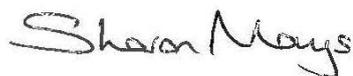
Date: 23 May 2018

Michele Moran
Chief Executive

Date: 23 May 2018

Policy on Board of Directors Remuneration

Non-Executive Director Remuneration Policy
The Chairman 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 Chairman and Non-Executive Directors during 2016/17 and 2017/18 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 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 three and 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.

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 2016/17 and 2017/18 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 senior managers currently employed within the Trust, with the exception of two senior managers who are on Very Senior Manager contracts. 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 Committee taking into consideration national pay awards and financial implications

The Long Term Performance Related Bonus for Dr Michael, Medical Director up to 2nd October 2017, relates to remuneration for a clinical excellence award. This award was   paid for clinical duties and not as part of the director's role.

TABLE 3   SALARIES AND ALLOWANCES OF TRUST BOARD AND OTHER SENIOR MANAGERS (1st April 2017 – 31st March 2018)

CHAIR AND NON-EXECUTIVE DIRECTORS

Name & Title	2017/18						2016/17					
	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	40-45					40-45	40-45					40-45
F Patton Non Executive Director (from January 2018)	0-5					0-5						
P Baren Non Executive Director	15-20					15-20	15-20					15-20
A Milner Non Executive Director (up to October 2017)	5-10					5-10	10-15					10-15
P Bee Non Executive Director	10-15					10-15	15-20					15-20
M Cooke Non Executive Director	10-15					10-15	5-10					5-10
M Smith Non Executive Director	10-15					10-15	5-10					5-10
D Crick Non Executive Director	10-15					10-15	10-15					10-15

EXECUTIVE DIRECTORS

Name & Title	2017/18						2016/17					
	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)
M Moran Chief Executive	140 – 145		15 – 20			155 - 160	95-100				10-12.5	110 – 115
J Byrne	65 – 70	2,500			22.5-	95 - 100						

Medical Director (from 2nd October 2017)					25							
E Thomas Director of Human Resources & Diversity	90 - 95	3,900			25-27.5	120 - 125	90-95	3,200			27.5-30	120 – 125
D Michael* Medical Director (up to 2nd October 2017)	165 – 170			10 – 15		175 - 180	160-165			10-15	25-27.5	200 - 205
T Cope Chief Operating Officer	100 - 105	4,200			37.5-40	145 - 150	100-105	4,000			115-117.5	220 – 225
L Parkinson Interim Chief Operating Officer (from 1st February 2018)	20 – 25					20 – 25						
H Gledhill Director of Nursing, Quality & Patient Experience	100 - 105				27.5-30	130 - 135	100-105				67.5-70	165 – 170
P Beckwith Director of Finance	95 - 100	3,600			132.5-135	230 - 235	75-80	1,100				75 - 80

*The figure for Medical Director includes remuneration for duties that are not part of the director role. These duties comprise 50% of the individuals' role.

The Benefits in Kind covers the monetary value of the provision of a car and travel costs. The 2017-18 pension-related benefits figures have been adjusted for employee pension contributions.

Reporting bodies are required to disclose relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest-paid director at Humber NHS Foundation Trust in the financial year 2017/18 was £165,000 – £170,000. This was 8.4 times the median remuneration of the workforce, which was £19,852.

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 4 below illustrates this calculation.

TABLE 4

	2017/18	2016/17
Band of Highest Paid Director's Total Remuneration (£'000)	165 - 170	160 – 165
Median Total	19,852	21,692
Remuneration Ratio	8.4	7.5

TABLE 5   PENSION BENEFITS OF TRUST BOARD AND OTHER SENIOR MANAGERS (1st April 2017 – 31st March 2018)

EXECUTIVE DIRECTORS

Name and Title		Real increase in pension at age 60 (bands of £2500) £000	Lump sum at age 60 related to real increase in pension (bands of £2500) £000	Total Accrued pension at 60 at 31 March 2018 (bands of £5000) £000	Lump sum at 60 related to accrued pension at 31 March 2018 (bands of £5000) £000	Cash Equivalent Transfer Value at 31 March 2018 £000	Cash Equivalent Transfer Value at 31 March 2017 £000	Real Increase in Cash Equivalent Transfer Value £000	Employers Contribution to Stakeholder Pension £000
M Moran	Chief Executive	0	5.0 – 7.5	60 – 65	180 - 185	1239	1151	77	21
J Byrne	Medical Director	0 – 2.5	7.5 – 10	10 – 15	15 – 20	165	0	82	10
E Thomas	Director of Human Resources and Diversity	0 – 2.5	2.5 – 5.0	25 – 30	85 -90	0	638	0	13
D Michael	Medical Director	0	0	25 - 30	75 - 80	535	736	0	24
T Cope	Chief Operating Officer	0 – 2.5	0	30 – 35	75 – 80	482	428	49	13
H Gledhill	Director of Nursing, Quality and Patient Experience	0 – 2.5	2.5 – 5.0	20 – 25	70 - 75	512	468	39	15
P Beckwith	Director of Finance	5.0 – 7.5	0	45 – 50	0	536	420	113	14

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.

Current CPI applied to Pensions is 1.0%

Signature: **Date:** 23 May 2018

 Michele Moran, Chief Executive

Remuneration and Nominations Committee

The Remuneration and Nominations 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 Chairman 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 Chairman 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 HR Director attends the committee but is not a voting member.

Policy on Board Remuneration

The Chairman 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.

Three meetings of the committee were held during the period of this report and details of attendance are presented in the Board of Directors' attendance table on page 60. The terms of reference for the committee are available on the Trust's website or from the Trust Secretary.

Staff Report

Staff costs			2017/18	2016/17
	Permanent	**Other**	**Total**	**Total**
	£000	**£000**	**£000**	**£000**
Salaries and wages	67,780	6,629	**74,409**	90,467
Social security costs	6,840	-	**6,840**	8,220
Apprenticeship levy	343	-	**343**	-
Employer's contributions to NHS pensions	8,588	-	**8,588**	10,377
Pension cost - other	579	-	**579**	355
Other post employment benefits	-	-	**-**	-
Other employment benefits	-	-	**-**	-
Termination benefits	-	-	**-**	-
Temporary staff		2,887	**2,887**	4,094
Total gross staff costs	**84,130**	**9,516**	**93,646**	**113,513**
Recoveries in respect of seconded staff	-	-	**-**	-
Total staff costs	**84,130**	**9,516**	**93,646**	**113,513**
Of which				
Costs capitalised as part of assets	122	-	**122**	108

	Permanent Number	Other Number	2017/18 Total Number	2016/17 Total Number
Medical and dental	67	-	**67**	65
Ambulance staff	-	-	**-**	-
Administration and estates	479	16	**495**	546
Healthcare assistants and other support staff	615	28	**643**	785
Nursing, midwifery and health visiting staff	682	103	**785**	951
Nursing, midwifery and health visiting learners	4	-	**4**	12
Scientific, therapeutic and technical staff	232	2	**234**	326
Healthcare science staff	-	-	**-**	-
Social care staff	78	1	**79**	60
Other	-	-	**-**	-
Total average numbers	**2,157**	**150**	**2,307**	**2,745**
Of which:				
Number of employees (WTE) engaged on capital projects	3	-	**3**	4

Breakdown of Staff		
	Male	**Female**
Directors	2.0	5.0
Senior Manager	5.0	14.9
Employees	515.4	1,623.7

Information on the remuneration of the directors and on the expenses of the governors and the directors.						
	2017/18			**2016/17**		
	Governors	**Directors**	**Total**	**Governors**	**Directors**	**Total**
• the total number of in office	10	14	24	10	16	26
• the number of receiving expenses in the reporting period and	14	13	27	10	14	24
• the aggregate sum of expenses paid to in the reporting period.	**£2,171**	**£14,268**	**£16,439**	**£2,382**	**£11,682**	**£14,064**

Staff Sickness Absence	2017/18	2016/17
	Number	**Number**
Total FTE Days Lost	28,393	31,535
Total FTE Days Available (Years)	2,291	2,596
Average Sick Days per FTE	12	12
Staff Sickness Absence figures are calculated on a calendar year basis		

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 policy is to give full and fair consideration to applications for employment received from disabled persons, having regard to their particular aptitudes and abilities and recognising the Confident Employer accreditation and NHS Employment Standards. Along with a policy for Recruitment and Selection, the Trust provides regular training and guidance to all recruiting managers. Following a successful pilot the Trust will roll out values-based recruitment within the wider organisation in the next few months. This approach will ensure45

that staff joining will have the right values to support the Trust's values of Caring, Learning and Growing.

The Trust's Recruitment and Retention plan has been launched. The three key objectives for the Recruitment and Retention Plan are:

- To become an employer of choice to attract and retain talented staff
- To have robust values-based recruitment that ensures the right skills at the right time
- To have excellent staff engagement and retention

- **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 recently revised the Sickness Policy and this reinforces support available to staff. Manager and supervisor training has been delivered and over the forthcoming year advice will be provided to managers to support staff with long-term conditions, giving consideration to reasonable adjustments and redeployment when required.

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

  All policies are subject to an Equality Impact Assessment and trade unions are involved in the agreement and introduction of revised and new policies.

  The Trust's Workforce and Organisational Development Strategy was launched in October 2016 and the actions arising from the action plan will be embedded across the Trust in the 2017/18 financial year. Going forward, work has commenced on the Talent Management strategy and approach for the organisation.

  The Trust has also refreshed the 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 on a systematic basis with information on matters of concern to them as employees.**

  The Trust communicates with staff on a regular basis through Midday Mail, an email bulletin. There is also the monthly 'Board Talk' newsletter and regular face-to-face meetings.

  The Trust holds monthly trade union meetings through the Trust Consultation and Negotiation Committee (TCNC).

- **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 Trust participates in the quarterly Staff Friends and Family Survey and produces local surveys to establish the views of employees. The Trust has also introduced a quarterly Pulse Check Survey with a focus on engagement.

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

  In December 2016 the Trust Workforce and Organisational Development Strategy was developed and was refreshed in December 2017. The strategy sets out a Framework for Delivery which included four key strategic workforce and organisational development priorities to achieve the vision over the next five years.

  These key priorities are:

  - Healthy Organisational Culture

- Capable and Sustainable Workforce
- Effective Leadership and Management
- Enabling Transformation and Organisational Development

In addition to this the Trust encourages staff to be active members of the Trust and promotes this through the intranet and the induction process.

Information on the findings and feedback of the Staff Friends and Family 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.

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

  The Trust has introduced additional policies applied during the financial year.

  - The Trust has developed a Personal Responsibility Framework to support a change in culture and to ensure staff understand their responsibility within the organisation and recognise the valuable role and contribution they provide.

  - 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 has also introduced a Reward Scheme for staff which provides an additional day of annual leave (pro rata) if staff 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 also refreshed the following policies:

    - Annual Leave
    - Flexible Workforce
    - Job Evaluation
    - Uniform Dress Code and ID Badge
  - The Trust's Leadership Programme was agreed in the 2016/2017 financial year and the first cohort of training took place in May 2017.

  - In advance of the introduction of the new Apprenticeship Levy, the Trust has developed a plan and created a steering group to identify opportunities for new apprenticeship roles.

  - The Trust has developed a Staff Employee of the Month scheme.

Occupational Health

The Trust has an Occupational Health department and provides a service internally and externally to private sector organisations.

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

To support the wellbeing of staff, the service also provides aromatherapy sessions through an external provider.

Health and Safety

The Trust's Health and Safety department supports the Employee Wellbeing agenda with regular stress audits across the Trust. The department also supports the Trust's induction programme, providing health and safety training to staff.

Staff Survey

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). We have also introduced a quarterly internal pulse check on the staff engagement elements of the national staff survey to enable us to monitor progress within different areas of the Trust, adjusting plans where necessary.

The Trust's progress during 2017/18 against our four strategic Workforce and Organisational Development priorities is set out below.

Healthy Organisational Culture	Capable/Sustainable Workforce	Effective Leadership/Management	Transformation & Organisational Development
• HR Policy Review/ update programme including Flexible Working Policy • Health & Wellbeing Programme in place • Launch of Vision & Values • Launch of Staff Charter • Personal Responsibility Policy in place • Attendance and mandatory training compliance targets achieved • Increased staff engagement via planned; opportunistic and reactive interventions • Introduced a quarterly Pulse Check to measure staff	• Recruitment & Retention Plan in place • Recruitment Training in place • Increased Recruitment Activity - Humber 'brand' and use of social media • Values driven stakeholder recruitment • Implementation of recruitment Key Performance Indicators • Review of temporary staffing/agency spend • New Appraisal Policy (including talent management and succession planning) developed • Implementation of the Apprenticeship	• Introduction of a Leadership Framework • Increased management toolkit/training • Developed and run a Trust Leadership Programme (Zeal) • Introduced a Distributed Leadership Plan • Board Development Programme in place • Quarterly Leadership Forum in place • E-Coach & Mentorship available • Healthcare Leadership Model available • Improved senior leadership visibility and accessibility • Increased management	• Implementation of the Workforce & OD Strategy plan • Internal OD consultancy • Updated HR & OD Intranet • Commenced the implementation of the Electronic Staff Record Manager and Employee Self Service • Expansion of E-Forms • Centralisation of Training Budget linked to Learning & Development Plan • Statutory/Mandatory Training Group set up • E-learning capability recruited • Commenced HR modernisation and Cost Improvement Programme

engagement • Use of staff feedback e.g. annual staff survey; FFT, exit interviews, Pulse Checks to improve staff engagement. • Improved uptake of the Annual Flu Campaign	Levy • Introduction of new roles/ways of working • Staff Reward & Recognition Scheme introduced	information and Key Performance Indicators • Compliance with Equality Delivery Scheme 2 • Integrated Health & Social Care development • Uptake of National Shadow Board Programme – tailored for the Trust (shadow Executive Management Team)	• Maximisation of new business

The Board of Directors has agreed six key Workforce and Organisational Development priorities to be delivered in 2018/19:

- Staff engagement
- Staff health and wellbeing
- Human resources and organisational development transformation
- Resourcing
- Learning and development
- Leadership and management capability

One of the Trust's key priorities is to ensure all staff feel empowered and senior leaders are accessible and visible. Our new values of Caring, Learning and Growing support this priority.

The Trust has held focused sessions on staff engagement and staff health and wellbeing at its Leadership Forum and has developed a Staff Engagement and Wellbeing Plan.

Employee engagement is a priority for the Trust and we are keen to ensure that staff feel they have a voice and are able to contribute.

Summary of the Performance of the NHS Staff Survey

In the 2017 National Staff Survey the Trust was compared with other Combined Mental Health /Learning Disability and Community Trusts. The overall response rate for our comparator group was 44.8%. The response rate for Humber NHS Foundation Trust was 37.6%, which equated to 470 responses from a usable sample of 1,249. 18% of the responses were from Administration and Clerical, 17% from Mental Health nurses and 10% from Maintenance/Ancillary staff.

The overall staff engagement score for the Trust, which ranges from one to five, with one indicating staff are poorly engaged with their work, team and their trust, and five indicating staff are highly engaged, is 3.56. This figure has slightly decreased from 3.64 in the 2016 survey. The national average is 3.79.

Last year we employed around 500 additional community staff who had transferred out of the Trust before the 2017 staff survey was conducted. This may have had an impact on our results when compared to previous years.

The results of the 2017 National Staff Survey show:

Top Five Ranking Scores (where the Trust compares most favourably with other combined mental health/learning disability and community trusts in England)**.**

- Percentage of staff/colleagues reporting most recent experience of harassment, bullying or abuse
- Percentage of staff reporting errors, near misses or incidents witnessed in the last month

- Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion
- Percentage of staff experiencing discrimination at work in the last 12 months
- Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month

Bottom Five Ranking Scores (where the Trust compares least favourably with other combined mental health/learning disability and community trusts in England).

- Staff confidence and security in reporting unsafe clinical practice
- Effective team working
- Effective use of patient/service user feedback
- Percentage of staff able to contribute towards improvements at work
- Percentage of staff agreeing that their role makes a difference to patients/service users

The Trust has an established Health and Wellbeing and Engagement Group with representatives across all areas of the Trust and oversees the Staff Engagement Plan. Staff engagement is a key priority of the Trust and two of the Trust's Leadership Forums have been dedicated to Staff Engagement with an opportunity to share good practice and develop opportunities to further improve staff engagement.

To address the key findings in relation to staff being able to contribute towards improvement at work, the Trust is re-launching the staff suggestion scheme, ensuring staff are involved in and given the opportunity to contribute to improvement programmes, i.e. quality, transformation. We are exploring opportunities for shadowing to support improvement at work. In the 'back to basics' work, there is a requirement to ensure opportunities for team meetings and timely communication takes place and supervision and appraisals are conducted.

In addressing the percentage of staff agreeing that their role makes a difference to patients/service users, the Trust now has an established recognition scheme and as part of the Staff Engagement Plan one of the measures is to ensure every role counts and this will be a focus of staff induction, mandatory training, service improvement and staff appraisal.

Exit packages

Humber NHS Foundation Trust did not have any exit package arrangements in 2017/18 (£Nil: 2016/17).

Reporting of compensation schemes - exit packages 2017/18

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	-	-	-
£10,001 - £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**

Reporting of compensation schemes - exit packages 2016/17

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	-	-	-
£10,001 - £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				
	2017/18		2016/17	
	Payments agreed Number	Total value of agreements £000	Payments agreed Number	Total value of agreements £000
Voluntary redundancies including early retirement contractual costs	-	-	-	-
Mutually agreed resignations (MARS) contractual costs	-	-	-	-
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	-	-	-	-
Exit payments following Employment Tribunals or court orders	-	-	-	-
Non-contractual payments requiring HMT approval	-	-	-	-
Total	**-**	**-**	**-**	**-**
Of which:				
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	-	-	-	-

Expenditure on consultancy	2017/18 £000	2016/17 £000
Consultancy costs	202	212

Off-payroll arrangements

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

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.

For all off-payroll engagements as of 31 Mar 2018 for more than £245 per day and that last for longer than six months							
							2017/18
							Number of engagements
Number of existing engagements as of 31 Mar 2018							8
Of which:							
Number that have existed for less than one year at the time of reporting							3
Number that have existed for between one and two years at the time of reporting							3
Number that have existed for between two and three years at the time of reporting							2
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 2017 and 31 Mar 2018, for more than £245 per day and that last for longer than six months							
							2017/18
							Number of engagements
Number of new engagements, or those that reached six months in duration between 01 Apr 2017 and 31 Mar 2018							3
Of which: Number assessed as within the scope of IR35							0
Number assessed as not within the scope of IR35							3
Number engaged directly (via PSC contracted to trust) and are on the trust's payroll							0
Number of engagements reassessed for consistency/assurance purposes during the year							0
Number of engagements that saw a change to IR35 status following the consistency review							0

For any off-payroll engagements of board members, and/or senior officials with significant financial responsibility, between 1 Apr 2017 and 31 Mar 2018							
							2017/18

						Number of engagements
Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.						1
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.						1
A senior official has been engaged to cover the secondment of the permanent staff member to a role within the Local Authority.						

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*
24 Trade Union Representatives	3.26 FTE

Table 2: Percentage of time spent on facility time
The number of employees who were relevant union officials employed during the relevant period spent a) 0%, b) 1%-50%, c) 51%-99% or d) 100% of their working hours on facility time?

Percentage of time	*Number of employees*
0%	2
1-50%	22
51%-99%	0
100%	0

Table 3: Percentage of pay bill spent on facility time
Provide the figures requested in the first column of the table below to determine the percentage of your total pay bill spent on paying employees who were relevant union officials for facility time during the relevant period.

First Column	*Figures*
Provide the total cost of facility time	35067.89
Provide the total pay bill	93646000
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.04%

Table 4: Paid trade union activities
As a percentage of total paid facility time hours, how many hours were spent by employees who were relevant union officials during the relevant period on paid trade union activities?

Code of Governance

The 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 issued in 2012. 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. Copies of this document are available from the Trust Secretary or available on the Trust's website.

During the financial year 2017/18 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 **– page 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 – page 45
A.5.3	The annual report should identify the members of the council of governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead governor. Comply – Council of Governors – page 74
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 – page 33
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 – page 61
B.2.10	A separate section of the annual report should describe the work of the nominations committee(s), including the process it has used in relation to board appointments. Comply – Board of Directors – page no 45
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. Page 68 Comply – register of interest is publicly available for the chairman and all those on the Board of Directors. It is presented at each meeting of the Board of Directors.
B.5.6	Governors should canvass the opinion of the trust's members and the public, and for appointed governors the body they represent, on the NHS foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the board of directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied. Comply – Council of Governors – page no 68
B.6.1	The board of directors should state in the annual report how performance evaluation of the board, its committees, and its directors, including the chairperson, has been conducted. Comply – Board of Directors – page no 57
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 – page no 57
C.1.1	The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS foundation trust's performance, business model and strategy. Directors should also explain their approach to quality governance in the Annual Governance Statement (within the annual report). Comply – Board of Directors – page no 36 External Auditors responsibilities – page 60 Annual Governance Statement - page 79
C.2.1	The annual report should contain a statement that the board has conducted a review of the effectiveness of its system of internal controls. Comply – Annual Governance Statement –page no 79
C.2.2	A trust should disclose in the annual report: (a) if it has an internal audit function, how the function is structured and what role it performs; or (b) if it does not have an internal audit function, that fact and the processes it employs for evaluating and continually improving the effectiveness of its risk management and internal control processes. Comply –Audit Committee – page 61
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 dependent on outcome of decision	
C.3.9	A separate section of the annual report should describe the work of the audit committee in discharging its responsibilities. The report should include: • the significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed; • an explanation of how it has assessed the effectiveness of the external audit process and the approach taken to the appointment or re-appointment of the external auditor, the value of external audit services and information on the length of tenure of the current audit firm and when a tender was last conducted; and • if the external auditor provides non-audit services, the value of the non-audit services provided and an explanation of how auditor objectivity and independence are safeguarded. Comply –Audit Committee – page no 57	
D.1.3	Where an NHS foundation trust releases an executive director, for example to serve as a non-executive director elsewhere, the remuneration disclosures of the annual report should include a statement of whether or not the director will retain such earnings. Comply –not applicable	
E.1.5	The board of directors should state in the annual report the steps they have taken to ensure that the members of the board, and in particular the non-executive directors, develop an understanding of the views of governors and members about the NHS foundation trust, for example through attendance at meetings of the council of governors, direct face-to-face contact, surveys of members' opinions and consultations. Comply – Board of Directors – page no 74	
E.1.6	The board of directors should monitor how representative the NHS foundation trust's membership is and the level and effectiveness of member engagement and report on this in the annual report. Comply- foundation trust membership – page no 75	

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 Chairman will confirm to governors that following formal performance evaluation, the performance of the individual proposed for re-appointment continues to be effective and demonstrates commitment to the role.

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

The Trust complies with all provisions of section six.

External Reviews

During the course of the year a review was undertaken on Governance and Human Resources.
This review was commissioned from Deloitte at an in-year cost of £35k. Deloitte is also the Trust's external auditor appointed by the Council of Governors.

A full inspection review of the Trust was also 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, details of each are provided below:

- **Remuneration and Nominations Committee** - details can be found on page 45 of this report.

- **Audit Committee (formerly Integrated Audit and Governance Committee)**

  The Integrated Audit and Governance Committee (IAGC) was separated into the Audit Committee and the Quality Committee in 2017. 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. 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 Counter-Fraud Manager.

  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 Committee made recommendations to the Council of Governors, via the Finance and Audit Governor Group in relation to appointment of External Auditors for the Trust, this was approved at the Council of Governors Meeting in March 2017.

  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 was chaired by Non-Executive Director Peter Baren until September 2017 when Paula Bee, Non-Executive Director, took over as the Chair. The committee comprises another Non-Executive Director, the Director of Finance, Infrastructure and Informatics, 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 Committee**

  The primary role of the Finance Committee is to monitor, review and support the Finance Directorate of the Trust, making recommendations to the Board of Directors as appropriate and taking actions as required. It challenges the timeliness, accuracy and quality of financial and performance measures and reporting, and the systems underpinning them. It also ensures performance and relevant action plans are reviewed and managed in pursuit of Trust objectives and that review and challenge is provided to the Estates and Facilities work programme, policies and procedures.

  The Committee was initially chaired by Peter Baren, Non-Executive Director, but on appointment Francis Patton took this over. Other core members of the Committee are two Non-Executive Directors, Chief Operating Officer, Director of Finance and the Deputy Director of Finance/Financial Controller.

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

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- **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 polices and protocols.

  The committee was chaired by Non-Executive Director David Crick until January with Mike Smith, Non Executive Director, taking over in February 2018. It has a core membership of one other Non-Executive Director (who is also a designated Manager Panel member), the Medical Director, Director of Nursing, and the Mental Health Legislation Manager (who is also the chair of the Mental Health Legislation Steering Group). An independent consultant psychiatrist, who has recognised particular experience in mental health and related legislation, is also part of the membership together with a representative of each local authority and a care group director with nursing experience.

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

- **Quality Committee**

  The Quality Committee was established in May 2017 to assure 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 Committee (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, the Chief Executive (ex-officio), Director of Nursing – 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.

- **Strategic Investment Committee**

  The Strategic Investment Committee ensures that processes governing strategic investments are being followed and makes recommendations to the Board of Directors on major capital or revenue expenditure, joint ventures, acquisitions and mergers, purchase, sale or alteration of property (above an agreed threshold) and service expansion or major service change.

The committee Chair was Non-Executive Director Andrew Milner until October 2017 when Mike Cooke, Non-Executive Director, took over as temporary Chair until January 2018. Francis Patton, Non-Executive Director, became the new Chair in March 2018. The committee has a core membership of two other Non-Executive Directors, the Director of Finance, Infrastructure and Informatics and Deputy Director of Business and Contracting.

Attendance of directors at the Strategic Investment Committee meetings 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 may have attended a committee meeting that they do not normally attend. The Chairman attends each committee during the year to observe.

Name & Position	Board	Remuner-ration Committee	Mental Health Legislation Committee	Charitable Funds Committee	Audit Committee	Strategic Investment Committee	Finance Committee	Quality Committee	Council of Governors
Sharon Mays Chairman	12/12	3/3	N/A	N/A	N/A	N/A	6/8	1/1	3/3
Michele Moran Chief Executive	12/12	3/3	N/A	6/7	4/5	7/11	6/8	6/6	3/3
David Crick Non-Executive Director	12/12	3/3	4/4	N/A	N/A	N/A	N/A	4/6	2/3
Andrew Milner Non-Executive Director (Senior Independent Director) up to October 2017	5/7	2/2	N/A	4/4	3/3	5/6	1/1	N/A	1/2
Peter Baren Non-Executive Director (Senior Independent Director from November 2017)	12/12	3/3	N/A	7/7	5/5	10/11	8/8	3/6*	1/3
Paula Bee Non-Executive Director	11/12	3/3	0/4	6/7	N/A	N/A	N/A	4/5	1/3
Mike Cooke Non-Executive Director	10/12	3/3	N/A	N/A	2/5*	9/11	5/6	5/6	2/3
Mike Smith Non-Executive Director	9/12	3/3	4/4	N/A	2/5	6/11	N/A	N/A	3/3
Francis Patton Non-Executive Director (from 1 January 2018)	4/4	1/1	N/A	N/A	0/1	1/2	2/3	N/A	0/1
Dasari Michael Medical Director (to 30 September 2017)	5/6	N/A	0/2	N/A	N/A	N/A	N/A	1/3	1/1
John Byrne Medical Director (from 1.10.17)	6/6	N/A	2/2	N/A	N/A	N/A	N/A	2/3	2/2
Hilary Gledhill Director of Nursing	11/12	N/A	0/4	N/A	N/A	N/A	N/A	5/6	2/3
Peter Beckwith Director of Finance	11/12	N/A	N/A	7/7	5/5	11/11	6/8	N/A	2/3

Elizabeth Thomas Director of Human Resources & Diversity (non-voting)	11/12	3/3	N/A	N/A	N/A	N/A	1/1	1/3	2/3
Teresa Cope Chief Operating Officer *(Career break from 5 February 2018 – Left the Trust 31/3/18*	9/9		2/3	N/A	N/A	5/9	3/5	4/5	2/3
Lynn Parkinson Interim Chief Operating Officer *(from 5 February 2018)*	3/3	N/A	0/1	N/A	N/A	2/2	2/2	1/1	N/A

*denotes optional attendance at committee

External Audit

For 2017/18, the Trust's external auditor was Deloitte. During the year a total of £59k (including VAT) was paid to Deloitte for audit services.

There was a further £29k paid for a review of Governance and Human Resources.

To maintain auditor objectivity, independence and probity, these services were carried out by Deloitte staff who were not involved in the Trust statutory audits, nor did the audit staff have any involvement with the findings, which were reported directly to the Trust and not via the audit partner.

As part of its external audit plan, Deloitte tested risks relating to revenue recognition in respect of NHS income, property valuations and management override of controls as part of its review of the 2016/17 financial statements. All controls around these risks were found to be appropriate and in line with Deloitte's expectations. Recommendations following the audit have been made in relation to asset valuations, fixed asset register and contract variations. These have been accepted by management and actions will be put in place to address each of them.

The contract for External Audit Services was renewed with Deloitte for a three-year period from April 2017.

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. AuditOne took over from the East Coast Audit Consortium (ECAC) on 1 June 2017. 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, Chairman (term of office expires 15 September 2020)

Prior to taking up the position of chairman, Sharon served as a governor, non-executive director, deputy chairman and senior independent director of the Trust. She joined the Board of the Trust in July 2011 and was appointed as Chairman 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.

Andrew Milner, Non-Executive Director and Senior Independent Director (term of office ended 31 October 2017)

Andrew brought almost three decades of experience in the private sector and another 13 years of senior leadership in the public sector to the Trust, including assistant chief executive and chief officer roles with East Riding of Yorkshire Council and North East Lincolnshire Council.

He has been a Board member of other local NHS organisations as well as lay chair of NHS complaints panels and has chaired a number of partnership boards. Andrew has also been extensively involved in local education as a governor and BHSF Group Limited.

He is currently a director of Sun Organics Ltd, a trustee of local charities HEY Smile Foundation and Help for Health, a governor at Archbishop Sentamu Academy and Aspire Academy and Chairman of Brantingham Village Hall Trustees.

Peter Baren, Non-Executive Director (term of office expires 31 January 2020)

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 Coast and Country Housing Ltd and has been a member of the Finance and Capital Development Committee at York St John University.

David Crick, Non-Executive Director (term of office expires 31 May 2018)

David was a family doctor in Hull for more than 30 years, retiring in February 2011; he had training in psychiatry and counselling.

During his many years as a GP, David took on various roles with the local health authority and with the Primary Care Trust until October 2007, serving as executive committee vice-chair and lead for mental health and musculoskeletal services.

He teaches Whole Person Medicine (with an emphasis on Mental Health) in Eastern Europe with PRIME International.

Paula Bee, Non-Executive Director (term of office expires 28 February 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 member of the Age England Association Executive Group, 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 the Chair of the Wakefield Assembly (the local VCS Board for voice and influence), on the Board of Nova (the support agency for voluntary and community groups in Wakefield district), a member of the Health and Wellbeing Board and part of Wakefield Provider Alliance.

Mike Cooke, Non-Executive Director (term of office expires 31 August 2019)

Mike Cooke joined Humber 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. 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 a trustee of Yorkshire Wildlife Trust, a University of York consultant, executive mentor and coach and lives in Storwood on Pocklington Canal.

Mike Smith, Non-Executive Director (term of office expires 30 September 2019)

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 has an honours degree in law, a Master's in business administration and recently received his third degree - a Master's in mental health law for which he was given a commendation. He is also a Chartered Fellow of the Institute of Transport and Logistics.

Mike has extensive experience in the public and private sectors, has been the president of his local chamber of commerce and serves as a director of the Magna Science Adventure Centre in Rotherham, where he lives. When not working in the NHS, Mike is the Lord-Lieutenant's Officer for South Yorkshire, planning Royal visits and assisting in the presentation of honours and awards.

Francis Patton, Non-Executive Director (term of office expires 31 December 2020)

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.

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.

Dr Dasari Michael, appointed Medical Director 1 May 2014 (until 30 September 2017)

A consultant psychiatrist in learning disability, Dr Dasari Michael is a Fellow of the Royal College of Psychiatrists and an executive committee member in the Faculty of Learning Disability. He is also a CASC examiner for the Royal College of Psychiatrists.

Dr Michael joined what became Humber NHS Foundation Trust in 2006 after working as a consultant psychiatrist in learning disability since 2003. He became clinical director of the Trust's learning disability service in 2006.

He has been Training Programme Director for the East Riding Core Training Scheme in Psychiatry. He has played a key role in the development of the learning disability service in the organisation. His main areas of interests are patient-focused pathways of care with safety at their heart, bringing innovation into service delivery, encouraging a culture of learning and training, developing research and fostering collaborative working among professionals.

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.

Elizabeth Thomas, Director of Human Resources and Diversity, appointed 1 February 2014 (non-voting)

Elizabeth has been a deputy director since 2010. A Fellow of the Institute of Personnel and Development, Elizabeth has a Master's degree in human resource management and has many years' experience in NHS workforce planning and management.

Elizabeth has held senior roles in the local NHS since 1994 including Associate Director of Human Resources at NHS East Riding of Yorkshire Primary Care Trust from 2004 to 2010, and Head of Human Resources at the former East Riding of Yorkshire and Yorkshire Wolds and Coast Primary Care Trusts from 2001 to 2004.

Teresa Cope, Chief Operating Officer appointed 1 April 2015 (Career break from 5 February and left the Trust 31 March 2018)

Teresa joined Humber in April 2015 and has over 20 years' experience in the NHS, starting her career as a diagnostic radiographer before moving into management roles in the acute and mental health sectors and in provider and commissioning organisations. During her career, Teresa has worked across a number of functions including operations, strategy and planning, performance, and service transformation.

Prior to joining Humber, Teresa spent three years as the Director of Quality, Delivery and Contracting for Nottingham City Clinical Commissioning Group, which included commissioning mental health and community services for Nottinghamshire. Prior to this, Teresa worked for Nottinghamshire Healthcare NHS Foundation Trust as both a general manager and then as an associate director for forensic services.

Teresa took a career break from 5 February for three months

Hilary Gledhill, Director of Nursing, Quality and Patient Experience, 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.

Peter Beckwith, Director of Finance

Peter has been Deputy Director of Finance and Contracting with the Trust since December 2015. Prior to joining the Trust, Peter held various 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.

Lynn Parkinson, Interim Chief Operating Officer (from 5 February 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.

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 389194 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 chairman 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 chairman or any non-executive director, this shall be undertaken by the Council of Governors in accordance with the Trust's constitution.

The chairman 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

Message from the Lead Governor, Julie Hastings
Excellent communication is key to the role of governors within the Trust. This year has found this role strengthened and enhanced as we grow in our knowledge and understanding of how to develop a thriving service for our patients, carers, families and staff.

Your continued communication with us enables the governors to act on your behalf, to challenge, question and to work towards improvement in all areas of Humber's work.

Your governors are volunteers, some elected and some members from Humber staff or our partner organisations. All of your governors choose to go that extra mile to enhance and enable local services at the Trust.

The Annual Members Meeting is our opportunity to engage directly with you and to showcase the services The Trust provides to our community. It is also a chance for you to speak directly to Humber staff.   We were privileged to welcome Martin Green, Hull City of Culture 2017 Director as our keynote speaker, whose mantra proved the importance of excellent communication, volunteering and community echoed the whole ethos of the governor team.

The Trust is proactive in ensuring the patient and carer voice is at the heart of everything we do. We have three forums where we involve our patients, carers, families, patient/carer governors and Trust staff including; a Patient and Carer Experience forum for patients, carers and patient/carer governors to provide their lived experiences to help us to improve our services, a Staff Champions of Patient Experience forum for staff to share best practice and listen to learn from each other's experiences and a Widening Participation forum for organisations working with the Trust to actively engage in Trust activities.

The Trust's constitution was reviewed during the year and two new constituencies, Service User and Carer and Whitby added. The Staff constituency was split into clinical and non clinical seats and the role of observers on the Council was removed from the constitution. Governor elections took place for nominations within the East Riding. Service User and Carer and Whitby constituencies. Two seats were available for the Staff constituency one for clinical and one for non clinical. This culminated in Ros Jump being re-elected for East Riding along with John Cunnington and Huw Jones.   Sam Grey (non clinical) and Jack Hudson (clinical) were elected uncontested for the Staff constituency. For the new constituencies, Mike Oxtoby and Stephen Christian were elected to the Service

User and Carer, and Doff Pollard to the Whitby constituency. Mike Oxtoby was previously a Governor for the East Riding, but chose to stand in the new Service User and Carer constituency. A valued and informative induction session was provided for the newly elected governors to enable them to learn more about their role.

The Council of Governors is comprised of people from many walks of life who have various skills and experience which they bring to the role, enhanced by their enthusiasm, dedication and commitment to really make a difference. The overarching aim of governors is to work with the Trust to enable continued improvement around the excellent quality of care, standards and innovations for patients, carers, families and to fully support staff.

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 is chaired by the Trust chairman.

Monitor, the sector regulator for health services in England, requires foundation trusts to appoint a Lead Governor. Julie Hastings was elected by the Council of Governors to fulfil this role.

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

- Appoint and, if appropriate, remove the chairman.

- 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 chairman 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 July, October and January meetings fell within the 2017/18 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 patients'/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 sub committee (statutory requirement) and three governor groups hold meetings which are detailed below:

- Appointments, Terms and Conditions Committee

- Finance and Audit Governor Group

- Communications and Membership Governor Group

- Strategy and Business Development Governor Group.

Appointments, Terms and Conditions Committee

The Appointments, Terms and Conditions Committee met twice during 2017/2018. This committee is chaired by Julie Hastings, elected governor for East Riding. The group consists of a team of governors and valued support and guidance from Senior Independent Director Andrew Milner, until the end of his term of office in October 2017, when he was replaced by Peter Baren, Non Executive Director, who was appointed as the Senior Independent Director in November 2017, Director of Human Resources and Diversity Elizabeth Thomas, 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 recruitment process for 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. The interview panel was chaired by a governor and included members of the Appointments, Terms and Conditions Committee supported by the Chairman, Senior Independent Director and the Director of Human Resources and Diversity. Following the rigorous interviews, a recommendation for appointment was made to the Council of Governors.   Further work is being undertaken by the committee around succession planning for the non-executive directors.

Communications and Membership Governor Group

Regular meetings of the group have taken place during the year. Discussions have included:

- Engaging with members
- Review of Membership strategy
- Information technology issues including NHS e mails for Governors,
- Membership and governors' issues
- Governor visits

Non-Executive Director Paula Bee attends the meetings along with members of the Communications Team.

Finance and Audit Governor Group

The group meets on a quarterly basis to discuss the finances of Trust, paying particular attention to its financial performance against its own targets and those of the Government. These meetings are chaired by a Governor and attended by the Chair of the Audit Committee and the Executive Director of Finance.

Strategy and Business Development Governor Group

Governors were involved in developing the Trust's Strategy and Operational Plan and had the opportunity to discuss the content at a specially arranged session with Board members. Regular updates on implementation and specific aspects of the plan are provided through the Strategy and Business Development Governor Group, the outcomes of which were reported to the Council of Governors. Regular meetings of the group are held which are chaired by a Governor and attended by a non-executive director, representatives of the Business Development Department and other Governors.   Views of the group are reported to the Board of Directors via the non-executive director who attends and via the chairman, who meets on a regular basis with the group chair.

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 2018 have started and governors are again involved.

Some Governors have taken part in the Recovery College Board and all Governors are invited to attend meetings of sub committees of the Board to observe how they are run. 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 processes for the Medical Director and non-executive director during the year either as part of the panel or on the stakeholder groups. Governors have also taken part 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.

- Staff governors have attended or been involved with the following

- Staff Governor Meetings with the Chairman,

- Governor Development Session meetings

- Governor Knowledge & Engagement Opportunities ~ includes visits to units (which will also include observing team meetings) and observing team meetings in corporate services and community teams ~ 3 this 'year'

- Attendance of Well Led review with Deloitte

- Judging panel for staff awards & Monthly staff awards

- Improving / extending relationships with other governors – understanding the strategic priorities / activities for the Trust better, opportunities for networking in role

- Meeting prospective / new Governor to explain role purpose

- Informally at meetings / training etc. representing role as Staff Governor ~ explain role & trust strategies, e.g. Health & Wellbeing

- Meeting with Director of Finance – re 'Self Certification Action'

- Member (Staff Governor) of The Health and Wellbeing Steering Group

- Attendance of Staff Awards

Bi-monthly governor development days were held with various topics being discussed including reviewing in detail the roles and responsibilities of governors, reviewing the Constitution and receiving presentations including the Perfect Ward App and Smoke Free initiatives

To help improve communication between the Board of Directors and Council of Governors, Directors attend the Development sessions as required, attend the Council of Governors meeting and additional sessions with the Board of Directors are built into the governor development day 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

- joint Board of Directors and governor sessions for budgets, cost improvement programme and quality accounts

- attendance at development days

- involvement in visits by governors to patient areas

- attending Patient-Led Assessment of the Care Environment (PLACE) inspections

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 have an established governor forum event, where only governors are present. The agendas for these meetings are set by the governors themselves and the actions from these meetings are shared with the chairman so appropriate action can be taken.

Governors are invited to attend the Trust's public Board of Directors meetings and observe at Board sub committee meetings so they can see how the Board of Directors works and learn more about the services and business the Trust provides. 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 as below. Public and staff governors were publicly elected.

Council of Governors Members and their Attendance in 2017/18			
Name	Constituency	No of Council Meetings attended / possible total	Term of Office ended/s
Current Governors			
Rodney Evans (elected)	Hull Public	2/3	Jan 2019
Robert Hunt (elected)	Hull Public	0/3	Jan 2020
Martin Clayton (elected)	Hull Public	3/3	Jan 2019
Neel Kamal (elected)	East Riding Public	2/3	Jan 2019
Sam Muzaffar (elected)	East Riding Public	3/3	Jan 2019
Julie Hastings (elected) – Lead Governor	East Riding Public	3/3	Jan 2019
Ros Jump (elected)	East Riding Public	1/3	Jan 2021
John Cunnington	East Riding Public	0/0	Jan 2021
Huw Jones	East Riding Public	0/0	Jan 2021
Mike Oxtoby (elected)	Service User and Carer	3/3	Jan 2021
Stephen Christian (elected)	Service User and Carer	0/0	Jan 2021
Doff Pollard (elected uncontested)	Whitby Public	0/0	Jan 2021
Peter Lacey (elected)	Wider Yorkshire and Humber Public	1/3	Jan 2019
Anne Gorman (elected)	Staff non clinical	3/3	Jan 2019
Mandy Dawley (elected)	Staff non clinical	3/3	Jan 2019
Craig Enderby	Staff clinical	3/3	June 2018
Sam Grey (elected uncontested)	Staff non clinical	0/0	Jan 2021
Jack Hudson (elected uncontested)	Staff clinical	0/0	Jan 2021
John Thirkettle (appointed)	Humberside Police	0/3	Feb 2019
Elaine Aird (appointed)	East Riding of Yorkshire Council	2/3	Jan 2019
Gwen Lunn (appointed)	Kingston upon Hull City Council	1/3	May 2019
Andy Barber (appointed)	HEY Smile Foundation	2/3	Feb 2021
Governors who left during 2017/18			
Kirsty Fishburn (appointed)	University of Hull Faculty of Health and Social Care	Resigned June 2017	
Jonathan Beckerlegge (observer)	NHS East Riding Clinical Commissioning Group	Left due to change in Constitution Sept 2017	
David Smith (appointed)	Hull and East Yorkshire Mind	Resigned April 2017	
Eric Bennett (elected)	Hull Public	End of Term of Office	
Pat Collard (elected)	East Riding Public	Resigned June 2017	
Marie Nicoll (elected)	East Riding Public	End of Term of Office	
Ron Morgan (elected)	East Riding Public	End of Term of Office	
Jezz Farmer (elected)	Staff	Resigned September 2017	
Vanessa Colman (elected)	Staff	Left Trust September 2017	
Helena Spencer (elected)	Hull Public	Resigned March 2018	

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 2017 to 31 March 2018, a total of fourteen 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 £2,171.05 compared to £2,382.49 paid to 10 governors in 2016/17.

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.

Governor Elections

Elections were held in December 2017/January 2018 for eight governor seats covering four constituencies. The details are below:

- Public – East Riding: Three seats were available and all seats were filled through an election process

- Public – Service User and Carer: Two seats were available and both seats were filled through an election process

- Public – Whitby: One seat was available which was elected to uncontested.

- Staff: Two seats were available one for clinical and one for non clinical which was elected to uncontested

Membership

A total of 183 new public members joined our Trust during 2017/18, taking our membership total (excluding staff members) to 13,427. 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 2018, the Trust had 6,696 members in the East Riding, 5,731 in Hull, 803 in the wider Yorkshire and Humber area, 2,508 staff members and 197 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 2017/18 recruitment opportunities were included as part of other events that took place throughout the year including Board of Directors meetings, Voluntary services World Mental Health Day.

The charts below show how membership is made up and the ethnicity profile up to 31 March 2018.

Membership Size and Movement		
Public Constituency (at 31.3.18)	2017/18	2018/19 (est)
At year start 1 April	14,396	13,427
New Members	183	750
Members Leaving	1,152	500
At year end 31 March	13,427	13,677

Staff Constituency (at 31.3.18)	2017/18	2018/19 (est)
At year start 1 April	2,976	2,508
New Members	460	500
Members Leaving	928	300
At year end 31 March	2,508	2,708

Patient/Carer Constituency (at 31.3.18)	2017/18	2018/19 (est)
At year start 1 April	8	50
New Members	43	150
Members Leaving	1	20
At year end 31 March	50	180

Analysis of Current Membership*

Public Constituency	Number of Members	Eligible Membership

Age (years)		
0 – 16	1	1,093,709
17 – 21	195	350,293
22+	12,286	4,000,161

Ethnicity		
White	12,358	4,692,156
Mixed	55	84,561
Asian or Asian British	192	385,964
Black or Black British	130	80,346
Other	33	40,910

Gender Analysis		
Male	4,597	2,688,702
Female	8,805	2,755,460

Patient/Carer Constituency	Number of Members	Eligible Membership
Age (years)		
0 – 16	0	0
17 – 21	0	0
22+	10	0

*The analysis section of this report excludes:-
945 public members with no date of birth, 659 members with no stated ethnicity, 40 patient members with no date of birth

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 (will confirm the actual number as they are included in our total figure) 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 is currently being reviewed but 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.

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 Improvement and the Care Quality Commission's Intelligent Monitoring Framework (Caring, Effective, Safe, Responsive and Well Led).

Segmentation

Humber NHS Foundation Trust is recorded as being in Segment 2 by 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	2017/18 Q1 Score	2017/18 Q2 Score	2017/18 Q3 Score	2017/18 Q4 Score forecast
Financial sustainability	Capital service capacity	2	2	3	3
	Liquidity	1	1	1	1
Financial efficiency	I&E margin	3	3	2	2
Financial controls	Distance from financial plan	1	1	2	2
	Agency spend	2	2	2	1
Overall scoring		2	2	2	2

Statement of the Chief Executive's responsibilities as the Accounting Officer of Humber 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 Humber NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Humber 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 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 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 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.

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: 23 May 2018

Annual Governance Statement

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the 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 the 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 2017/18 Internal Audit Plan with its internal auditors which consisted of 24 reviews 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 the 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 NHS Foundation Trust for the year ended 31 March 2018 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. Full transition of the Trust's risk registers onto the DATIX Risk Management system has been completed in-year allowing for electronic management of risk through a more effective real-time solution.

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, Care Group Directors, Clinical Care Directors, Associate Medical Directors 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 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 Risk and Control Framework

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 Board of Directors has approved a three-year Risk Management Strategy which sets out the Trust's commitment to embedding this approach to managing risk and 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 areas for improvement within risk management and has developed a plan for implementing its Risk Management Strategy. Risk management objectives have also been developed, which are based on the outcome of the risk maturity assessment carried out by the Trust in line with national guidance and best practice.

A review will be undertaken in early 2018/19 as part of the Board's 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 will then be developed following agreement by the Board of Directors, who are responsible for defining the level of risk that can be accepted against key domain areas as well as the Trust's strategic goals.

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. The Board of Directors has approved a three-year Risk Management Strategy which sets out the Trust's commitment to embedding an integrated approach to managing risk.

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 use this as a development tool, identifying areas for improvement, as well as setting and implementing clear plans. Risk management objectives have also been developed, which are based on the outcome of the risk maturity assessment carried out by the Trust and are in line with national guidance and best practice. A review will be undertaken in early 2018/19 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. 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 likelihood of its occurrence.

Risk Description	Mitigating Controls	Further Mitigating Actions
The Trust's cash position deteriorates adversely where day to day functioning is impacted and the organisation is no longer financially independent.	• Daily monitoring of the cash position and weekly update to CE • Forecasts made on a monthly basis. • Weekly reviews of outstanding debtors with contact made to recover debt and additional recovery through the SBS system. • Creditor assessment and payment made on a weekly basis. • Cash position reported as a standing item to the Board and Finance Committee. • Trust remains within its Revenue and Capital budgets which are dependent on Resources provided.	• Budget Reduction Strategy and MTFP which integrates the Cash Flow projections which includes a sensitivity analysis.
Failure to identify, agree and implement a financial plan that returns the Trust to surplus, meets NHS Improvement control total and deliver its short, medium and long term CIP and service transformation to ensure costs are contained within budget. This also reflects the risk that income declines through implementation of tariff, or national and local commissioner targets.	• Budgets agreed • Monthly reporting & monitoring and discussion with budget holders • Small contingency / risk cover provided in plan. • CIP programme - Project management approach to delivery of CIP (standardised templates). • Bi-weekly Deputies meeting tasked with CIP delivery. • MTFP developed to inform plans. • Service plans. • Finance Committee established. • Budget recovery plan agreed by EMT. • Budget Reduction Strategy 2018-19 to 2020-21 established which will produce a MTFP, incorporating the CIP process. • Non-recurrent savings.	• Development of MTFP reporting to Board on a quarterly basis. • Budget Recovery Plan implementation. • Draft version MTFP. • Budget Reduction Strategy implemented with agreement from CCGs regarding capacity and demand.
Failure to achieve the organisation's Cost Improvement Programme, achieve control total, and achieve required NHS Improvement Use of Resources Score for 2017/18.	• Monthly Monitoring of Financial Position discussed with budget holders (regular confirm and challenge) • CIP programme - Project management approach to delivery of CIP (standardised templates) • OPRG Sub-Group monitors performance against plans • Small amount of contingency/Risk cover provided for in plan • Contractual discussions with	• Improve Communications sections of Service Plans to ensure opportunities are exploited to showcase/market our services • Engage NHSI for sight of other Trust CIPs • Non-recurrent savings to be removed from budget • 3 year Budget Reduction Strategy introduced 2018-19 to 2020-21

Risk Description	Mitigating Controls	Further Mitigating Actions
	commissioners. • Standing item on EMT agenda • Standing item on Finance Committee agenda • Non-recurrent savings identified and agreed at EMT/ Finance Committee	
Failure to meet Regulation 18 HSCA (RA) Regulations 2014 regarding Safer Staffing.	• Routine performance monitoring of staffing establishments and daily staffing levels review by care groups • Health roster system. • Management of attendance. • Support from other professional groups and nursing leadership to deliver safe staffing levels. • Daily checks on following days roster requirements to ensure staff cover is arranged in some clinical areas. • Continued recruitment drive, looking at different incentive schemes, use of overtime, bank and agency • Daily rota management in some clinical areas. • Use of flexible workforce solutions where available in some clinical areas. • Validated tool used to agree establishments. • DATIX incident reports. • Bed Escalation Policy. • Monthly performance report- Quality dashboard to identify risks	• Ensure a 12 monthly review of inpatient establishments is undertaken with priority given to PICU • Work with commissioners to develop new models of care/delivery options utilising the whole workforce • Consider the purchase of the Safe Care module for e-Roster to inform real time decision making to reflect changes in patient acuity • Continue to actively recruit to vacancies and consider creative ways of doing so, working with partners across the health economy • Consideration of nursing apprenticeships and nursing associate roles and greater use of the wider multi-disciplinary team in providing clinical leadership to units • Focus on safer staffing from a multidisciplinary team approach to be strengthened to oversee and develop a work plan to ensure the Trust has robust systems and processes in place in relation to safer staffing • Ensure patient experience is captured across all units to provide patient insight in relation to quality of care delivery

The Board of Directors 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 Care Quality Commission (CQC) in year, from 16 – 18 October 2017. This was preceded by a number of unannounced inspections across 8 core services and substance misuse services.

The overall rating of the Trust improved from the previous inspection to good. The CQC rated the effective, caring and well-led domains as good. The safe domain was rated as 'requires improvement,' although this was an improvement from the 2016 inspection when safe was rated as 'inadequate.'

The CQC identified 15 actions that the Trust must take in order to comply with legal obligations. The actions are included the following themes:

- Ensuring staff receive supervision, mandatory training and appraisals
- Ensuring that there are sufficient staff to meet safe staffing levels
- Ensuring that accurate complete and contemporaneous records are maintained.
- Ensuring that patients have an up to date risk assessment and management plan in place.
- Ensuring that the rooms used by the Rapid Response Service are properly maintained
- Ensure that all staff know what the Freedom to Speak up Guardian is and who they are.
- Ensuring that audit schedules are in place for the mental health crisis and health based place of safety services
- Ensuring that governance systems and processes are in place across all community health services
- Ensuring that recovery plans are regularly reviewed in line with Trust policy and best practice.
- Ensuring that patients receive regular clinic reviews in line with policy and best practice.

In addition to the areas 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' and 'should' do actions that were detailed in the final inspection reports. The 'must do' Improvement Plan was presented to the Board of Directors in February 2018. A Quality and Regulations Governance (QRG) Group has been introduced in order to monitor and drive the delivery of the must and should do actions. The QRG group, report through the Executive Management Team (EMT) , the Quality and Patient Safety (QPaS) group and the Quality Committee receives quarterly assurance in relation to action plan delivery which is presented to the Board through the Quality Committee assurance report to the Board.

The Trust, Humber Teaching NHS Foundation Trust from 1 April, 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 and insolvency 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. Further action is planned to strengthen Trust arrangements for 2018-19 with wider application of the requirements to Trust Council of Governors and implementation of investigation procedures.

Humber NHS Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission (CQC) as at the 31 March 2018.

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 Committee – is the Board Committee with overarching responsibility for oversight of the Trust's Finances. 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.

Quality Committee – is the Board Committee with overarching responsibility for oversight of the Trust's quality and patient experience agenda, but this extends to Human Resources and Operational delivery also. The role of the Committee is to scrutinise and review the Trust's quality and patient safety position, as well as Human Resources metrics and operational delivery of services. The committee seeks regular assurance on the Trust's risk management arrangements specifically related to quality, workforce and operations, and is responsible for the relevant sections of the Board Assurance Framework related to these areas.

Strategic Investment Committee - is the Board Committee with 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.

Mental Health Legislation Committee – is a 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.

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.

Senior Management Team (SMT) – is made up of deputies from across the Trust and is chaired by one of its members on a rolling 6 month basis. 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. SMT are responsible for the delivery of the Trust's Cost Improvement Plans and Budget Reduction Strategy. SMT 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.

Operational 'Performance & Risk' Group – is chaired by the Chief Operating Officer and considers the Care Group risk registers, as well as thematic risks from 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.

Care Group / Directorate Business meetings – are held within each Care Group / Directorate, 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 & Patient Safety Committee (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 2017-18, and the format of the framework has been further developed with input from the Board of Directors and it committees. Information is presented with a focus on actual assurances received, as well as the risks to the key objectives that sit under 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 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. 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.

Humber NHS Foundation Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's 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.

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 Strategic 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.

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 Cost Improvement Programme (CIP) and its level of achievement. Finance 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 Quality Performance Report which provides data in regards to finance, clinical and workforce indicators alongside national or local targets and objectives. Any areas of concern or poor performing area 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 Care Groups 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.

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 Information Governance (IG) toolkit. The self-assessed scores have been independently audited and an action plan developed to ensure further improvement. The Trust has scored satisfactory with respect to the IG toolkit assessment for 2017/18. The Trust scored 80% which is a small improvement on the previous year.

In order to provide assurance that information governance practices are compliant with Trust policy, legal and regulatory requirements and are embedded in the Trust culture, a programme of random 'spot check' audits is 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.

Three serious incidents were declared during 2017/18 by the Trust in relation to information governance, including data loss or confidentiality breaches. Two incidents have been closed by the Information Commissioner's Office with no further action, one incident investigation is ongoing.

Annual Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. NHS Improvement (in exercise of the powers conferred on Monitor) has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the *NHS Foundation Trust Annual Reporting Manual*.

Annual Quality Accounts are published as part of the Trust Annual Report and in their development for 2017/18, 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 in printed verbatim within the final version.

In order to develop the quality priories for 2018/19 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 2018/19:

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)	**Strategic Goal 1** Innovating quality and patient safety **Strategic Goal 6** Maximising an efficient and sustainable organisation **Strategic Goal 2** Enhancing prevention, wellbeing and recovery

Each of the identified priorities has a set of clear key performance indicators to ensure delivery.

A public consultation took place for our key stakeholders, governors, staff and patient group representatives. During the event, presentations were delivered on the key areas for development, and following group discussion, those present were asked to prioritise their top focus areas to the other attendees. The Trust was given feedback that some of the priorities initially identified should be amended to better reflect the needs of our patients and staff. The required changes were subsequently made, and the final priorities were then agreed by our Board members.

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 Care Groups, such as regular meetings to review waiting time data. During 2017/18, the Trust has further developed the Integrated Performance Tracker 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 2017/18, and additional indicators for future reporting have been discussed by the Executive Management Team to further enhance the reporting arrangements and quality of data used.

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 Care Group 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 the 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 and Information Governance Toolkit self-assessments.

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. Finance and Quality Committees provide the board with assurance that effective control is in place with regards to the Trust's financial position and in relation to 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.

My review confirms that of the internal auditor's opinion above, and the audits of medical equipment management, and financial systems for petty cash undertaken in year where limited assurance was provided. Weaknesses were identified in these areas, indicating additional work required, but were not considered to have a potential impact on the achievement of the Trust's objectives. 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.

Signed   **Date:** 23 May 2018

Chief Executive

Equality and diversity

Progress against our objectives for 2017/2018 and proposed core objectives for 2018/2019 are detailed below.

Staff objectives for 2017/18

- Introduce positive action for Black and Minority Ethnic (BME) staff in all recruitment processes (including Board, Non-Executive and Governor posts) by guaranteeing an interview for all BME staff that meet the essential criteria of the person specification and the required right to work criteria.

- Positive engagement, staff who are listened to feel valued. Launch a diversity and inclusion staff group to actively encourage staff from declared characteristics under the Equality Act, to encourage other staff to reverse the trend in non-disclosure and promote active involvement in the Equality and Diversity agenda and objectives for the Trust. This will replace the Equality and Diversity steering group that historically has not been well attended.

- Pilot a 'transfer window' scheme that offers both BME and declared Disabled staff a time limited 'window' to request a shadowing opportunity for a grade higher than they are currently on, or request a mentor or coach as a positive action for future career progression.

- To further review the data findings of the Workforce Race Equality Scheme (WRES) and Trust data to learn from and take positive action in order to decrease the reported discrimination. This will include measuring the success of the behavioural framework and the personal responsibility procedure with the aim to reduce the number of formal HR processes and cases being undertaken. The Workforce Race Equality Scheme 2016 report best practice states the informal stage of the disciplinary process was critical in sorting out minor issues and that some managers were hindered in this process by a lack of confidence in applying informal strategies with BME staff and therefore more likely to go straight to HR and formalise a process

Key achievements and outcomes

Recruitment and Selection Training has been running monthly for over a year during which time the training has been redesigned to be robust in its approach to Equality and Diversity, creating opportunities to discuss the issues relating to the findings of the Workforce Race Equality Scheme (WRES) and other pertinent aspects.

Strong 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) Forum to make robust links between them and the Trust.

Equality and Diversity training was introduced as Mandatory in 2016/2017 at which point the compliance rate was 54%. At the start of 2017/2018 the compliance rate was 71.1% and is currently 85.9%.

The Trust's Gender Pay information was published as is legally required by 31.03.17.

The WRES analysis of the relevant questions from the 2017 National NHS Staff Survey shows the following data/information:

Staff Attitude Survey (SAS) question	2017 score of those surveyed

KF25 % of staff experiencing harassment, bullying or abuse from patients relatives or the public in the last 12 months	White	31%	
	BME	33%	
KF26 % of staff experiencing harassment, bullying or abuse from staff in last 12 month	White	18%	
	BME	27%	
KF21 % of staff believing the organisation provides equal opportunities for career progression or promotion	White	89%	
	BME	100%	
Q17b in the last 12 months have you personally experienced discrimination at work from manager/team leader or other colleague	White	8%	
	BME	13%	

Actions taken against the WRES objectives for 2017/18:

Staff Objectives 2017/2018	Key Achievements or Outcomes
1. Introduce positive action for BME staff in all recruitment processes (including Board, Non-Executive and Governor posts) by guaranteeing an interview for all BME staff that meet the essential criteria of the person specification and the required right to work criteria.	Work has been undertaken to pursue this objective including exploration of the NHS Jobs system, networking with local NHS Equality, Diversity and Inclusion peers. However care has to be taken to ensure that actions taken are designated as positive action and not positive discrimination. Whilst NHS Jobs enables people with disabilities to be offered a guaranteed interview, it does not currently have this functionality for any other protected characteristic. Therefore identification of those applicants from BME communities need to be carried out manually and whilst the Trust continues to receive a high number of applications this is not currently practical and therefore other methods are being considered to assure delivery of this action.
2. Positive engagement, staff who are listened to feel valued. Launch a diversity and inclusion staff group to actively encourage staff from declared characteristics under the Equality Act, to encourage other staff to reverse the trend in non-disclosure and promote active involvement in the Equality and Diversity agenda and objectives for the Trust. This will replace the Equality and Diversity steering group that historically has not been well attended.	Invitations have been sent to all Trust staff to request participation in a number of ways regarding Equality, Diversity and Inclusion. These include raising concerns, being involved in an Ambassadors forum and a Diversity and Inclusion staff group. It is anticipated that these groups will have a number of functions including consultation, information and best practice sharing and networking and support.
3. Pilot a 'transfer window' scheme that offers both BME and declared Disabled staff a time limited 'window' to request a shadowing opportunity for a grade higher than they are currently on, or request a mentor or coach as a positive action for future career progression.	The data available to us i.e. the Staff Survey does not indicate that staff from BME backgrounds feel that there is an issue with career development. However the PADR package has been reviewed to include Talent Management which will prompt the discussion regarding opportunities for development for all.
4. To further review the data findings of the Workforce Race Equality Scheme (WRES) and Trust data to learn from and take positive action in order to decrease the reported discrimination. This will	Discussions have taken place with the deputy director of HR with regards to undertaking collaborative work with HR managers and business partners. This is to raise the awareness of the importance of the informal stage of

include measuring the success of the behavioural framework and the personal responsibility procedure with the aim to reduce the number of formal HR processes and cases being undertaken. The Workforce Race Equality Scheme 2016 report best practice states the informal stage of the disciplinary process was critical in sorting out minor issues and that some managers were hindered in this process by a lack of confidence in applying informal strategies with BME staff and therefore more likely to go straight to HR and formalise a process.	the disciplinary process in addressing minor issues as per the WRES (2016) report.

Review of information of NHS job applications, HR case work activity and Trust workforce information shows the following data/information.

Our Trust profile shows a **Gender** split of approximately 75.9% female and 24.1% male (based on whole time equivalent (WTE)). NHS job applications are broadly proportionate in that 74.61% were from females and 25% were from males in the year to 31 March 2018. These figures show that as at 31.3.18 we employed slightly less women and slightly more men than last year.

Age profile of the Trust remains an ageing one with the highest number of people (WTE) in the age ranges 41-60 (56%) and 7.6% of the workforce are aged 61 and above which is slightly less than 9.4% last year.

The vast majority of applicants through NHS Jobs declared that they had no **Disability** (92.24%) however the Trust currently reports that of staff employed, 4.46 % declared a disability. It is worth noting that of staff employed, 35% of staff have chosen to either not declare a disability or have chosen to select undefined which is the same as last year. The Trust has introduced ESR Employee self-service which enables staff to view their own records highlighting what information is held by the Trust giving them to option to amend.

Ethnicity of the Trust is reported as 87.18% white, this includes white British, white Irish and other White European nationalities, with 3.9% BME which is an increase of 0.7% on last year's figures and 8.93% choosing not to declare an ethnic background which is a vast improvement on the 12.5% of last year. These figures are in line with the ethnicity data reported from applications on NHS Jobs which is detailed as 87.77% white British/White other. Ethnicity data for the East Yorkshire and Hull region is detailed respectively at 96.2% and 95.5% white British/white other. It is difficult to accurately assess if we are representative of the local communities when 8.93% remain undisclosed.

Christianity remains the most popular **Religion** recorded in the Trust at 36.62%. however 27.7% of staff did not disclose their religion or it remains unspecified. NHS job applications show 44.85% declared themselves as Christians, 21.41% declared themselves atheists, 13.85% were undisclosed and 15.45% stated other.

Sexuality disclosure in the Trust remains predominantly heterosexual (64.62%) or undisclosed or unspecified (33.71%) which is lower than last year's figures of 35.2%. NHS jobs applications report 89.43% heterosexual and 6.7% were undisclosed.

Marital status in the Trust is reported as 50.74% married and 34.82% single whilst NHS job applications report single as the most recorded status at 55.65% followed by married at 31.24%. This may suggest a correlation in relation to the age profile of the Trust.

Active **HR casework** during this period shows that there have been eight bullying and harassment cases which is a decrease of one from last year. Capabilities have decreased to 4, a significant reduction from 17 last year and there has been an decrease of 21 (37 from 58) in disciplinary cases. Two formal flexible working requests were received (a reduction of three from last year) and 24 grievances which is a significant decrease from 59 last year.

We have had 13 reports made to the Freedom to Speak up Guardian since more formal recording commenced in June 2017. We consider this to be a significant improvement upon the nil return of the previous year as this is viewed as a 'failsafe' for the organisation. When surveyed 44% of 64 people who completed the survey said they felt that they could raise concerns if necessary.

Of those individuals involved in HR casework a fifth (20%) were male and four fifths (80%) were female staff, which indicates a higher proportion of female staff are involved in formal HR cases when compared to the Trust figure of female (75.9%) staff employed by the Trust.

Of the formal flexible working requests both were from females, this shows a reduction from five formal requests last year, and demonstrates a higher proportion of requests from women as opposed to men when compared to Trust workforce data.

Modern Slavery Act 2015

Humber Teaching NHS Foundation Trust continues to take a number of steps to ensure slavery and human trafficking is not taking place in any of its supply chains or in any part of its own business. We do this by:
- working towards full compliance with the relevant legislation and regulatory requirements;
- working to promote the requirements of the legislation, making our approach known to our suppliers and service providers;
- building on our existing workforce awareness of human trafficking and modern slavery, through our safeguarding policies/protocols and commercial learning;
- considering human trafficking and modern slavery issues when making procurement decisions.

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS AND BOARD OF DIRECTORS OF HUMBER TEACHING NHS FOUNDATION TRUST

Report on the audit of the financial statements

Opinion

In our opinion the financial statements of Humber Teaching NHS Foundation Trust (the 'foundation trust'):
* **give a true and fair view of the state of the foundation trust's affairs as at 31 March 2018 and of its income and expenditure for the year then ended;**
* **have been properly prepared in accordance with the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts; and**
* **have been prepared in accordance with the requirements of the National Health Service Act 2006.**

We have audited the financial statements which comprise:
* the statement of comprehensive income;
* the statement of financial position;
* the statement of cash flows;
* the statement of changes in equity; and
* the related notes 1 to 40.

The financial reporting framework that has been applied in their preparation is applicable law and the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts.

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 for the audit of the financial statements section of our report.

We are independent of the foundation trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the Financial Reporting Council's (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.

Summary of our audit approach

Key audit matter	The key audit matter that we identified in the current year was: • Revenue recognition in respect of CQUIN income Within this report, any new key audit matters are identified with ⊗ and any key audit matters which are the same as the prior year identified with ⊗.
Materiality	The materiality that we used for the current year was £2.37m which was determined on the basis of 2% of total operating income.
Scoping	All testing of the Trust was performed by the main audit engagement team performed at the Trust's head offices in Hull, led by the audit director.

Significant changes in our approach	In the current year Property Valuations are no longer considered key audit matters as in the current year there has only been an interim valuation with no significant changes in the underlying methodology or assumptions, following the full revaluation done in the prior year.

Conclusions relating to going concern

We are required by ISAs (UK) to report in respect of the following matters where:

- the accounting officer's use of the going concern basis of accounting in 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 foundation 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.

We have nothing to report in respect of these matters.

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.

Revenue recognition in respect of CQUIN income

| Key audit matter description | As described in note 1, Accounting Policies there are significant judgements in recognition of revenue from care of NHS patients and in provisioning for disputes with commissioners due to:
| | - the judgements taken in evaluating volume-related and Commissioning for Quality and Innovation ("CQUIN") income; and
| | - the judgmental nature of provisions for disputes, including in respect of outstanding income for quarter 4;
| | Details of the foundation trust's income, including £117m (2016/17: £139m) of Commissioner Requested Services, are shown in note 4.1 to the financial statements. NHS debtors of £6.7m (2016/17: £6.4m) are shown in note 19.1 to the financial statements.
	This is discussed by the Audit Committee on page 58.

How the scope of our audit responded to the key audit matter	In order to address this key audit matter, we have performed the following procedures:
	• We performed a retrospective review of management's estimation techniques used in application and allocation of CQUIN income, to assess accuracy.
	• We have assessed the design and implementation of controls over management's estimation of CQUIN target measures;
	• We have obtained evidence that CQUIN income for Q1-3 was agreed between the Trust and the commissioners; and assessed whether the income recognised by the Trust was in line with that which had been agreed; and
	• We have reviewed the Q4 estimate of CQUIN income and have agreed this to supporting information from the Trust on activity performance.
Key observations	We consider the income recognised from CQUIN to be appropriate based on the Trust's patient activity and reported performance against the operational targets agreed with the Commissioner.

Our application of materiality

We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality both in planning the scope of our audit work and in evaluating the results of our work.

Based on our professional judgement, we determined materiality for the financial statements as a whole as follows:

Materiality	£2.37m (2016/17: £2.86m)
Basis for determining materiality	2% of operating income (2016/17: 2% of operating income)
Rationale for the benchmark applied	Operating income was chosen as a benchmark as the Trust is a non-profit organisation, and revenue is a key measure of financial performance for users of the financial statements.

Operating income £118m

- Operating income
- Trust materiality

Trust materiality £2.37m

Audit Committee reporting threshold £0.118m
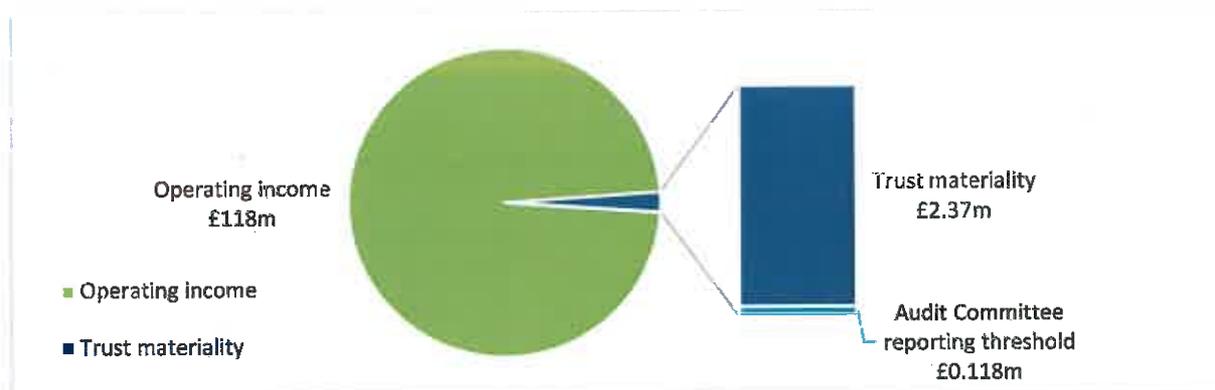
We agreed with the Audit Committee that we would report to the Committee all audit differences in excess of £118k (2016/17: £143k), as well as differences below that threshold that, in our view, warranted reporting on qualitative grounds. We also report to the Audit Committee on disclosure matters that we identified when assessing the overall presentation of the financial statements.

An overview of the scope of our audit

The scope of the audit is in line with the Code of Audit Practice issued by the NAO.

Our audit was scoped by obtaining an understanding of the Trust and its environment, including internal controls, and assessing the risks of material misstatement.

The focus of our audit work was on the Trust, with work performed at the Trust's head offices in Hull directly by the audit engagement team, led by the audit director.

The audit team included integrated Deloitte specialists bringing specific skills and experience in property valuations and Information Technology systems.

Other information

The accounting officer is 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.

We have nothing to report in respect of these matters.

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.

Responsibilities of accounting officer

As explained more fully in the accounting officer's responsibilities statement, 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.

In preparing the financial statements, the accounting officer is responsible for assessing the foundation trust's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless the accounting officer either intends to liquidate the foundation trust or to cease operations, or has no realistic alternative but to do so.

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 FRC's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on other legal and regulatory requirements

Opinion on other matters prescribed by the National Health Service Act 2006

In our opinion:
- the parts of the Directors' Remuneration Report and Staff Report to be audited have been properly prepared in accordance with the National Health Service Act 2006; and
- the information given in the Performance Report and the Accountability 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, use of resources, and compilation of financial statements

Under the Code of Audit Practice, we are required to report to you if, in our opinion:

We have nothing to report in respect of these matters.

- the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual, is misleading, or is inconsistent with information of which we are aware from our audit;
- the NHS Foundation Trust has not made proper arrangements for securing economy, efficiency and effectiveness in its use of resources; or
- proper practices have not been observed in the compilation of the financial statements.

We are not required to consider, nor have we considered, whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

Reports in the public interest or to the regulator

Under the Code of Audit Practice, we are also required to report to you if:

- any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit; or
- any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the foundation trust, or a director or officer of the foundation 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.

We have nothing to report in respect of these matters.

Certificate

We certify that we have completed the audit of the accounts in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

Use of our report

This report is made solely to the Council of Governors and Board of Directors ("the Boards") of Humber Teaching NHS Foundation Trust, as a body, in accordance with paragraph 4 of Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Boards 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 foundation trust and the Boards as a body, for our audit work, for this report, or for the opinions we have formed.

Paul H Hewitson.

Paul Hewitson FCA (Senior statutory auditor)
For and on behalf of Deloitte LLP
Statutory Auditor
Newcastle upon Tyne, United Kingdom
24 May 2018

Humber NHS Foundation Trust

11 May 2018

Final Head of Internal Audit Opinion
for the year ending 31 March 2018

Contents

Section

1. Introduction

In accordance with Public Sector Internal Audit Standards, the Head of Internal Audit is required to provide an annual opinion on the overall adequacy and effectiveness of the organisation's system of internal control.

The purpose of this report is to provide the Trust with the final Head of Internal Audit Opinion for the year ending 31 March 2018, which should be used to inform the Annual Governance Statement.

2. Final Head of Internal Audit Opinion on the Effectiveness of the System of Internal Control at Humber NHS Foundation Trust for the year ending 31 March 2018

2.1 Roles and responsibilities

The Accountable Officer is responsible for maintaining a sound system of internal control and is responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system.

The Annual Governance Statement is an annual statement by the Accountable Officer, on behalf of the Board, setting out:

- how the individual responsibilities of the Accountable Officer are discharged with regard to maintaining a sound system of internal control that supports the achievement of policies, aims and objectives;

- the purpose of the system of internal control as evidenced by a description of the risk management and review processes, including the Assurance Framework process;

- the conduct and results of the review of the effectiveness of the system of internal control, including any disclosures of significant control failures together with assurances that actions are or will be taken where appropriate to address issues arising.

The organisation's Assurance Framework should bring together all of the evidence required to support the Annual Governance Statement requirements.

In accordance with Public Sector Internal Audit Standards, the Head of Internal Audit is required to provide an annual opinion, based upon, and limited to, the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes (i.e. the organisation's system of internal control). This is achieved through a risk-based plan of work, approved by the Audit Committee, which should provide a reasonable level of assurance, subject to the inherent limitations described below.

The opinion does not imply that Internal Audit have reviewed all risks and assurances relating to the organisation. The opinion is substantially derived from the conduct of risk-based plans, generated from a robust and organisation-led Assurance Framework. As such, it is one component that the Accountable Officer takes into account in making the Annual Governance Statement. The Accountable Officer will need to integrate these results with other sources of assurance when making a rounded assessment of control for the purposes of the Annual Governance Statement.

2.2   The Head of Internal Audit Opinion

The purpose of my annual Head of Internal Audit Opinion is to contribute to the assurances available to the Accountable Officer and the Board which underpins the organisation's own assessment of the effectiveness of the system of internal control. This Opinion will in turn assist in the completion of the Annual Governance Statement.

My opinion is set out as follows:

2.2.1   Overall opinion;
2.2.2   Basis for the opinion;
2.2.3   Commentary.

2.2.1   Overall Opinion

From my review of your systems of internal control, I am providing 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.

2.2.2 Basis of the Opinion

The basis for forming my opinion is as follows:

1. An assessment of the design and operation of the underpinning Assurance Framework and supporting processes for governance and the management of risk;

2. An assessment of the range of individual opinions arising from audit assignments, contained within risk-based plans that have been reported throughout the year. This assessment has taken account of the relative materiality of these areas and management's progress in respect of addressing control weaknesses;

3. Brought forward Internal Audit assurances;

4. An assessment of the organisation's response to Internal Audit findings, and

5. Consideration of significant factors outside the work of Internal Audit.
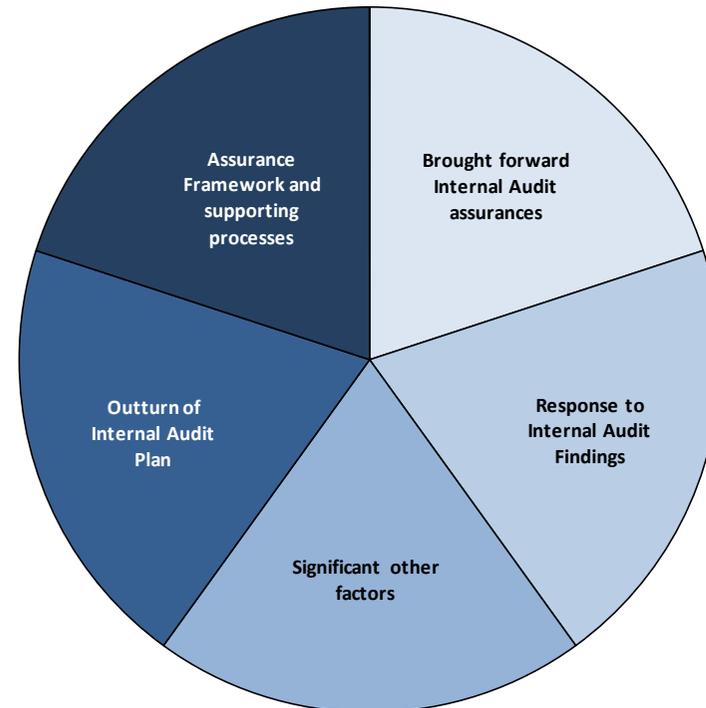
2.2.3 Commentary

The below commentary provides the context for my opinion and together with the opinion should be read in its entirety.

Opinion Area	Commentary
Design and operation of the Assurance Framework and supporting processes	The Board Assurance Framework has been updated during 2017/18 and presented to both Audit Committee and the Board. During 2017/18, the Board Assurance Framework was last presented to the Audit Committee on 13 February 2018 and to the Board on 28 February 2018. The Board Assurance Framework is based on the Trust's strategic objectives and an analysis of the principal risks to achieving those objectives. The key controls that have been put in place to manage the risks have been documented, and the sources of assurance for individual controls have been identified. The Board Assurance Framework therefore provides the Trust with a comprehensive mechanism for the management of the principal risks to meeting its strategic objectives and supports the compilation of the Annual Governance Statement. Internal audit have reviewed the adequacy of the assurance framework in bringing together all of the activities and objectives of the Trust. No major issues of concern were identified.
Outturn of Internal Audit Plan	A table of individual opinions arising from audit assignments reported throughout the year is contained at **Appendix A**. Definitions of individual opinions are given at **Appendix B**. Of the planned audits for 2017/18 that have been substantially completed to date, six provided substantial assurance, ten provided good assurance, three provided reasonable assurance and two provided limited assurance (although seven of these audits are not yet fully complete and so the assurance levels are provisional at this stage).
Brought forward Internal Audit assurances	The Head of Internal Audit Opinion for the year ended 31 March 2017 gave a level of assurance of '*significant*'. We have continued to follow up on outstanding actions during 2017/18 and have confirmed that no significant actions remain outstanding.
Response to Internal Audit findings	There is a formal process in place to follow up on outstanding actions to address risks identified in internal audit reports. Progress against outstanding actions is reported in regular progress reports to the Audit Committee, with specific attention drawn to any actions where the target date has been put back, or where no update has been received from officers within the Trust. It is for the Trust to consider whether any outstanding actions in relation to identified risks are sufficiently significant to be reflected in the Annual Governance Statement.

Opinion Area	Commentary
Significant factors outside the work of internal audit	While the Head of Internal Audit Opinion provides the Trust with assurances in relation to the areas covered by the internal audit plan, it is only one of the sources of assurance available to the Trust. As the Trust outsources some of its functions, assurances from third parties are equally as important when the Trust draws up its Annual Governance Statement. It is for the Trust to decide what assurance to take from these reports.

3. Conformance with Public Sector Internal Audit Standards

During the year ended 31 March 2018 our work was governed by the Public Sector Internal Audit Standards. We have designed processes so as to ensure that the internal audit service delivered meets the requirements of these standards.

Summary of work undertaken

Audit area	Assurance			
	Substantial	**Good**	**Reasonable**	**Limited**
IM&T Audit Work - Server Operational Management	√			
Records Management		√		
Medical Equipment Management				√
Facilities Management		√		
Risk Management Arrangements *		√		
Incident Management & Reporting	√			
Complaints & Claims Management	√			
Information Governance	No assurance level provided			
Board Reporting – Data Quality				
Board Action Plans *	√			
Financial Systems – Payroll	√			
Financial Systems – Service Line Reporting / Budgetary Control		√		
Financial Systems – Travel & Expense Claims		√		
Financial Systems – Accounts Payable		√		
Cost Improvement Programme *		√		
Establishment Visit – Market Weighton GP Practice			√	
Establishment Visit - Humber Centre				
IM&T Audit Work - Wireless Network			√	
IM&T Audit Work – PCMIS General Controls *			√	
Infection Prevention & Control *	√			
Patient Experience & Involvement		√		
Bank, Agency & Locum Staffing *		√		
Assurance Framework Opinion *		√		
Financial Systems – Petty Cash				√

| Audit area	Assurance			
	Substantial	**Good**	**Reasonable**	**Limited**
Total	6	10	3	2

Note.

For audits marked '*', the final audit report has not yet been issued and the assurance level is therefore provisional. Audits where no information is included above have not yet progressed sufficiently to enable the assurance level to be determined and are therefore excluded from the opinion statement.

Follow-up of agreed actions

We seek evidence of implementation of agreed actions from management and we report on the status of overdue actions in our progress reports to the Audit Committee. This information is shown graphically in the below chart.

Progress against agreed actions

- agreed actions fully implemented
- agreed actions with revised implementation date

90%

10%
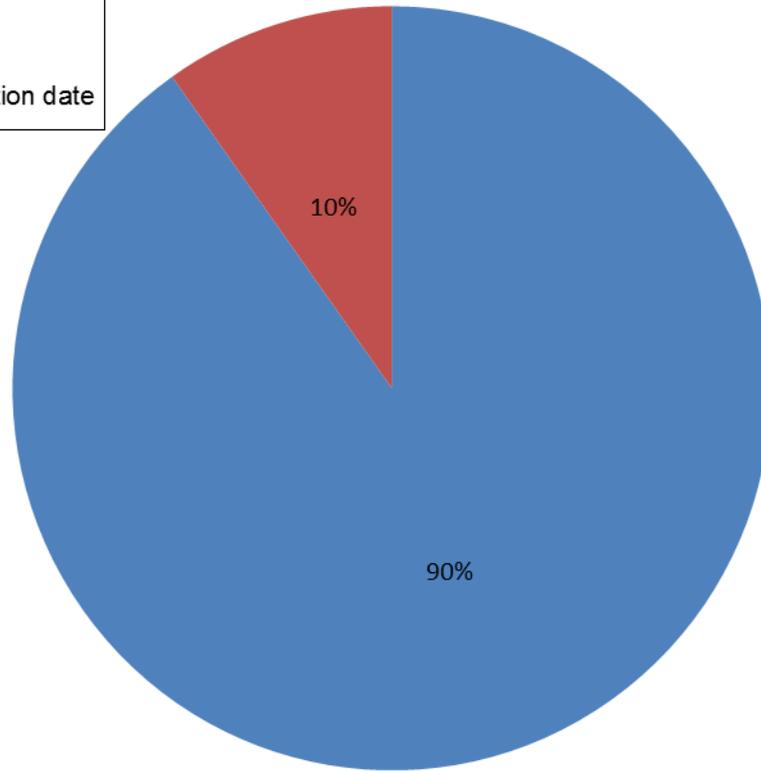
Definitions of Assurance Levels assigned to individual audit assignments

	Assurance Levels
Substantial	Governance, risk management and control arrangements provide substantial assurance that the risks identified are managed effectively. Compliance with the control framework was found to be taking place.
Good	Governance, risk management and control arrangements provide a good level of assurance that the risks identified are managed effectively. A high level of compliance with the control framework was found to be taking place. Minor remedial action is required
Reasonable	Governance, risk management and control arrangements provide reasonable assurance that the risks identified are managed effectively. Compliance with the control framework was not found to be taking place in a consistent manner. Some moderate remedial action is required.
Limited	Governance, risk management and control arrangements provide limited assurance that the risks identified are managed effectively. Compliance with the control framework was not found to be taking place. Immediate and fundamental remedial action is required.

Humber Teaching
NHS Foundation Trust
Quality Accounts
2017/18

Contents

Part One: Introduction to the Quality Accounts and Humber Teaching NHS Foundation Trust

Humber Teaching NHS Foundation Trust at a glance…

Rated **Good** by the CareQuality Commission

We employ around 2,500 staff.

NHS Humber Teaching NHS Foundation Trust

We are a multi-specialty provider with a large portfolio of inpatient, GP and community specialist services.

We serve a local population of approximately 600,000 people.

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 the parents."

Caring, Learning, Growing

Service Manager
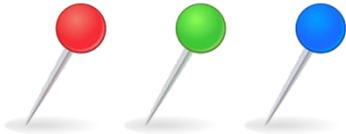
We provide services across more than 70 sites in Hull, East Riding of Yorkshire and North Yorkshire.

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.

About the Trust:

Our Values

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 Strategic Goals

For further information on our strategic goals, please see Annex 4.

The Areas We Serve

We provide a broad range of community and inpatient mental health services, community services (including therapies), learning disability services, healthy lifestyle support and addictions services to people living in Hull and the East Riding of Yorkshire.

The Trust also provides specialist services for children, including physiotherapy, speech and language therapy and support for children and young people 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 from further afield.

The Trust also manages Whitby Community Hospital in providing inpatient, outpatient and community services to Whitby and the surrounding area. In addition, the Trust established Humber Primary Care Ltd. (a private limited company) to enable Humber to hold the General Medical Services (GMS) contract for Peeler House, Hessle, one of six GP practices across Hull, Hessle, Cottingham, Market Weighton and Bridlington. Humber Teaching NHS Foundation Trust is the registered provider with the Care Quality Commission (CQC) for all six GP practices.

What are Quality Accounts?

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**

In order to provide patients with the assurance that they are receiving the very best quality of care all providers of healthcare services for or on behalf of the NHS are asked to prepare a Quality Account annually.

The requirements for the Quality Account are set nationally by NHS Improvement. Providers are required to ensure they receive external assurance on the quality of the report.

1.1 Chief Executive Statement

It gives me great pleasure to introduce the Quality Account for Humber Teaching NHS Foundation Trust, my second as Chief Executive of the organisation. The report showcases our achievements regarding the quality of our services throughout 2017-18; achieved by our staff who are committed to working in partnership with patients, carers, other providers of health and social care and those who commission our services.

During 2017 the Trust refreshed its Mission, Vision and Strategy which sets out our ambition 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.

As a Trust we collectively strive to achieve excellence and refuse to be complacent. We are an organisation that learns from our mistakes, responds to constructive feedback about quality and safety, and ensures our patients and carers are at the centre of everything we do.

In the last 12 months we have made significant improvements to the quality and effectiveness of our services during a time in which resources are increasingly scarce and demand is higher than ever. The following are some notable examples of achievements this year:

- During 2017 we were inspected by our regulator the CQC. The inspection involved unannounced inspections of our services, interviews with our staff, patients and carers and examination of information in relation to our performance. I am delighted to report that following the inspection we achieved a rating of 'Good' which is down to the work and commitment of our staff. However, we were rated as 'requires improvement' for the Safe domain, which was an improved position from our 2016-17 inspection. The quality improvement initiatives across the Trust have seen rapid improvements in areas such as use of restrictive interventions and self-harm. Further work continues to improve the systems and processes in relation to the management, investigation and learning from patient safety incidents.

- In May we were proud to host our very first research conference, 'Developing a City of Research 2017', a reference to Hull's designation as the current UK City of Culture. The event was open to staff, commissioners, NHS partners, GPs, social services teams, academics, charities, media and the public, providing a great opportunity for speakers from a range of specialties and organisations to showcase the ground breaking research they are involved in with our Trust. All 140 places were quickly taken and we were delighted that the delegates representing at least 20 organisations praised "the incredible work" and the "passion", "positivity and energy in the Trust". As well as hearing from national and international experts we were delighted to hear from people who access our services and take part in our studies. Following the incredible success of this inaugural research conference this will be an annual event.

- In line with the national picture, safer staffing levels remain a high priority area for the Trust. We are continuing to use innovative methods to promote recruitment and retention. We have strengthened our processes around the escalation of staffing shortfalls in order to ensure that our units are safely staffed and supported from a senior level. We face a number of challenges at a national level in terms of the ability to recruit to medical and clinical roles and this is further compounded by the financial pressures facing NHS organisations. Within the Trust, the challenge is recruiting to future vacancies which will arise as a result of an ageing workforce, with retirement accounting for the highest reason for employees leaving the nursing profession and the potential for the Trust to lose over 200 qualified nurses over the next five years due to age retirement. The Trust is looking at opportunities to retain staff who are due to retire and already has in place a "retire and return" scheme. To address future vacancies, the Trust is working with the universities across its geographical area to offer placements and to offer employment opportunities to newly-qualified nurses. The Trust is looking to fund nursing opportunities through the apprenticeship levy, giving opportunities to existing non-qualified staff to gain a degree to become a registered nurse. Work is also underway to look at new roles to support our services, including the new role of Nursing Associate, and the Trust is already piloting this scheme and hopes to be able to expand this further in the 2018-19 academic year. The Trust already offers career pathways and is in discussion with the university to expand learning opportunities and exploring the option of a university-accredited preceptorship scheme. The Trust is working with local schools and colleges to promote roles within the Trust and the wider NHS through career events and the Trust has a successful work experience scheme in place for sixth form students wishing to pursue a career in medicine.

- The challenges around recruitment and retention of a medical workforce in primary care and mental health services are a national problem to which Humber has not been immune. However, the Medical Directorate has developed a plan over the past six months which focuses on not just recruitment and retention, but also exploring alternative models of care which can use the skills and strengths of other health care professionals to do work traditionally overseen by doctors. This has been successfully rolled out in our primary care services. In primary care, we are working closely with our Clinical Commissioning Group (CCG) partners and are actively supporting their international workforce recruitment agenda. In addition, our Primary Care Directorate will be seeking to build on the Humber Teaching brand, encouraging GPs from outside the area to see us as a forward thinking and ambitious organisation that is keen to support and develop their personal and professional ambitions. We firmly believe that we can offer a career which offers the opportunity to practice patient-centred care within an organisation that can support academic research, teaching and opportunities to work in other clinical services as part of a portfolio. We have placed a strong emphasis on enhancing our substantive consultant workforce so that we can reduce our reliance on agency staff. We are working to support transition from training to consultant posts over the next 18 months. In addition, we have developed a bespoke recruitment campaign to develop the concept of the Trust as an aspiring organisation which is seeking talented colleagues to join us with a bespoke offer based on their career point and ambitions.

- We continue to invest in our staff and launched a leadership programme in 2017 to ensure our workforce has leaders who are able to work across our services acting as advocates for our patients and staff as we go forward on our improvement journey. The second cohort of the programme will undertake a review of future delivery models working with the NHS Leadership Academy to inform service development in the Trust.

- The Trust continues to develop the portfolio of services that it delivers. This has resulted in further GP surgery contracts being acquired by Humber FT, in addition to the renewal of the Field House Surgery contract. In October 2017, Humber NHS FT established Humber Primary Care Ltd. (a private limited company) to enable Humber to hold General Medical Services (GMS) contracts with the practices. We will continue to deliver the objectives outlined in the Primary Care Strategy (2017-19).

- In April 2017, the East Riding Community Services contract was moved to another provider, which required a safe and comprehensive handover of services through a robust demobilisation project. In addition, Pocklington Community Mental Health and Child and Adolescent Mental Health Services (CAMHS) services were transferred to Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) in January 2018, again requiring a robust demobilisation project. The planned transfer of all services was completed in a timely and safe manner.

- On behalf of our patients and service users we are taking an active role in the Sustainability and Transformation Partnerships (STP) programme which aims to develop shared proposals to improve health and care across health and social care systems. The Trust has representation across all work programmes with a particular focus on the mental health work stream where I am the Senior Responsible Officer (SRO). The priorities agreed in 2017-18 will continue to be developed in 2018-19 with a key focus on partnership working with patients, carers and other stakeholders and improved clinical engagement.

- Our CAMHS services have successfully aligned their service model to 'Thrive', a national model for delivering focused support to young people and their families. This has seen significant quality changes to the composition of teams and the development of robust pathways to deliver care including Self-harm, Depression, Anxiety, Trauma Psychosis; Attention Deficit Hyperactivity Disorder (ADHD) and conduct.

- Our CAMHS service has also recently launched a safe space for young people aged 14 years and over who require support during a crisis. The service is working with the local authorities, CCGs and third sector organisations to offer an alternative to Accident and Emergency (A&E). Evidence is already emerging to show that access to CAMHS inpatient pathways is being avoided and children are being supported close to home.

- A dedicated eating disorder service was launched in 2017 for children living in Hull and East Riding. This enables children to receive high quality specialist community-based care when they need it, reducing the need for admission to specialist placements away from home.

- The Trust has successfully achieved planning permission to build a flagship inpatient service for children and their families to access within their local community. This will further support our approach to providing high quality service for children and families. It is anticipated that the building of the unit will commence in the 2018-19 financial year.

- The Trust name will change on 1st April 2018 to Humber Teaching NHS Foundation Trust following approval by the Council of Governors and Trust Board. This will further progress our strategic aim to be recognised as a world-class specialist education and teaching provider. This will be an important strategic development in the year ahead and will emphasise our commitment to delivering excellent services to our patients and carers, development opportunities for staff and to continue to work with our academic partners to nurture the future generation of doctors, nurses and other health care professionals.

The Quality Account showcases further examples of quality improvements achieved across all of our services during 2017-18. 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. As we look ahead to the coming year it is important to recognise the significant financial challenges that we, like many trusts, continue to experience. However, with our commitment to achieving both efficiencies and quality improvements through a 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 Edith's Journey – A Patient Story

Edith first became involved with the Neighbourhood Care Team following a referral for a mobility assessment. Staff visited Edith and found her on the floor having fallen two days previously. Edith attended the emergency department at a local hospital and was discharged home with antibiotics and diagnosis of a urine infection with no care package in place.

Edith was admitted to the Neighbourhood Care Team's 'hub' bed at a local residential home where she received physiotherapy, occupational therapy and nursing input to improve her mobility, progress her independence with meal preparation and assess her continence needs and pressure area care. Upon discharge Edith was referred to Red Cross services and Social Services for aids and adaptations and ongoing care.

A few months later, Edith became involved with the Neighbourhood Care Team once more following a fall at home. Edith had cancelled her daily calls through Social Services and at this point was referred for physiotherapy and occupational therapy for falls prevention but wanted to cancel these visits also. Staff agreed to visit her for assessment anyway. Edith was found on the sofa where she had been for around 48 hours, unable to weight bear due to pain. Following discussion between Edith's physiotherapist and the duty GP at her surgery, Edith's physiotherapist arranged for her to attend A&E for assessment and she was subsequently readmitted to the hub beds where she received physiotherapy and occupational therapy, a nursing assessment and Social Services assessment. Edith progressed well in the hub and was able to mobilise independently with an aid and complete her own personal care with supervision on discharge.

Edith was able to return home once more with three calls a week through the intermediate care team.

During the Neighbourhood Care Team intervention, weekly meetings were held with Edith's GP and Social Services to help Edith identify when her health is deteriorating and to ensure a minimum care package of one call per day is maintained in the long term to enable Edith to manage better at home.

Through close working with the GP, onward referrals have been made to mental health services and urology.

Edith continues to receive support from the Long-Term Conditions Nurse and also the Neighbourhood Care Team. She also continues to receive physiotherapy and occupational therapy to improve her independence and allow her to return to outdoor mobility which Edith is keen to do.

When telling her story, Edith told us that the staff always have her best interests at heart. She said, "The services and support I have had have been extremely good and I can't fault any of them. I feel very well looked after. Sometimes I think to myself, I have all these people coming in, helping and doing things for me, I think I'm the Queen of Sheba!"

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 2017-18 and provide a series of statements of assurance from the Board on mandated items, as outlined in the 'Detailed requirements for quality reports 2017-18' (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 2016-17 Quality Account.

2.2   Our Approach to Quality Improvement and Quality Governance

2.2.1   Quality Improvement

Our executive lead for quality improvement is the Medical Director. Over the coming year we will focus on developing the capacity, capability and culture of continuous quality improvement.

Capacity for quality improvement activities will be realised from within existing teams in addition to ensuring that all individuals have sufficient time to undertake annual appraisal, mandatory and required training and team quality and safety meetings. We see these activities as being a fundamental part of our collective day to day work both in clinical and corporate support services. We acknowledge that 'freeing up time' will be a challenge; however we are certain that in the long run it will benefit both patients and staff.

We will develop our capability to support Quality Improvement (QI) by working with quality improvement bodies to support individual and staff training in acquiring the required technical skills. We will identify and support staff who already have the technical QI skills but are not currently using them. We demonstrated through our Reducing Restrictive intervention and Suicide and Self harm work that we have the capability to deliver successful improvement and we will seek to scale up this work and encourage local initiatives right across the breadth of our services. We have concluded that we will not be prescriptive regarding the methodology to be used as many of them have similar underlying philosophies. To focus on one methodology may limit our ability to realise the diversity of QI skills already present in our workforce.

We will develop a culture of continuous quality improvement at all levels. The Board has recently started to develop its own capabilities in terms of quality improvement and will develop a pledge to support others to also participate in similar initiatives. We will encourage an approach whereby service user involvement is considered central to our work, and over time, co-production of service developments and improvement with service users will become a cultural norm. We understand developing the culture of continuous quality improvement will take time, effort and persistence.

QI capacity and capability will be supported and monitored through the Quality Committee with every care group required to provide updates on a regular basis on the improvement and innovation that is taking place in their service.

In developing the Quality Improvement Plan (QIP) we have taken into account:

- National and local commissioning priorities
- Trust quality goals
- Existing quality concerns and plans to address them
- Key risks to quality and how these will be managed
- The content of the Sustainable Transformation Partnership Plans.

The QIP supports our quality priorities which will be further developed during 2018-19.

2.2.2 Quality Governance

In May 2017 the Quality Committee was established in order to strengthen the Board's oversight of quality. The Quality Committee is chaired by a Non-Executive Director and is a sub-committee of the Board. The purpose of the Quality Committee 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 information governance and research and development requirements is monitored effectively with appropriate actions being taken to address any performance issues and risks.

Each care group has a Quality and Safety Group with responsibility to ensure that robust quality governance arrangements address the key elements of quality and safety. Each care group is required to provide assurance to the Quality Committee against its QIPs.

The Trust has embedded a range of QI approaches to support effective quality governance and improvement. These are as follows:

- Perfect Ward App. This is an iPad-enabled, in the moment clinical audit tool which clinicians use to audit their practice and care environment. Results are immediate ensuring any improvements required can be immediately taken
- 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
- 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 app based tool (HealthAssure) to support the dissemination of evidence based practice and the delivery of clinical audits.

2.3 Looking Back: Review of the Quality Priorities in 2017-18

As part of our 2016-17 Quality Account following consultation with our stakeholders, the Board of Directors agreed three quality priorities to be addressed via the Quality Account during 2017-18 as follows:

Priority One: We will work with partners to reduce the stigma of mental illness by delivering a recovery focussed approach to achieve social inclusion.

Why this is important:

In mental health, recovery does not always refer to the process of complete recovery from a mental health problem in the way that we may recover from a physical health problem. The term recovery is most frequently used to describe the personal journeys experienced by people with mental health problems as they work towards living more meaningful and satisfying lives. The continued existence of 'symptoms' is not considered a weakness to achieving these goals. Recovery takes into account the obstacles that people face in their daily lives and focuses on building the resilience of people and not just treating or managing their problems. Recovery helps people rebuild their life and as a result, find meaning in what has happened and a new sense of self and purpose.

What we did in 2017-18:
The following is a summary of the key actions that we have completed in 2017-18:

What we said we would do	What we did
We will ensure patients, carers and families play a key role in the planning and delivery of our services.	- Launched a Patient and Carer Experience and Engagement forum to bring lived experiences and individual perspectives to inform our service developments. - Involved our young people in the planning and development of the CAMHS inpatient facility. - Strengthened our working relationships with community groups to ensure we are working in partnership with everyone who uses our services. - Working together with patient representatives we have implemented an e-Consult consultation service in our GP Practices to improve access to primary care.
We will empower people to work with us so they can manage their own health and social care needs.	- Commenced roll out of our Mental Health Rehabilitation strategy. - Launched the social prescribing pilot in the East Riding delivered by our Health Trainers service. - Launched the young people's safe space in partnership working in partnership with Humbercare.
We will deliver responsive care that improves health and reduces health inequalities. Developing an ambitious prevention and recovery strategy.	- Refreshed and commenced roll out of the Trust Suicide and Self-Harm Mitigation Strategic Plan 2017-2019. - Continued to develop the My Health Guide app so that people with a learning disability can better manage their own health and care needs. - Improved the delivery of primary care services for people with a learning disability through our GP practices.

Priority Two: We will implement the Trust Organisational Development Plan to support staff with their development, health and wellbeing.

We will implement the Trust Organisational Development Plan to support staff with their development, health and wellbeing.

Why this is important:
A high-performing organisation recognises the need to invest in its workforce as vital to its success. The 2017-2022 Workforce and Organisational Development (OD) Strategy is a key document that draws together all that the Trust does to attract, retain, support and reward its staff to meet our strategic priorities. We recognise that many of our staff "go that extra mile" every day to deliver high quality services, and we are committed to making Humber Teaching NHS Foundation Trust a great place to work where staff feel empowered to make a difference to the outcomes for their patients.

What we did in 2017-18:
The following is a summary of the key actions that we have completed in 2017-18:

What we said we would do	What we did
Develop a healthy organisational culture.	- Developed a revised Staff Charter demonstrating our commitment to our staff and what is expected of them. - Increased the uptake of the flu vaccine across our staff groups. - Invested in our leaders through a bespoke leadership module and regular leadership forums. - Improved our support for staff who may find themselves needing addition support following a patient safety incident.
Invest in teams to deliver clinically excellent and responsive services.	- Developed and implemented Suicide Awareness and Self-Harm training (SASH) together with an expert by experience. - Implemented training on Clinical Risk Assessment Tools to support our

What we said we would do	What we did
	• staff in clinical decision making. • Commenced safety huddles in teams to support them to deliver safe care and raise awareness of patient safety. • Achieved over 80% compliance against a suite of safeguarding training across our services.
Enable transformation and organisational development through shared leadership.	• Transformed the Mental Health Response Service, Mental Health Liaison Service, Specialist Public Health Nursing and CAMHS working with service users and our commissioners.

Priority Three: We will work with our staff, patients, carers and the public to co-design improvements to the Trust's inpatient facilities

Why this is important:
As a Trust with Caring, Learning and Sharing at the heart of our values, it is crucial that when evaluating and designing improvements to our services we are able to hear the voice of our staff, patients and carers.

Developing a culture of involvement and meaningful engagement, will lead to sustained improvements in the care that we deliver and a workforce that feels engaged and valued.

What we said we would do	What we did
Co-design improvements to the Trust's inpatient facilities.	• Our staff have worked proactively with patients to reduce restrictive interventions in our mental health in inpatient units. • We have worked with patients to ensure they have access to the internet. • Refurbishment of Maister Lodge, our older people's unit, is underway with improvements informed by staff, patients and carers. • We are using feedback from surveys, e.g. the Friends and Family Test to gather experience to inform improvements. • Young people have worked with us on the design of the proposed CAMHS Unit.
Give patients and carers a key role in the recruitment of our staff and the reviews of our services.	• Stakeholder panels which include patients/carers are used for senior appointments. • Many teams routinely use service users in their recruitment for all staff posts.
Capture carers' stories to inform our service improvements.	• A patient and carer stories framework has been developed with stories reported monthly to the Board. • We have introduced the use of patient stories at the Commissioner Clinical Quality Forum to inform the commission of our services.
Develop patient and carer experience targets.	• Targets for patient and carer experience are identified in each Care Group's QIP capturing initiatives for improved patient and carer engagement and patient communication and information.

2.4   Looking Forward: Our 2018-19 Quality Priorities

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 2018-19 the Trust will continue to drive forward the priorities identified in 2017-18 whilst focussing on three key priority areas informed by our staff in consultation with patients, carers and our partners.

How we identified our priorities for 2018-19:

Information from Trust quality improvement systems was collated and presented to our staff, patients, carers and our partners via a well-attended workshop in February 2018. Facilitated table discussions held throughout the day were designed around the Trust strategic objectives. The themes of the discussions were captured and developed into quality priorities. The quality priorities were presented to the Board with the following three being agreed by the Board at its meeting held in public in February 2018.

Priority	Strategic Goals
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 One: Ensure we have meaningful conversations with patients/carers to develop therapeutic relationships and engagement in service delivery.

Why this is 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 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 will do in 2018-19:

We will:
• Always ask you who you want us to share your information with
• Ensure our staff are empowered to involve you
• Ensure that our methods of engagement are accessible and adapted to meet the needs of our community, using a range of communication methods
• Always involve you in the planning of your care

How will we know we are making a difference?

In order to demonstrate that we are making progress against this priority we will:

- Audit clinical records to capture evidence of a discussion regarding information sharing and patient involvement in care planning
- Refresh our Equality and Diversity and our Service User and Carer Involvement Strategies to include these priorities. Our annual report for 2018-19 will describe improvements and achievements

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 is 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 will do in 2018-19:

We will:
• Develop a leadership style that encourages new ideas and develops a culture of continual quality improvement underpinned by developing our approach to quality improvement
• Develop the skills of our staff in relation to quality improvement and the use of technology
• 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
• Develop a meaningful and effective approach to learning from incidents, compliments, complaints and feedback with our staff, patients and carers
• Reduce harm to our patients through taking action to reduce the incidence of pressure ulcers acquired in our care
• Enhance our focus on patient safety incidents by supporting our staff to identify, report and learn from patient safety incidents.

How will we know we are making a difference?

In order to demonstrate that we are making progress against this priority we will:

- Describe our approach to rolling out quality improvement at scale and report on improvements through our quality dashboard and annual reports

- Increase the number of staff trained in improvement methodology
- Further reduce the number of pressure ulcers acquired in our care
- Include feedback from service users and carers (either service/Trust level feedback or individual where available) in our appraisal process.

Priority 3: Embed best available evidence in practice utilising patient reported and clinician reported outcome measures (PROMS, CROMS)

Why this is 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. PROMS capture a person's perception of their health and 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.

What we will do in 2018-19:

We will:

- Implement the NICE guidance informed depression pathway across our Adult Mental Health Services
- Roll out PROMS and CROMS across identified services within Adult Mental Health
- Evaluate the effectiveness of our services using the agreed outcome measures.

How will we know we are making a difference?

In order to demonstrate that we are making progress against this priority we will:

- Utilise the NICE Guidance informed pathway for depression across Adult Mental Health Services with a focus on all Community Mental Health Teams (CMHTs) as a minimum having implemented the pathway
- Identify a suite of CROMS and PROMS and implemented across all CMHTs as a minimum
- Include CMHT CROMS and PROMS data reports in the Integrated Quality and Performance Tracker (IQPT) by quarter three 2018-19.

2.5   Statements of Assurance from the Trust

Review of Services

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, during 2017-18 Humber Teaching NHS Foundation Trust provided 87 and sub-contracted 49 relevant health services. The most significant contracts agreed were as follows:

- 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
- Tees Esk and Wear Valleys NHS Foundation Trust – Mental Health Services (York Locality)
- NHS England – Medium and Low Secure Mental Health Services, Child Health Information Service, Primary Care Services and School Age Vaccination & Immunisation Services
- Hull City Council – Mental Health and Learning Disability Services
- East Riding of Yorkshire Council – Mental Health and Learning Disability Services, Substance Misuse Services, Community Services and Integrated Public Health Nursing Services
- City Health Care Partnership CIC – Mental Health Services, Community Services and Corporate Services
- NHS Hambleton, Richmond and Whitby CCG – Whitby Community Services.

The Trust has reviewed all the data available to them on the quality of care in all of these relevant health services. The income generated by the relevant health services reviewed in 2017-18 represents 97.44% of the total income generated from the provision of relevant health services by Humber Teaching NHS Foundation Trust for 2017-18.

Improving Care through Clinical Audit

We have a well-developed and extensive clinical audit programme for the Trust informed by our staff, patients and national requirements. During 2017-18, seven 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 90% of national clinical audits and 100% of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Humber Teaching NHS Foundation Trust was eligible to participate in during 2017-18 are as follows:

National Clinical Audits

National Pulmonary Rehabilitation Audit
National Diabetes Foot Care Audit
National Audit of Inpatient Falls (NAIF) Round 2
The Sentinel Stroke National Audit Programme (SSNAP)
National Clinical Audit of Psychosis
National Audit of Intermediate Care (NAIC)
Learning Disability Mortality Review Programme (LeDeR)
Prescribing Observatory for Mental Health (UK) (POMH-UK) – Topic 15b Prescribing Valproate for Bipolar Disorder
Prescribing Observatory for Mental Health (UK) (POMH-UK) – Topic 17a Use of depot/long-acting injectable (LAI) antipsychotic medication for relapse prevention

National Confidential Enquiries

National Confidential Inquiry into Suicide and Homicide by People with Mental Illness

The national clinical audits and national confidential enquiries that Humber Teaching NHS Foundation Trust participated in, and for which data collection was completed during 2017-18, 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 2017-18	Cases Required	Cases Submitted	%
National Baby Feeding Initiative	No minimum requirement	TBC	
National Diabetes Foot Care Audit (April-July 2017)	No minimum requirement	433	
National Clinical Audit of Psychosis (NCAP)	No more than 100	96	100%
National Pulmonary Rehabilitation Audit	No minimum requirement	TBC	
National Audit of Inpatient Falls (NAIF) Round 2	No minimum requirement	60	
The Sentinel Stroke National Audit Programme (SSNAP) (April-July 2017)	No minimum requirement	283	
Learning Disability Mortality Review Programme (LeDeR)	No minimum requirement	10	-
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness	N/A	12	
POMH-UK – Topic 15b Prescribing Valproate for Bipolar Disorder	No minimum requirement	29	-
(POMH-UK) – Topic 17a Use of depot/long-acting injectable (LAI) antipsychotic medication for relapse prevention	No minimum requirement	31	-
Prescribing Observatory for Mental Health (UK) (POMH-UK) – Topic 1g & 3d Prescribing high-dose and combined antipsychotics	No minimum requirement	90	-

The reports of 11 national clinical audits were reviewed by the provider in 2017-18 and Humber Teaching NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided (please see Annex 5)

The reports of 48 local clinical audits were reviewed by the provider in 2017-18 and Humber Teaching NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided (please see Annex 5).

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 tend to 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 research activity. Based on the size of the population the Trust covers it recruits a significantly larger proportion of people into Portfolio studies than other trusts across the country which provide similar services. National league tables published August 2017 by the National Institute for Health Research (NIHR) for research activity in 2016-17 listed the Trust in the top 50% of mental health trusts (www.nihr.ac.uk/research-and-impact/nhs-research-performance/league-tables, accessed 15 February 2018).

The number of patients receiving relevant health services provided or sub-contracted by Humber Teaching NHS Foundation Trust in 2017-18 that were recruited during that period to participate in research approved by a research ethics committee was 1655.

1129 patients were recruited to the NIHR Portfolio studies and 526 were recruited to local studies. In total, there were 45 Portfolio studies and 25 (non-Portfolio) local studies running in the Trust in 2017-18. The Trust exceeded its target of 660 for recruitment to Portfolio studies in 2017-18 and for the fourth year running has increased the numbers of Portfolio studies taking place in the Trust and the numbers recruited into them. 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 quarter of Portfolio studies involved the evaluation of novel treatment interventions.

In 2017-18 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 NIHR Clinical Research Network (CRN), an additional £297k of CRN funding was provided specifically to support research delivery in 2017-18, with a further £16k for specialty leads with Trust contracts, one for dementia and the other for mental health, to champion research across Yorkshire and Humber. Extra CRN funding was also provided for a Trust researcher who has taken on the additional role of a regional research trainer across Yorkshire and Humber, illustrating the quality of experience the Trust has within Research and Development (R&D). In addition the Trust received almost £35k Research Capability Funding from the Department of Health and Social Care (DHSC).

A two-year research strategy for 2017-19 'Reaching out with Innovation and Ambition' was launched at the Trust's inaugural research conference in May 2017, replacing the previous 2015-17 strategy. As well as the Chief Executive the Research Strategy also included a foreword from the Trust's Patient Research Ambassador.

Wendy Mitchell
Patient Research
Ambassador

'When you're given a diagnosis, whatever that condition might be, you might feel like your life is falling apart, feel worthless and of no use to anyone anymore. Participation in research can offer people hope for the future. Being involved makes you feel valued as you're contributing to possible new developments – you could be helping future generations. I have Alzheimer's disease, for which there is currently no cure, and without willing volunteers to test new theories there will continue to be no cure or knowledge of how best to live with dementia. We have to normalise involvement in research, but to do this we must have the backing of all healthcare professionals, as talking about research has to be normalised too. Promoting research doesn't have to eat into anyone's budget. The NHS can't move forward without research and research can't move forward without willing volunteers. Without research we can't change the future!'

Seven aspirational objectives (below) have been identified in the strategy and during 2017-18 good progress has been made against these.

Wendy Mitchell

As part of the national Health Research Authority (HRA) assessment process for research which was implemented in March 2016, the R&D department 'assess, arrange and confirm local capacity and capability' to deliver each new study. Internal R&D procedures have been adapted during 2017-18 to better utilise the local performance management system, EDGE, some elements of which now communicate automatically with the national central system for reporting research performance information.

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 (NIHR Portfolio intervention trials) have been posted on the R&D pages of the Trust's website as well as submitted centrally. For quarters one, two and three the NIHR confirmed that the benchmark was met, once any valid exceptions were allowed for (N.B. quarter four had not been published at the time of writing).

> Humber has consistently provided excellent help. Recruitment is always a major challenge for work in our area, but Humber has always surpassed recruitment targets. A main reason for this is the team's ability to quickly identify potential barriers and then work creatively to overcome them. We have been particularly impressed with the team's willingness to share their knowledge of how to maximise recruitment with other similar services.
>
> **Chief Investigator, University of York and Hull York Medical School**

Research performance data has been reported to the Board on a monthly basis, with a more detailed report provided quarterly, helping ensure research has remained high on the Trust's agenda. The R&D Group, chaired by the Medical Director, has met quarterly to ensure appropriate research management, governance, participation in quality research and strengthening of the research culture. The Assistant Director R&D has continued to represent the Trust at various stakeholder meetings, including the CRN Partnership Group.

It is always important for research to have patient and public involvement (PPI) and throughout 2017-18 there have been many examples of how the Trust has achieved this, including:

- Trust Patient Research Ambassador, someone living with dementia, has helped promote research. For example, she presented at the monthly staff induction programme and to the local University of the Third Age, participated in the video for the Annual Members' Meeting, promoted 'Join Dementia Research' as a way for more patients and their supporters to get involved in research and been an active member of the Trust's R&D Group. Her valued contribution culminated in her being awarded Trust Volunteer of the Year in December 2017

- Research participants, including someone with a learning disability, were involved in presentations at the research conference in May 2017, for which the Trust received very positive feedback

- As part of World Alzheimer's Month a couple that has participated in research took part in a national research promotion campaign by the NIHR. This was facilitated via the Trust's research team

- PPI group was established to inform a potential external research grant application

- First Recovery College workshop took place on 'Living with dementia and hope from research' and included a person living with dementia delivering the workshop with the Assistant Director R&D.

During 2017-18 the R&D department developed new principal investigators and opened studies in services and with professions 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 not previously worked with resulted in new research studies being opened in the Trust, including from the Collaboration for Leadership in Applied Health Research and Care for Yorkshire and Humber, Sheffield Health and Social Care NHS Foundation Trust, Sussex Community NHS Foundation Trust and the Universities of Oxford, Sussex and York.

The inaugural research conference in May 2017 provided the opportunity to celebrate the Trust's contribution to research and to raise awareness locally. Entitled 'Developing a City of Research 2017' – a reference to Hull's designation as the UK City of Culture – guest speakers included, amongst others, Barry Wright, Professor of Child Mental Health at the University of York, Allan House, Professor of Liaison Psychiatry at the University of Leeds and Julie Jomeen, Professor of Midwifery at the University of Hull. Everyone who completed an evaluation form on the day rated it either 'excellent' or 'good' and for a first event it was a fantastic to have delegates from at least 20 organisations attend.

During 2017-18 new innovative healthcare interventions have continued to be evaluated as part of research in the Trust. For example, one is testing a web-based application for people with memory problems and their supporters in the European-funded study led in the UK by the University of Hull, for which the Trust was the first country to recruit into it. Another is testing a treatment for children with phobias, and again the Trust was the first nationally to recruit to this. Other important research taking place includes studies exploring the genetics of a number of health conditions.

'More has been learned about the genetic basis of these conditions in the last five years than in the 100 years before and we are discovering novel insights which should lead to improved treatments with fewer side effects. These advances are largely thanks to the staff, clinicians and patients who dedicate their time and support to the project and Humber has been a lead centre in this respect so we thank them for all they've done.'

Trial Manager, University of Cardiff (genetics study in psychosis and schizophrenia)

Research has continued to be promoted within the Trust and out in the community, including via social media, at public events such as Hull Memory Walk, Beverley Food Festival and the Tour de Yorkshire, in libraries and general practices, at Clinical Commissioning Group and Council events, via local radio interviews and in voluntary groups. A quarterly research newsletter has been circulated within and outside of the Trust and is available on the Trust's website. The R&D team has also promoted the NIHR's 'I Am Research' campaign. A number of research papers including authors from within the Trust have been published in 2017-18, a list of which is included on the Trust's website. These add to the jigsaw of evidence that will contribute to the enhancement of healthcare in the future.

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's income in 2017-18 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.

The values for 2017/18 CQUIN schemes were:

- East Riding/Hull CCGs: CQUINs £880042.80 (1.5% contract value), STP £293347.60 (0.5%),Risk Reserve £293347.60 (0.5%).
- Hambleton, Richmondshire and Whitby CCG: CQUINs £93658.54 (1.5%), STP £31219.51 (0.5%), Risk Reserve £31219.51 (0.5%)
- NHS England: CQUINs £320412.00 (2.5%)

Further details of the agreed goals for 2017-18 and for the following 12-month period are available in the table below and electronically at http://www.humber.nhs.uk/about-our-trust/cquin-scheme-201718.htm

Agreed CQUIN Goals 2017-18

East Riding/Hull Mental Health Services

Indicator Name	Indicator Description
Health & Wellbeing – Improvement of health and wellbeing of NHS Staff	Initiatives for staff health and wellbeing including providing stress management and sleep hygiene training, encouraging outdoor activities and team events
Health & Wellbeing – Healthy food for NHS staff, visitors and patients	Reduction in salt, sugar, fat and sugar sweetened beverages in all food contracts for the Trust's food outlets
Health & Wellbeing – Improving the uptake of flu vaccinations for front line	Flu vaccine target of 70% for front line clinical staff
Physical Health – Cardio metabolic assessment and treatment for patients with psychoses	Physical health checks and interventions for all patients with a diagnosis of psychosis
Physical Health – Collaboration with primary care clinicians	Improve communication and establish closer working between primary and secondary care regarding physical health for patients with serious mental illness
Improving services for people with mental health needs who present to A&E	Mental health and acute care providers to work with other partners (primary care, police, social care) to meet patients' mental health needs more effectively and reduce mental health related attendances at A&E
Transition out of Children and Young People's Mental Health services	Improve the experience and outcomes for young people as they transition out of Children and Young People's Mental Health services
Preventing ill health by risky behaviours – alcohol and tobacco	Adult patients in mental health inpatient services are screened for, and offered appropriate interventions to reduce, alcohol and tobacco use

Forensic Secure Services

Indicator Name	Indicator Description
Recovery College	Implement a Recovery College for patients in secure settings, encouraging co-production and co-delivery of training courses
Reducing Restrictive Practice	The development, implementation and evaluation of a framework for the reduction of restrictive practices within adult secure services, in order to improve service user experience whilst maintaining safe services

NHS England – Immunisation and Nursing

Indicator Name	Indicator Description
Promoting equality and reducing health inequalities in school delivered Vaccination and Immunisation services in the East Riding	To undertake a Health Inequalities Impact Assessment, assess the findings and develop an action plan for work to be delivered throughout 2018-19.

Whitby Community Services

Indicator Name	Indicator Description
Health & Wellbeing – Improvement of health and wellbeing of NHS Staff	Initiatives for staff health and wellbeing including providing stress management and sleep hygiene training, encouraging outdoor activities and team events
Health & Wellbeing – healthy food for NHS staff, visitor and patients	Reduction in salt, sugar, fat and sugar sweetened beverages in all food contracts for the Trust's food outlets
Health & Wellbeing – Improving the uptake of flu vaccinations for front line	Flu Vaccine target of 70% for front line clinical staff
Supporting safe and proactive discharge	Monitor and reduce delayed discharges for community inpatients
Preventing ill health by risky behaviours – alcohol and tobacco	Adult patients attending the Minor Injuries Unit are screened for, and offered appropriate interventions to reduce, alcohol and tobacco use
Improving the assessment of wounds	Increase the number of chronic wounds that receive a full assessment within four weeks
Personalised care and support planning	Provide personalised care to community patients with long term conditions enabling them to proactively manage their illness

Care Quality Commission (CQC)

Humber Teaching NHS Foundation Trust is required to register with the CQC and its current registration status is registered to provide services. The Trust has no conditions on registration. The CQC has not taken enforcement action against the Trust during 2017-18.

Humber Teaching NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

An announced scheduled 'well-led' inspection was carried out by the CQC in 2017, from 16th-18th October 2017. This was preceded by a number of unannounced inspections across eight core services and substance misuse services.

The overall rating of the Trust improved from the previous inspection to **Good**. The CQC rated the effective, caring and well-led domains as good. The safe domain was rated as requires improvement, although this was an improvement from the 2016 inspection when safe was rated as inadequate.

Overall rating	Inadequate	Requires improvement	Good	Outstanding

Are services

Safe?	Requires improvement
Effective?	Good
Caring?	Good
Responsive?	Good
Well led?	Good
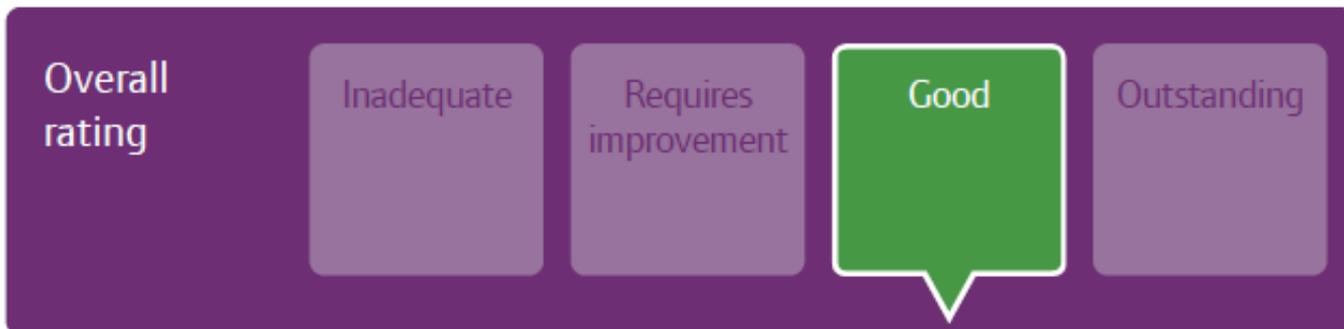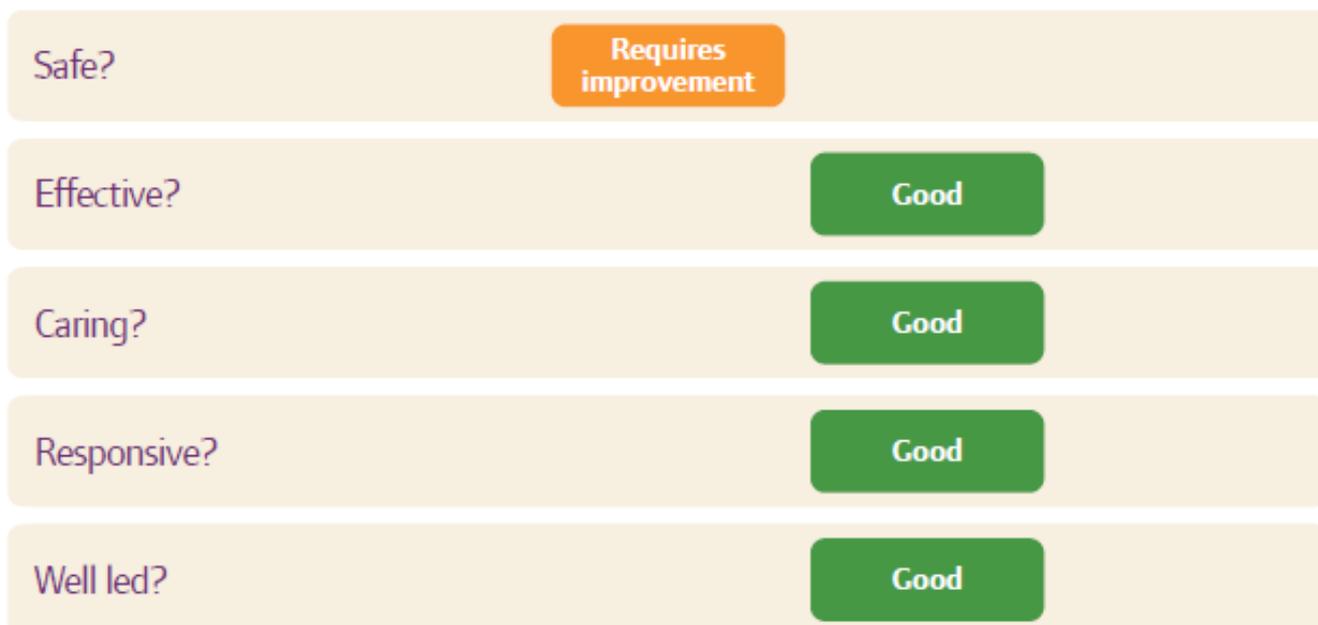
"Patients and carers had opportunities to give feedback about the care and treatment the service provided. This was through surveys, comment cards, and regular meetings."

Outstanding Practice

Areas of outstanding practice were identified within our learning disability services. These were as follows:

Outstanding ☆

- There was a culture of development and improvement at the learning disability service
- We saw examples of staff who were striving for excellence
- Some members of the team had published research in relation to learning disabilities
- Other team members had received national awards for good practice and leadership skills
- Many members of the staff team had undertaken additional training courses to enhance their practice and improve patient care
- The learning disability service was undertaking innovative practices to support the discharge of patients into their local community. This included working closely with the commissioners of the service to set up new community provision for current inpatients.

> "We observed that staff working within services were exceptionally caring, kind and compassionate. All levels of staff took the time to get to know patients and communicate with them."
> **CQC Inspector 2018**

Areas for Improvement

The CQC identified 15 actions that the Trust must take in order to comply with legal obligations. These included the following themes:

- Ensuring staff receive supervision, mandatory training and appraisals
- Ensuring that there are sufficient staff to meet safe staffing levels
- Ensuring that accurate complete and contemporaneous records are maintained
- Ensuring that patients have an up to date risk assessment and management plan in place
- Ensuring that the rooms used by the Mental Health Response Service are properly maintained
- Ensure that all staff know what the Freedom to Speak Up Guardian is and who they are
- Ensuring that audit schedules are in place for the mental health crisis and health-based place of safety services
- Ensuring that governance systems and processes are in place across all community health services
- Ensuring that recovery plans are regularly reviewed in line with Trust policy and best practice
- Ensuring that patients receive regular clinic reviews in line with policy and best practice.

> "There was a culture of openness and transparency and good team support among the managers and staff."
> **CQC Inspector 2018**

In addition to the areas 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' and 'should' do actions that were detailed in the final inspection reports. The 'must do' Improvement Plan was presented to the Trust Board in February 2018. A Quality and Regulations Governance (QRG) Group has been introduced in order to monitor and drive the delivery of the must and should do actions. The QRG group, report through the Executive Management Team (EMT), the Quality and Patient Safety Group (QPaS) and the Quality Committee to the Board.

> "Staff focused on the needs and the experiences of people who used the services and behaved in a way that was consistent with their vision and values."
> **CQC Inspector 2018**

GP Surgery Inspections

During 2017-18 five of our six GP surgeries were inspected by the CQC (Field House, Chestnut, Peeler House, Market Weighton and Hallgate surgeries). All five received a rating of good. Our Field House surgery which was taken over by the Trust from another provider in January 2017 had improved from needs improvement in the last inspection to Good.

Areas for Improvement

A number of areas for improvement were identified by the inspectors. These are as follows:

- Ensuring that all incidents are reported and actioned appropriately
- Ensuring up to date with appropriate safeguarding training
- Ensure policies and procedures in place for the management of high risk medicines
- Implement a process for recording that actions agreed at multi-disciplinary team (MDT) meetings have been followed up
- Review the process for informing patients of blood results by the receptionists
- Implement a process to gain regular feedback from patients and staff regarding the DrFirst triage system
- Continue to improve the Quality Outcome Framework (QOF) scores
- Continue to improve access to appointments.

"There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on."

CQC Inspector 2017

Our Overall Ratings

Overall rating	Inadequate	Requires improvement	Good	Outstanding

	Safe	Effective	Caring	Responsive	Well led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Community health inpatient services	Good	Good	Good	Good	Good	Good
Community health services for adults	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Community health services for children, young people and families	Good	Good	Good	Good	Good	Good
Community mental health services for people with learning disabilities or autism	Good	Good	Good	Requires improvement	Good	Good
Community-based mental health services for adults of working age	Requires improvement	Good	Good	Good	Good	Good
Community-based mental health services for older people	Good	Good	Good	Requires improvement	Good	Good
Forensic inpatient/secure wards	Requires improvement	Good	Good	Good	Good	Good
Long stay/rehabilitation mental health wards for working age adults	Requires improvement	Good	Good	Good	Good	Good
Mental health crisis services and health-based places of safety	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Specialist community mental health services for children and young people	Good	Good	Good	Requires improvement	Good	Good
Substance misuse services	Good	Requires improvement	Good	Good	Good	Good
Urgent care services	Good	Good	Good	Good	Good	Good
Wards for older people with mental health problems	Requires improvement	Good	Good	Good	Good	Good
Wards for people with learning disabilities or autism	Requires improvement	Good	Outstanding ☆	Outstanding ☆	Good	Good
End of life care	Good	Good	Good	Good	Good	Good

Data Quality and Coding

Humber Teaching NHS Foundation Trust submitted records during April 2017 to March 2018 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:
    - 99.8% for admitted patient care
    - 100% for outpatient care
    - 98.6% for accident and emergency care.

- which included the patient's valid General Medical Practice Code was:
    - 100% for admitted patient care
    - 100% for outpatient care
    - 97.9% for accident and emergency care.

Clinical Coding Error Rate

Humber Teaching NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2017-18 by the Audit Commission.

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.

Humber Teaching NHS Foundation Trust's Information Governance Assessment Report overall score for 2017-18 at quarter four is 80% Satisfactory. The IG Toolkit was audited and assessed achieving Significant Assurance.

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 1998, 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 IG Toolkit. The IG Toolkit is a performance tool produced by DHSC, which draws together the legal rules and guidance referred to above as a set of requirements.

In the current version (Version 14.1) there are 45 requirements relevant to this Trust. Each requirement has an attainment level from level 0 (no compliance) to level 3 (full compliance). Trusts must score a minimum of level 2 or above in all requirements to achieve an overall rating of Satisfactory. If any one of the 45 requirements is assessed at level 0 or 1, the Trust will be rated Unsatisfactory.

The Trust's submission for version 14.1 of the IG Toolkit is as follows:
Level 0   No requirements rated at this level
Level 1   No requirements rated at this level
Level 2   26 requirements rated at this level
Level 3   18 requirements rated at this level
Not relevant   1 requirement assessed as not relevant

Key areas of development in the year 2017/2018 have been:

Changes to Data Protection Legislation
The IG Team has reviewed guidance issued by the Information Commissioners Office and the EU Working Party. They have attended external agency provided workshops as part of the Trust's preparations for the introduction of the General Data Protection Regulation. This has informed an Action Plan with timescales on how we will implement this as a Trust. The Plan has been reviewed and approved by the Trust's IG Group and the Quality Committee which is attended by the Executive and Non-Executive Directors and the Chief Executive.

Progress on the Action Plan is monitored through the Trust's IG Group.

Changes to the IG Toolkit

The IG Toolkit will be replaced in April 2018 with the Data Security Protection Toolkit. The IG Team has reviewed and identified changes to Board reporting requirements and evidence to meet the new requirements. Reports and updates on the changes have 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 are conducted throughout the Trust. This ensures that information governance policies, processes and operational activities are effective on the ground and compliant with IG 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 Assets

The Trust has reviewed its information assets. Its key information assets have been identified and approved by the IG Committee this year. Each key asset has an Information Asset Owner assigned. Each asset has been updated in the Information Asset Register.

The Information Asset Register has been reviewed and amended. The Register has been approved by the IG Committee.

New Systems/Privacy Impact Assessment (PIA)

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 IG Toolkit and will be a significant part of 'Privacy by Design and Default' at the change of data protection legislation.

The PIA process has been reviewed this year to ensure it continues to provide 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 2017-18 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:

- End of Life and Overnight Nursing Service
- Musculoskeletal Paediatric Podiatry
- Continuity of Care for Whitby Community between Health, Social and Out of Hours providers
- Access to appropriate tailored services for patients who repeatedly attend the A&E Service
- Headstart Hull
- Transfer of patient care to Tees, Esk and Wear Valleys NHS Foundation Trust
- Provide joined up care for children and young people across the Hull and East Riding area
- Facilitating GP access to Whitby Minor Injuries Unit.

Policies

Lawful and correct treatment of personal data is important. During 2017-18 a number of IG Policies were reviewed. All policies have been mapped to identify key policies and which should become standard operating procedures or guidance notes. The mapping helped to ensure that robust information governance is in place to ensure information is lawfully and effectively managed.

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 established 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 IGC and Audit Committee (in respect of audits).

A clinical coding audit was performed on discharged patient records in 2017-18. The results from the audit were good. The percentage of records that had a correctly coded primary and secondary episode were:

Overall:
- 90.0% primary
- 77.3% secondary.

This means the Trust can claim a level 2 on standard 514 and level 3 on standard 516 of the IG Toolkit.

Humber Teaching NHS Foundation Trust will be taking the following actions to improve data quality:

- Target relevant Teams where ethnicity recording is on or below the national average to update the ethnicity field in the electronic patient record to enrich future reports and data sets that require this data item
- Circulate ethnicity recording guidance to all teams to remind staff of the correct procedure to follow
- Target the relevant teams where NHS number recording is on or below the national average to update NHS number recording in the electronic patient record
- Monitor improvement in ethnicity and NHS number recording through the Data Quality Group and IG Group.

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 279 requests for information under the Freedom of Information Act, this is a rise of 9%. 114 requests (40%) were not answered within the statutory 20 day timescale due to delays in the information being supplied and a delay in the authorisation process. The FOI process is under review.

Registration Authority (RA)
Humber Teaching NHS Foundation Trust is established as a Registration Authority. The Registration Authority for the Trust's employed staff moved to the Informatics Team. The RA team works closely with Human Resources and IG, together with other relevant organisations externally. For other 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 and a pass code.

Staff have to use their Smartcard and pass code each time they log on to access and use information in systems such as SystmOne, Lorenzo or the NLMS e-learning platform.

The Trust has in place an RA Policy and Procedures which has just undergone a review to reflect national RA policy, procedures and guidance.

The RA Officer introduced 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.

How We Measure Performance – Meeting NHS Improvement Targets

Humber Teaching NHS Foundation Trust reports to NHS Improvement (NHSI) and NHS Digital. Key indicators are mapped via the IQPT to the NHSI Single Oversight Framework (SOF) (formerly Risk Assessment Framework).

Our Trust uses a 'traffic Light' or 'RAG rating' system to report on performance and quality against our selected priorities and Key Performance Indicators (KPIs), e.g. Red = Weak, Amber = Fair and Green = Good. This is translated to reflect the organisation's performance on the selected priorities and initiatives.

Our internal reporting is split into three levels:

Level 1: Monthly and quarterly performance reports to the Trust Board via the IQPT
Level 2: Monthly Care Group and Service Line Reports via a Dashboard to the Operational Care Groups and their Directors
Level 3: Monthly performance reports at team level to Directors, Service Managers and Team Leaders
We also report externally to our Commissioners via:

Contract Activity Report (CAR)

This is completed on monthly basis by the Business Intelligence Department (BI Hub). The BI Hub was formed during the year 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.
- Manage people and processes to improve decisions, be more effective, enhance performance, and steer the organisation in the right direction.

Meetings are held regularly with Commissioners, Board Members, Care Group 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.

Performance Indicator returns (PIs)

All SOF and CQC indicators are reported in the IQPT and in Care Group Dashboards. KPIs that are failing to either meet a target or are showing a continued downward trajectory (subsequently at risk of breaching a target) are reported by exception on PIs. PIs are discussed with operational staff to understand the issues and problems and current action plans are agreed that would support the development of services and make improvements that will enable the Trust to meet its contractual obligations.

Benchmarking

Each year the Trust participates in the national benchmarking data collections projects, this consists of Adult and Older People's Mental Health Service, Community Services (Physical Health), CAMHS, Corporate Services and Perinatal to name a few.

The benchmarking projects allows 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, which 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 Care Groups for their consideration and action. Any identical indicators in the Trust's IQPT will also include the national benchmarking results for a direct comparison.

2.6   Core Quality Indicators

A national core set of quality indicators was jointly proposed by the Department of Health 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

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 year end, 23 patients were not seen within the seven-day follow up period. This is just one additional breach compared to 2016-17. 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 97.5% across the year with and achieved its quarterly targets despite having a dip in September to 93.6%. This equates to 912 patients seen out of the 935 discharges. All incidents are investigated and reported on the Trust Datix system. Appropriate actions and resolutions sought for individual cases.

Graph
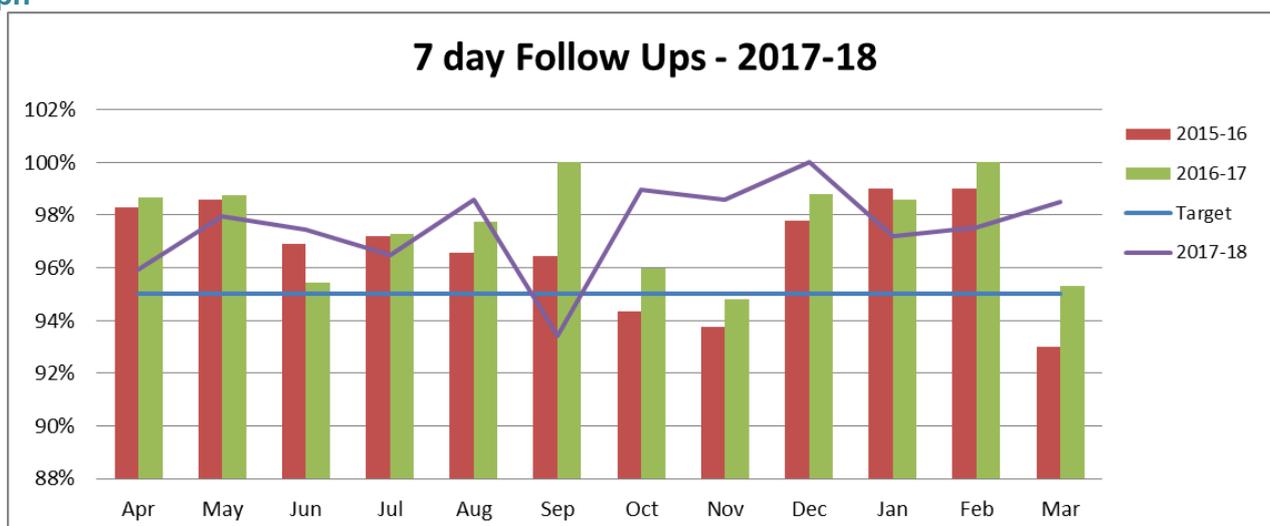
Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

- This indicator is a national target (95%) and is closely monitored and audited 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 Board as part of the Integrated Quality and Performance Tracker. 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 DHSC on a quarterly basis via the Mental Health Provider Commission return.

Humber Teaching NHS Foundation Trust has taken the following actions to improve this % and the quality of its service by:

- Reporting on patients who are discharged out of the area for continuing community care.
- 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 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.
- The Performance team actively monitor the seven-day follow up procedure at team and senior operational level. The Trust Care Group Directors and Service Managers receive a daily Potential Breach Report which identifies those patients who are at risk of not being seen within timescale.
- This key performance indicator will become a zero event from 1st April 2018 and further initiatives are being developed to improve compliance.

*The table below benchmarks the Trust's achievements against the national average submitted to DHSC. Figures may differ slightly on occasion due to timing of submission and refresh of data.

Indicator	NHS Outcomes Framework Domain	Health & Social Care Information Centre Performance Data (2017-2018)				
Percentage of patients on Care Programme Approach who were followed up within seven days after discharge from psychiatric inpatient care during the reporting period	Preventing people from dying prematurely

Enhancing quality of life for people with long-term conditions | | Q1 | Q2 | Q3 | Q4 |
		Humber	97.2%	96.1%	99.2%	97.7%
		National average	96.7%	96.7%	95.4%	95.5%
		National best score	100.0%	100.0%	100%	100%
		National worst score	71.4%	87.5%	69.2%	68.8%

Gatekeeping

A mental health inpatient admission is said to have been gate-kept if the patient has been assessed by the Mental Health Response Service (previously called crisis and home treatment team) or intensive home treatment team within 48 hours prior to their admission and if they were involved in the decision-making process which resulted in the admission. Every referral for admission is assessed to ensure the most appropriate method of care is provided. Only when a patient's care and treatment cannot be best met in their own home is an admission made.

Summary of Progress

As per the SOF guidelines, only adults aged 16-65 are gate-kept prior to admission. During 2017-18 there were a total of 731 admissions in this age group. All except one of these admissions being gate-kept giving a compliance rate of 99.9% for the year (see Graph 1).

The Trust also reports to the DHSC Unify Submission. The guidelines require that all patients aged 16 and over are gate-kept and these are benchmarked against other Trusts. There were a total of 1033 patients aged 16 and over admitted to Trust units and 99.9% were gate-kept for the same period (see Graph 2).

The data below does not include admissions to the Trust's Psychiatric Intensive Care Unit, Learning Disability or Forensic units and does not include transfers in from other hospital wards.

Graph 1

Gate-Keeping - 2017-18 (Age 16-65)

A bar chart showing monthly Gate-kept % from April to March, with a Target line at 95%. Y-axis ranges from 80% to 100%. All months show approximately 100% except June which is approximately 98.8%.

Legend:
- Gate-kept %
- Target

Graph 2

All Gate-Keeping - 2017-18 (16 and over)

A bar chart showing monthly Gate-kept % from April to March, with a Target line at 95%. Y-axis ranges from 80% to 100%. All months show approximately 100% except June which is approximately 99%.

Legend:
- Gate-kept %
- Target

Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

- All gatekeeping is recorded on the Trust's patient administration system (Lorenzo) and is adopted across both Hull and East Riding.
- Patients aged 16-65 are reported to the Trust Board as per Single Oversight Framework guidelines (see Graph 1). However, by way of good practice this process continues to be in place for all patients aged 16 and over (see Graph 2) and is reported to the DHSC.
- Gatekeeping is monitored weekly to ensure consistency and accuracy of data and is subject to regular refresh.

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. The table below benchmarks the Trust's achievements against the national average based on all patients aged over 16.

Indicator	NHS Outcomes Framework Domain	Health & Social Care Information Centre Performance Data (2017-2018)				
The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period	Enhancing quality of life for people with long-term conditions		Q1	Q2	Q3	Q4
		Humber	99.6	100	100	100
		National average	98.7	98.6	98.5	98.7
		National best score	100	100	100	100
		National worst score	88.9	94.0	84.3	88.7

Emergency Readmissions (Mental Health)

The Trust monitors emergency readmissions where patients have been readmitted within 30 days of discharge. Although there is no national target apportioned, the Trust has set an internal threshold of 10%.

The calculation for Mental Health is based on the number of patients who were readmitted within 30 days of their previous discharge. Therefore the report is based one month in arrears and will show discharges from March 2017 to February 2018.

Not all patients who are readmitted are classified as an emergency. Some patients are recalled as part of their treatment. Patients may also be discharged earlier as part of their home treatment and care plan with a view to them being readmitted if the patient and care co-ordinator feel it is more beneficial to their overall recovery. For 2017-18 there were a total of 24 readmissions.

Graph
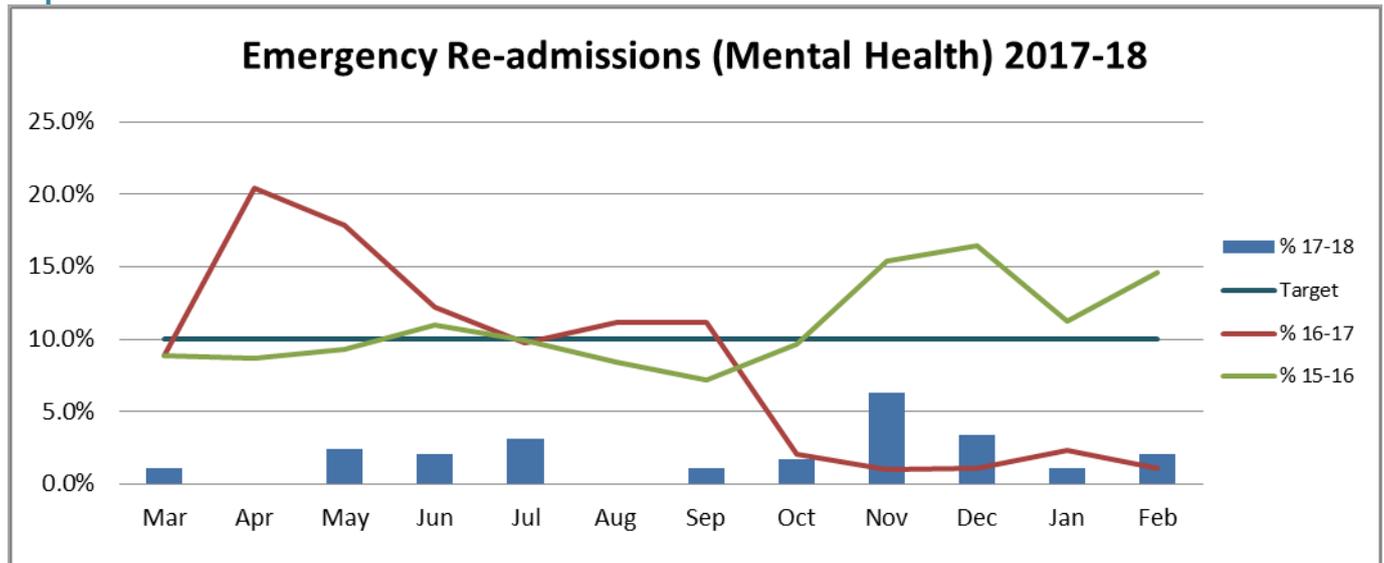
Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

- Patients who have been transferred from another Mental Health bed are not included.
- It does not include patients who have been recalled under a Community Treatment Order (CTO).
- Patients who return to hospital as part of their on-going care plan are not included as these are not classified as emergency.

The Trust has taken the following actions to improve this percentage and the quality of its service by:

- Monitoring on a weekly basis to ensure community beds are available when required by the patient(s).
- Liaising with Service Leads to investigate each admission on an individual basis.

Emergency Readmissions (Community Hospital)

Currently the Trust has one Community Hospital site in Whitby for which the following chart and narrative relates to.

This is the first year that the Trust has reported on this indicator for Whitby. For 2017-18 there were 386 discharges. There were 39 patients who were readmitted within 30 days of their previous discharge which equates to 9.1%.

The calculation for Community Hospitals is based on the number of readmissions within a month divided by the number of discharges within the same month.
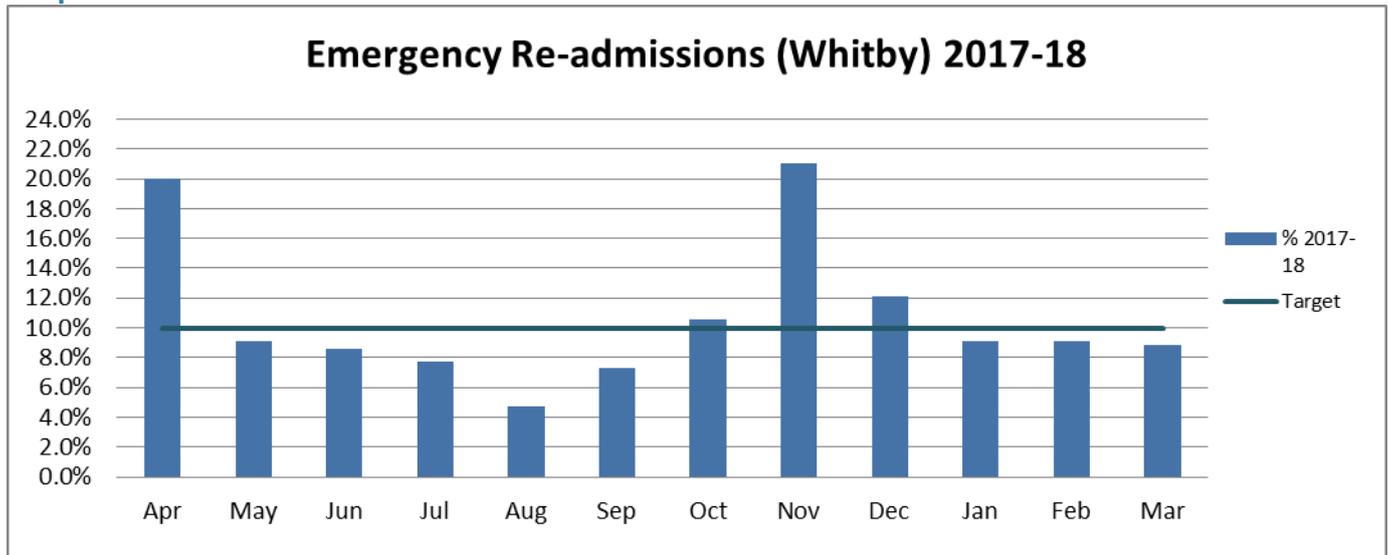
Emergency Re-admissions (Whitby) 2017-18

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 have been shown nationwide to deliver beneficial outcomes for patients.

The Trust has taken the following actions to improve this percentage and the quality of its service by monitoring on a monthly basis to ensure community beds are available when required by the patient(s).

This indicator is being removed in 2018-19 due to the fact that there is no national validated metric available.

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. The Trust was pleased that the percentage response rate was 27% and slightly higher than the national average of 26%. The results demonstrate that whilst there are always opportunities to learn and improve, the services we provide are consistent in delivering evidence-based quality care.

Section Descriptor	Score 2017 (Compared with other Trusts)
Health and social care workers	Better
Organising Care	Better
Planning Care	Same
Reviewing Care	Better
Changes in who people see	Same
Crisis Care	Same
Treatments	Same
Support and Wellbeing	Better
Overall views of care and services	Same
Overall Experience	Same

The Trust is one of only three in the country where patients experience care is 'better than expected'. The Trust was congratulated in a letter from Paul Lelliott, CQC Deputy Chief Inspector of Hospitals, on the progress and improvements that have been made since the 2016 survey. The Trust recognises the challenge to build on and maintain these improvements and the Clinical Care Director for the Mental Health care group is working with the Clinical Network to address the recommendations made by Quality Health.

Learning from Deaths

Humber Teaching NHS Foundation Trust is committed to embedding a culture of continuous learning. The approach introduced in 2016 to learning from deaths that do not meet the threshold for a serious incident investigation has continued to be strengthened throughout 2017-18. In quarter four, a daily (Monday to Friday) patient safety huddle was introduced by the Risk and Quality team. This huddle ensures that patient safety incidents (including deaths) reported within the previous 24 hours (72 hours on Mondays) are reviewed and action is taken accordingly.

The serious incident investigation process has been fully reviewed in collaboration with the Clinical Commissioning Group. The aim has been to strengthen the process to ensure high quality timely reviews are undertaken and the questions and views of the family and carers are addressed within the investigation. A programme of Root Cause Analysis training has been introduced to ensure that investigators have the skills necessary to undertake high quality investigations.

The Trust continues to work closely with other trusts and organisations to develop the approach to learning from deaths that do not meet the serious incident threshold. The Mortality Governance Group, chaired by the Medical Director oversees the process and the dissemination of learning.

A bi-monthly Quality Newsletter has been introduced and alongside a twice-yearly Learning the Lessons Conference, is one of the vehicles by which learning from deaths is disseminated across the organisation.

During April 2017 to March 2018, 291 of Humber Teaching NHS Foundation Trust patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 62 in the first quarter
- 76 in the second quarter
- 76 in the third quarter
- 77 in the fourth quarter.

By 31st March 2018, 14 case record reviews and 36 investigations had been carried out in relation to 48 of the deaths included above. In one case a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 22 in the first quarter
- 13 in the second quarter
- 9 in the third quarter
- 6 in the fourth quarter.

Zero 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 estimated using the structured judgement methodology and root cause analysis methods.

The following learning, whilst not causal, has been collated from the investigations above:

- Teams are providing good quality care that meets people's needs and liaise well with other health professionals.
- Some inconsistencies with assessing risk have been found. To ensure a consistent evidence based approach to risk assessment the Trust continues to roll out specifically developed suicide and self-harm and clinical risk training to support staff to continuously develop skills and expertise in the management of risk.
- Some individuals are not consistently adhering to the required standards of defensible documentation.
- The Trust needs to ensure that when new operational policies are implemented consideration needs to be given to how staff will be supported to familiarise themselves with the changes.
- The need to address physical health alongside a person's mental health and improving the application and understanding of National Early Warning Score (NEWS) in line with national guidance and Trust policy.
- Ongoing discussions and review is required with the Clinical Commissioning Groups regarding Assertive Outreach for people with Addictions in line with national policy and guidance.

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:

- Optimisation of electronic records systems continues and promotes improvements in record keeping and documentation standards. This provides greater opportunities for improvements in communication with and about patients.
- The structured judgement methodology has been introduced to undertake quality and safety reviews as a qualitative record keeping audit. This methodology allows services to review practice and make judgements on the quality of care provided to people who are have used our services.
- The Clinical Risk Management Policy has been refreshed and a scenario based package of training rolled out across the Trust. Prior to registration for training staff complete the e-learning package before the half-day clinical risk management training. They are then signposted to formulation, suicide and self-harm, training. The completion of clinical risk and SASH training is being closely monitored against a trajectory to 80% qualified staff trained by October 2018. The Functional Analysis of Care Environments (FACE) risk assessment tool has been implemented in Adult Mental Health and Older Adult Mental Health teams.
- The Physical Health and Care of the Deteriorating Patient Policy has been updated to support the escalation and management of the deteriorating patient and implementation of NEWS2 in quarter four. The policy promotes the review of physical health at point of referral/admission though to discharge, ensuring effective communication with primary care and the GP. All registered nurses are undertaking physical health and sepsis awareness training. The management of patients within the first 48 hours of admission is monitored via an iPad-enabled audit and quality improvement tool known as the Perfect Ward app. This allows instant feedback and action planning.

The impact of the actions outlined above is as follows:

- Trustwide implementation of the electronic patient record and mobile working solutions allows immediate access to relevant patient information at the point of care.
- The SASH and Clinical Risk Training programme is showing improvements in the quality of assessments and resultant decisions and management plans.
- The implementation of close assurance systems such as the Perfect Ward app has led to demonstrable and rapid improvements across the inpatient units. This approach is being rolled out to the community to achieve similar results.
- The introduction of regular qualitative record keeping audits ensures direct feedback is given to clinicians, and addresses record keeping issues more responsively to ensure a culture of continuous learning.

Deaths in 2016-17

There were five case record reviews and ten investigations completed after 31st March 2017 which related to deaths which took place in 2015/16 before the start of the reporting period.

One representing 1.3 % 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 methods.

Two representing 2.6% of the patient deaths during 2016-2017 are judged to be more likely than not to have been due to problems in the care provided to the patient.

It is not possible to accurately compare the 2016-17 and 2017-18 data in relation to deaths as new systems for reporting and learning were introduced during 2016-17. All deaths within our mental health and community services (including expected natural deaths) are now reported via Datix using the Mazars LLP criteria (below), therefore the data available for 2017-18 is now an accurate picture of the number of deaths that have occurred.

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.

Working with Adult and Children's Safeguarding Boards

Safeguarding Children Boards – learning and dissemination

The Humber safeguarding service works alongside the safeguarding children boards throughout the Safeguarding Children Review (SCR) process and a SCR panel is established for each review. This process identifies learning for Humber (and other agencies). Action plans are devised and shared within the panel that reflect the all of the required learning objectives. These are also governed within the safeguarding forum so assurances can be provided regarding completion. The safeguarding team are involved in all related SCR meetings and are part of the agency review process throughout the SCR. The safeguarding team attend relevant sub groups and are involved in strategic work.

The Hull safeguarding children Board have recently started to disseminate briefings following the completion of SCRs; these are shared across the organisation.

Key issues that are identified in the initial chronology process are shared with the service area managers immediately if there is specific learning or action required.

Learning from SCRs is shared via:

- 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 Adult Boards – learning and dissemination

The safeguarding service is closely involved with the adult safeguarding boards and is represented at board meetings and strategic sub groups. Attendance at the Safeguarding Adult Review (SAR) panel meetings ensures involvement with the process and there have been shared learning sessions with multi agency groups which examine themes and trends and reviews action plans.

The themes and issues from previous SAR have been disseminated trustwide and specific actions implemented. This has been reviewed by the relevant local authority via a variety of methods which include self-assessment, panel interview to review actions of the trust, self-declarations and work shop style feedback.

The Humber safeguarding service works closely with local authority's boards with co-development of strategic plans, strategies for self-neglect, Vulnerable Adult Risk Management Meeting Process (VARM) and Domestic Homicide Reviews (DHR). Learning from SAR is shared via:

- Clinical governance groups
- Clinical network groups
- MDT meetings
- Lessons learned conferences
- Development sessions (operational and managerial)
- Clinical work shops
- Supervision
- Training
- Practice Notes
- Newsletters
- Five-minute focus bulletins
- SCR/SAR/DHR/LLR reports disseminated to staff in quarterly reports identifying themes and trends.

Patient Safety Incidents

The National Patient Safety Agency (NPSA) 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 September 2017, was 45.9 per 1,000 bed days. Humber Teaching NHS Foundation Trust's reporting rate was 88.2 incidents per 1,000 bed days which was the highest number of incidents per 1,000 bed days.

	Total Incidents 2016-17	Total Incidents 2017-18	Severe/ Death 2016-17	Severe/ Death 2017-18	Serious Incidents 2016-17	Serious Incidents 2017-18
1 April-30 June	1,246	1,184	17	15	10	10
1 July-30 September	1,362	1,208	17	10	5	5
1 October-31 December	1,473	1,064	10	7	6	6
1 January-31 March	1,519	1,040	24	13	10	4

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 (C. diff) 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
Whilst the Trust continually strives to ensure we have no CDI 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)

Summary of Progress
During Q1 to Q4, 2017-18, it is noted there have been two CDI cases apportioned to the Trust. Both cases were in Whitby Hospital Inpatient Unit. This position remains unchanged compared to the same period last year, where two cases were reported.

2017-18	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	1	0	0	0	0	0	1	0	0	0	2
Trustwide	0	0	1	0	0	0	0	0	1	0	0	0	2

Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons: a CDI 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 C. diff toxin. In some instances people are referred to as being a C. diff carrier as they have the C. diff bacteria present within their gut but no toxin production.

Only CDI cases were the sample is obtained after four 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 C. diff toxin in a sample, there is a notification process in place to ensure both the clinical area and infection prevention and control team are informed.

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.
- 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. C. diff.
- 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 2017-18, quarter one to quarter four, it is noted there have been zero MRSA Bacteraemia cases apportioned to the Trust.

***Escherichia coli (E. coli)* Bacteraemia**
For the financial year 2017-18, quarter one to quarter four, it is noted there have been zero E. coli Bacteraemia cases apportioned to the Trust.

Medicine-Related Incidents

The Governors of Humber Teaching NHS FT chose medicines incidents as the local indicator for the Quality Account as there has been an increased focus on medicines errors nationally. Most of the medicine-related incidents in 2017-18 occurred during administration. This category has, therefore, been chosen as the quality indicator for medicine-related incidents. There were 217 drug administration incidents all of which had resulted in either no harm (193) or minimal harm (24) (i.e. required extra observations or minor treatment). The data included in this indicator will be subject to external audit.

Humber Teaching NHS FT has clear systems and processes in place for the reporting and investigation of medicine-related incidents. These incidents include errors and non-errors (e.g. rapid tranquilisation) and they are reported via Datix and reviewed by the Medicines Safety Officer.

The top two subcategories were inter-related – the non-annotation of administration boxes and the failure to give medication as prescribed. Following the implementation of various initiatives, including the reviewing of medicines administration record (MAR) charts at handover, the "Pot and Dot Scheme" etc., this has now improved. However, incidents still occurred when medication was not ordered in a timely manner and some depot medications had also been missed when staff overlooked the Periodic Injection section of the MAR charts. The remaining incidents within these subcategories resulted from a mixture of causes, e.g. family not bringing in sufficient amount of medications on admission; staff were distracted/disturbed by alarms or unexpected incidents half way through administration; items prescribed on multiple charts and some medicines were overlooked etc.

The third highest subcategory was the administration of incorrect doses. A third of these involved "when required" medications, e.g. the total amount administered exceeded the prescribed maximum dose. Another third occurred when doses were changed or when medications were being titrated.

The fourth highest subcategory was the administration or supply of an incorrect medicine. These include the selection errors between plain and modified release formulation of the same medicine; wrong route (e.g. injection was prescribed but oral medication of the same drug was administered); administration of a medicine that was recently cancelled by a prescriber; dispensing error by a community pharmacy; administration of a medicine dispensed for another patient because of medicine shortage (non-error).

Amongst the other subcategories, there were four incidents where the patient was incorrectly identified. Two of them occurred because the patients had identified themselves as another patient; one was an antihistamine given to another patient with the same first name and the last one was a calcium tablet given to a wrong patient by a healthcare assistant.

Three incidents were reported under the subcategory of "Inappropriate Use/Administration of Medicines". One was the application of three transdermal patches in order to make up the prescribed dose when the product licence stated that no more than two patches should be applied at the same time; the other two related to injection technique.

The Lead Medicines Optimisation Nurse, Medicines Safety Officer and the wider pharmacy team are working with the Link Practitioners to discuss medicine-related incidents and establish ways to prevent similar incidents from occurring again. Moreover, "Medicines Optimisation Work-Based Competency Programme" is currently being rolled out to improve and maintain standards. From October 2017, pharmacy technicians are linked with individual wards and teams to establish and support good practice.

Administration April 2017 to March 2018
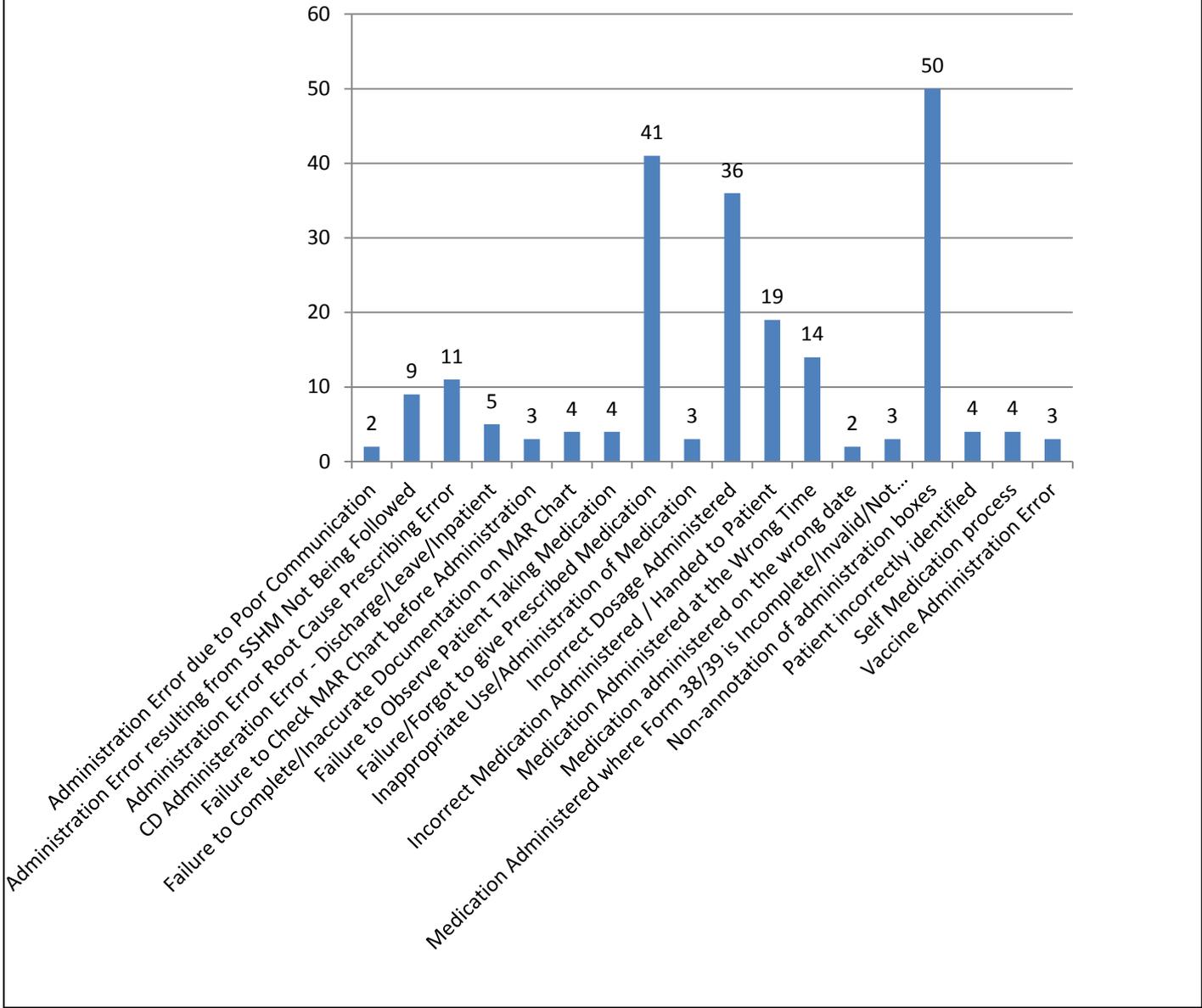
2.7   Key National Indicators

There are three domains which the Key National Priorities fall under that the Trust has reported on in Section 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 Papilloma Virus (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 has to be spread out over at least a six month period to work properly, and to fit this around the academic school year and deliver it efficiently it is delivered across two academic years.

Due to the difference between the financial year we are describing in this report (April 2017 to March 2018) and the academic year that dictates the delivery timings of the vaccination doses (September 2017 to July 2018), we are reporting on vaccinations completed between April 2017 and August 2017, the 2016-17 academic year.

Between April 2017 and August 2017 the Trust delivered the second dose of the HPV immunisation to 85.5% of girls in Year 9 in East Riding Schools, against a target of 85%.

Between April 2017 and July 2017 the Trust also delivered the first dose of the HPV immunisation to 88.1% of girls in Year 8. This allows a drop-out rate of 3.1% between Dose 1 and Dose 2 to achieve the target of 85% receiving both doses by the end of August 2018.

Graph

Coverage of HPV vaccination programme

Percentage of girls given doses

	Dose 1	Doses 1 and 2	Doses 1, 2 and 3*
(3 doses) Sep-11 to Aug-12	93.6%	93.5%	92.3%
(3 doses) Sep-12 to Aug-13	94.9%	94.2%	89.0%
(3 doses) Sep-13 to Aug-14	96.3%	95.5%	89.3%
(2 doses) Sep-14 to Aug-16	88.5%	85.5%	
(2 doses) Sep-15 to Aug-17	92.8%	88.1%	
(2 doses) Sep-16 to Aug-19	93.4%	Delivery of Dose 2 to this cohort will take place between April 2018 and July 2018	

Target (85%)

* From September 2014 onwards those receiving the new vaccine require two doses given one year apart, delivery is split across two academic years. Those who received their vaccination prior to September 2014 were given three doses (of the old vaccine) spread out across a single academic year.

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 NHSI, the Trust only records mental health inpatient delayed discharges for patients aged 18 and over.

Summary of Progress

For the whole of 2017-18, the Trust reported a percentage of 6.11% delayed transfers which although an increase on last year is still within the measure. From Q3 however, there has seen a steady improvement and the units are seeing a reduction in the number of delays.

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 the Department of Health and Social Care. This return (SitReps) looks at the 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 was set up during Q4 of 2016-17 to move all delayed transfers of care onto Lorenzo. This has now been achieved for all mental health and learning disability units. Work is underway within the Care Group to facilitate the move across from manual recording to electronic reporting for Community Hospitals.

Graph

DToC Figures (Mental Health excluding Learning Disabilities) 2017-18

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
- - - 2015-16	4.2%	5.0%	5.4%	4.4%	2.5%	3.7%	1.8%	1.3%	2.0%	3.0%	3.6%	2.4%
—— 2016-17	2.2%	3.1%	3.9%	3.4%	3.4%	3.3%	3.8%	4.6%	5.6%	6.2%	6.4%	6.9%
—— 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%
—— 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%
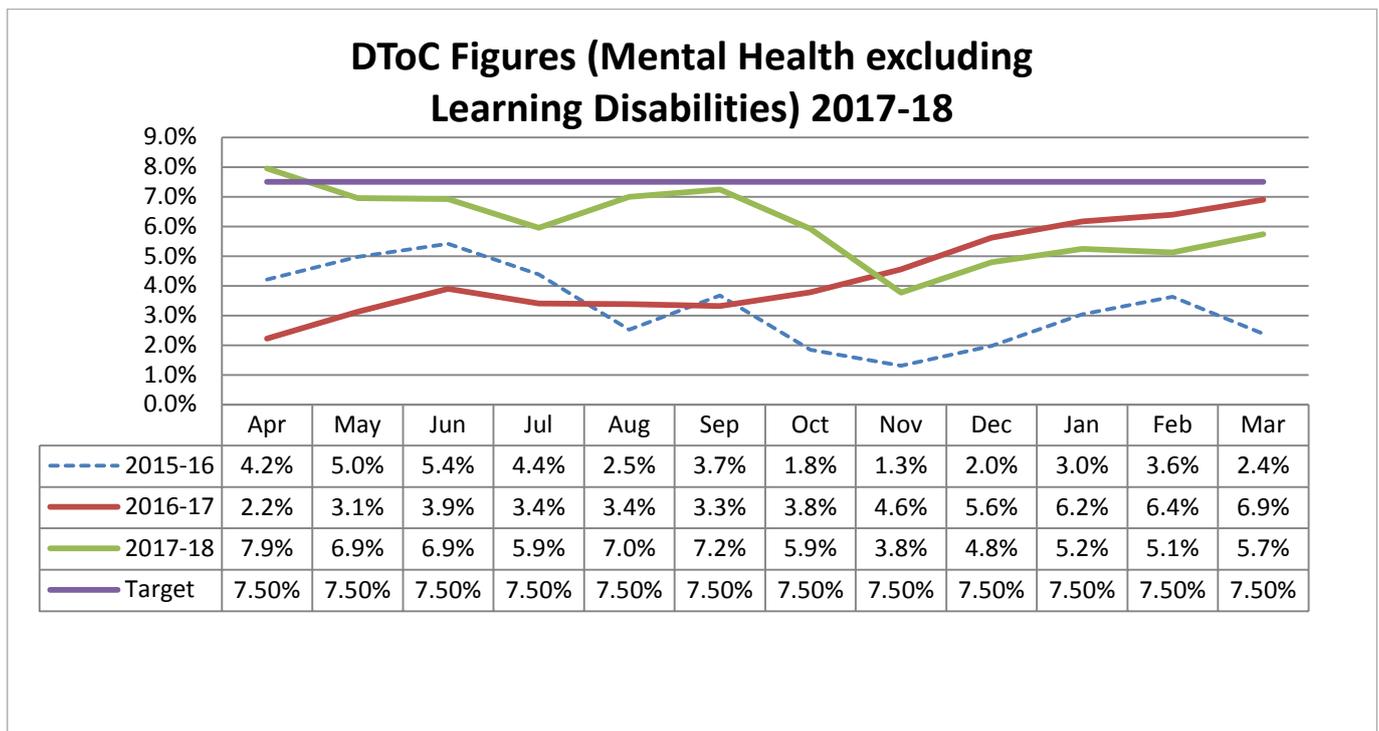
The graph above compares three years data by month up to 2017-18.

The table below highlights the number of occupied bed days and the number of patients delayed days per month.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
OBDs	5348	5468	5016	5313	5131	4970	4799	4568	4529	4542	4237	4830
Delayed Days	425	380	347	316	359	360	284	172	217	238	217	277

Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons; Both the CQC 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 East Riding of Yorkshire Council and both CCGs. Equally all other delays are raised via the daily system wide meetings.
- 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.

Percentage of Patients Seen for Treatment within six and 18 Weeks of Referral

Improving Access to Psychological Therapies (IAPT) Access Times/Goal
The waiting time standard requires that 75% of people with common mental health conditions referred to the 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 2017-18. Both the six and 18 week target have been achieved each month throughout the year

Trustwide Total Proportion of Treatments Commenced within the Timescales set out (NHSI Target)					
Month	Number of treatments commenced	Number of Treatments within six weeks of Referral	Proportion of Treatments Commenced within six weeks of Referral	Number of Treatments within 18 weeks of Referral	Proportion of Treatments Commenced within 18 weeks of Referral
Apr 17	187	181	97%	187	100%
May 17	246	238	97%	245	100%
Jun 17	209	205	98%	209	100%
Jul 17	185	178	96%	185	100%
Aug 17	240	234	98%	240	100%
Sep 17	230	224	97%	230	100%
Oct 17	309	305	99%	309	100%
Nov 17	265	260	98%	265	100%
Dec 17	170	168	99%	170	100%
Jan 18	216	210	97%	215	100%
Feb 18	164	164	100%	164	100%
Mar 18	175	171	98%	175	100%

	Number of treatments commenced	Number of Treatments within six weeks of Referral	Proportion of Treatments Commenced within six weeks of Referral	Number of Treatments within 18 weeks of Referral	Proportion of Treatments Commenced within 18 weeks of Referral
Q1 17-18	642	624	97%	641	100%
Q2 17-18	655	636	97%	655	100%
Q3 17-18	744	733	99%	744	100%
Q4 17-18	555	545	98%	554	100%

The Trust considers that this data is as described for the following reason:

Monthly reporting from the Trust's PCMIS system.

Percentage of Patients Seen for Treatment within 14 Days of Referral

From April 2016 NHS England (NHSE) introduced a series of standards for Early Intervention for Psychosis (EIP) 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 EIP services requires that from 1st April 2016 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. During 2017-18 the service has increased the age range in which for patients and now work with patients between 14 and 65. The year to date performance of 74% is greater than the nationally mandated target of 50%. All data for 2017-18 has been audited by the Trust's external auditors.

14 day First Treatments – 2017-18	Treated	Within 14 days	%
Quarter One	53	38	72%
Quarter Two	47	17	36%
Quarter Three	57	52	91%
Quarter Four	46	44	96%

Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

- Fortnightly reporting from the Trust Lorenzo system
- Weekly MDT meeting for feedback on assessments in progress
- 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 increasing caseloads for each clinician resulting in prompt waiting times. Performance has increased from Q2 and is above the nationally mandated target.

Percentage of Children measured for Height/Weight in Reception

Results for this report are shown based on an academic year, not financial year and relate to February to April 2016. This report looks at the financial year and therefore shows the full year achievement for 2015-16.

Good nutrition is essential for the healthy development of children, with long-term effects on health for the whole of a person's life. Collecting data about childhood obesity and under-nourishment provides parents with important health information about their children. Health service commissioners at both local and national level need the information to make decisions about the services required now and in the future. The Trust is commissioned to deliver the National Child Measurement Programme (NCMP) in East Riding Schools by East Riding of Yorkshire Council.

This is a nationally mandated indicator with a target of 85% coverage. Every school child is measured for height and weight in Reception (age 5-6 years old), and again in Year 6 (age 10-11 years old). In the East Riding this is done by School Nurses, between February and May.

The data is used to calculate the Body Mass Index (BMI) for each child. Parents receive a letter explaining their child's BMI to raise awareness of the health risks for over or under weight children. The data is also used for Public Health planning.

Summary of progress

In 2017 Nurses from the Integrated Public Health Nursing Service recorded the height and weight for 98.4% of children in Reception and 96.8% of children in Year 6. The children in the 2017-18 academic year will be measured between February 2018 and April 2018 and shown in the 2018-19 Quality Report and Accounts.
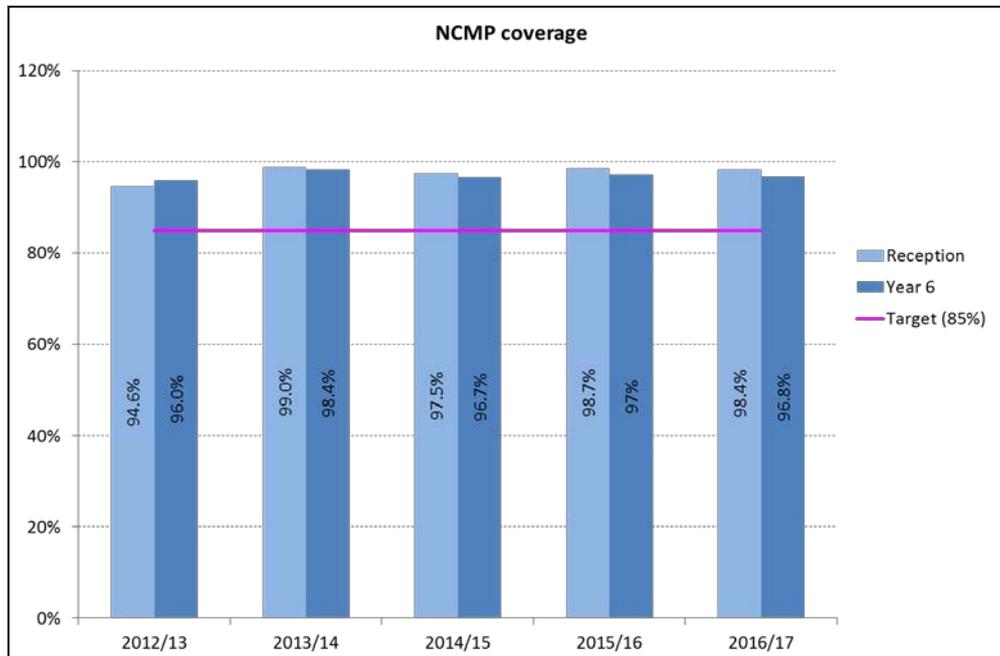
The Trust considers that this data is as described for the following reasons: the target is to measure and weigh at least 85% of children in Reception (age 5-6 years old), and again in Year 6 (age 10-11 years old). The NCMP programme is recorded against the record of each child individually on SystmOne (our electronic clinical record system) and compared with a master list of all eligible children. We are therefore able to accurately identify the overall percentage coverage.

The 2017-18 planned programme commences in March 2018 following the half term, and will finish in May 2018. Any children missed in the first rollout will be identified from the master list. They will be weighed and measured during catch-up sessions, as school nurses visit the schools regularly. We expect coverage to reach similar levels to last year, well above target.

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 Mental Health 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 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 SMI are a CQUIN in 2017-18. Patients with SMI for the purpose of this CQUIN are all patients with psychosis, including schizophrenia, in all types of inpatient units and community settings commissioned from all sectors.

CQUIN performance for community and inpatient services is measured by the National Clinical Audit of Psychosis. EIP performance is measured by the EIP Self-Assessment Audit. Results for both audits will be published mid-2018.

The following figures are a snapshot of the current position at 31st March 2018. It should be noted that these figures do not include those assessments that were completed on paper prior to the development of the electronic form and so are not directly reportable. As such these figures will underestimate the true performance as would be measured according to the CQUIN guidelines.

Service	Target	% of patients with complete electronic Health Improvement Plan
Inpatient	90%	75.0%
Community (non-EIP)	65%	48.74%
EIP	90%	64.36%

Data is recorded and reported from the Trust's Lorenzo patient administration system and is governed by the definitions in the national CQUIN guidance.

The Trust has taken the following actions to improve the quality of its service:

- Developed the electronic record so the assessment can be entered directly into the system.
- To ensure the electronic assessment has been fully adopted a local audit will be carried out in quarter one of 2018-19 as required by the CQUIN.
- Online reports detailing the current state for each team have been published.
- Weekly updates highlighting areas for improvement are emailed to team leaders and responsible Assistant Directors.
- The CQUIN monitoring team attends regular Operations team meetings to discuss and rectify any issues with data collection and/or reporting.
- The Trust has participated in all national audits required by the CQUIN and will carefully consider any actions that result from the audit findings.

Admissions of Under 18s to Adult Facilities

Inpatient CAMHS General Adolescent Services deliver tertiary level care and treatment to young people with severe and/or complex mental disorders (12 and 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 aim is to have no admissions of children into adult wards. The Trust has 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 18 in this time period was 2.6 days.

During 2017-18 there were 14 admissions of under 18's.

Graph
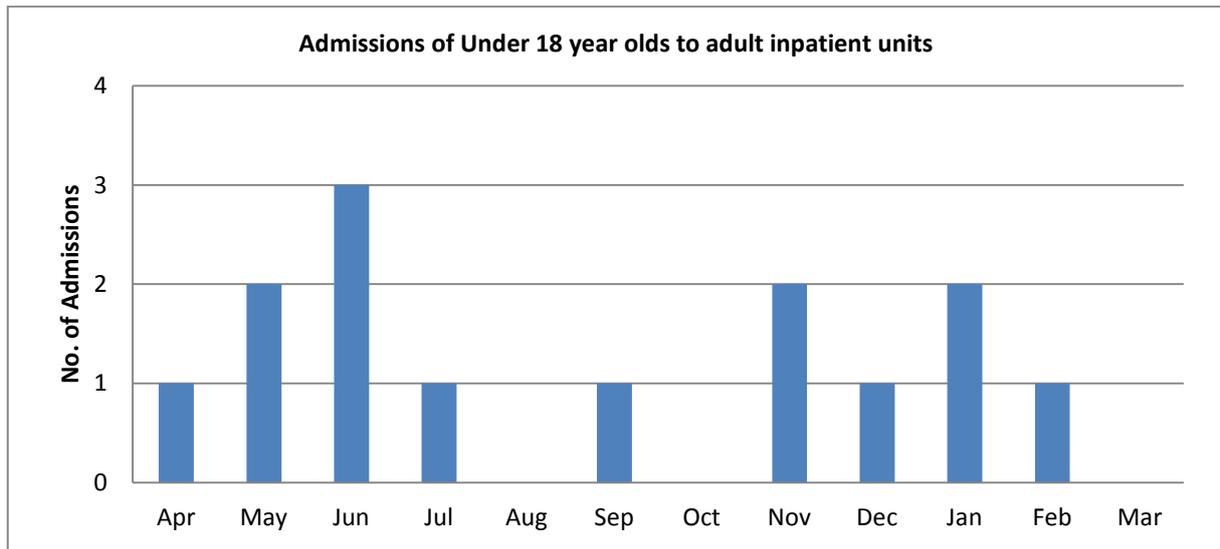
Admissions of Under 18 year olds to adult inpatient units

Month	No. of Admissions
Apr	1
May	2
Jun	3
Jul	1
Aug	0
Sep	1
Oct	0
Nov	2
Dec	1
Jan	2
Feb	1
Mar	0

Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

- Currently CAMHS inpatient beds are commissioned by NHSE and there is a very clear protocol for CAMHS services 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.
- As described the exception is the young person admitted two days before their eighteenth birthday as the adult ward was deemed the most clinically appropriate space.

The Trust has taken the following actions to improve this percentage and the quality of its service by:

- The Trust has been commissioned by NHSE to provide a 13 bedded CAMHS Inpatient Unit, this will comprise of four PICU Beds and nine General Adolescent beds. NHSE has specifically commissioned this number of beds based on an audit of the regional usage. The new service will support young people from Hull, East Yorkshire, North and North East Lincolnshire. The unit will be a state of the art new build and will be located on Walker Street in Hull. The new service will offer 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.
- As part of the Local Transformation of young people's mental Health services, the Trust has launched a pilot supported by STP Funding to open a Safe Space for young people experiencing a mental health crisis. This will allow young people to step out of their crisis to a safe place where they will be supported by experienced clinicians to develop new coping strategies. The safe space will offer a real alternative to inpatient admission.
- Both the new inpatient service and the safe space will enhance current provision and will reduce the need for lengthy out of area admissions, keeping young people close to the systems of support that aid recovery.

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:

a) 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);

b) are not intended to admit people living in the catchment of the person's local community mental health team (CMHT);

c) 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

From quarter four 2017-18, the results of Out of Area Placements are documented in the Integrated Quality and Performance Report (IQPT). The graph below shows the number of patients who were in an out of area placement per month. It is the Trust's intention that there will be zero inappropriate out of area placements by 2020. For quarter four there were nine patients who were admitted. This equates to a total of 310 days. As per the Single Oversight Framework, this indicator was newly included from 1st January 2018. Quarter 4 data has been audited by the Trust's external auditors.

Progress

Over the quarter, significant work has commenced to address the large number of working age adult out of area placements. New reporting mechanisms are being finalised to ensure the best care is received and that the service user is returned as safely and quickly as capacity allows. One of the STP priorities for the year ahead is to look at how capacity can be managed better in the region, looking at regional bed management and reducing the need for any service user to go far from home when admitted out of their home 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.

Graph1
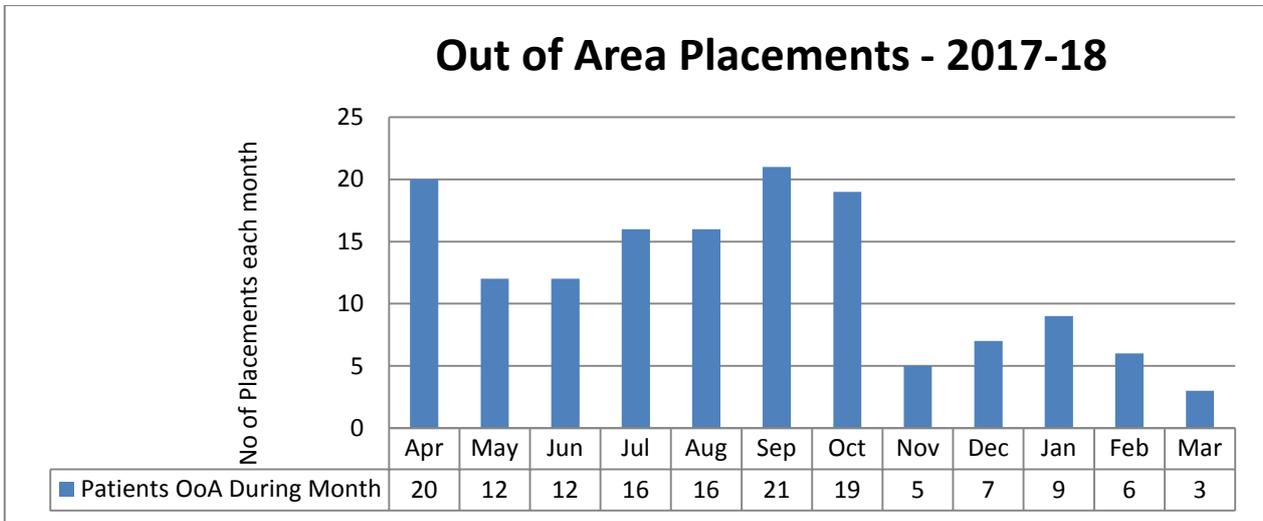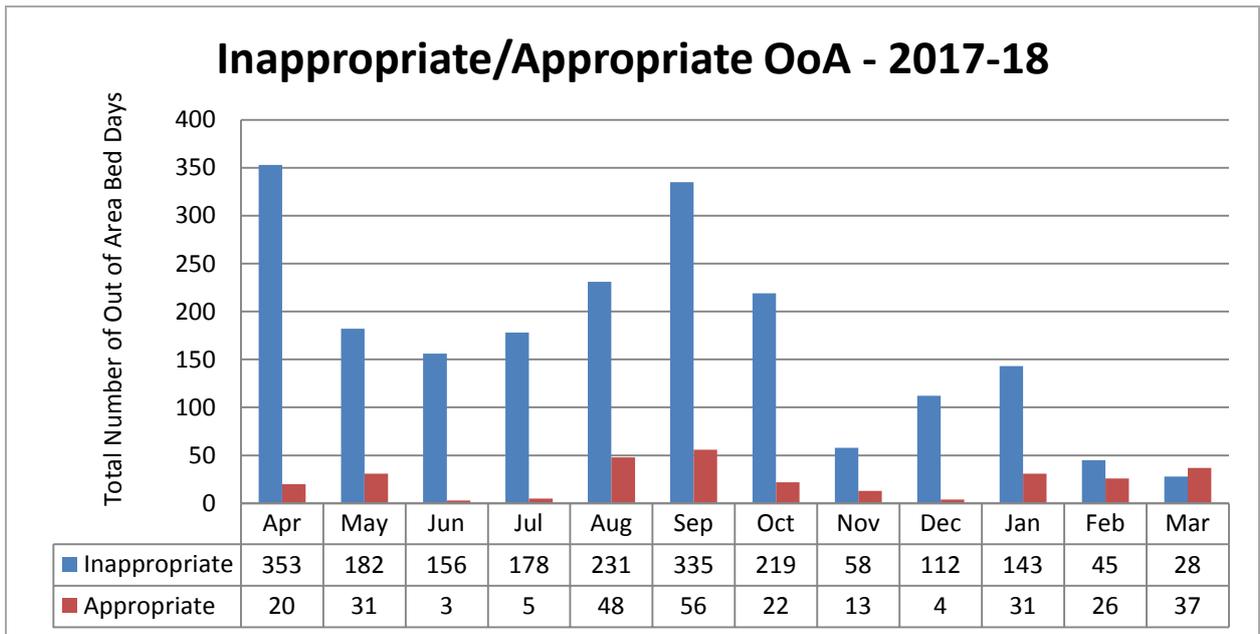
Out of Area Placements - 2017-18

No of Placements each month

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Patients OoA During Month	20	12	12	16	16	21	19	5	7	9	6	3

Graph 2

Inappropriate/Appropriate OoA - 2017-18

Total Number of Out of Area Bed Days

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Inappropriate	353	182	156	178	231	335	219	58	112	143	45	28
Appropriate	20	31	3	5	48	56	22	13	4	31	26	37

Humber NHS Foundation Trust considers that this data is as described for the following reasons:

- Total number of out of area placements within each month
- Total number of patients placed out of area and the number of days away from 'home trust'

- Split of inappropriate and appropriate placements
- 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)
- Quarter four data has been audited and validated by the Trust's external auditors

Humber NHS Foundation Trust has taken the following actions to improve this outcome and the quality of its service by:

- Introduction of new beds on Mill View Court
- Agreement to extend the crisis pad hours
- Recommissioning of the crisis pad service for a further 12 months
- Securing 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 the division between working age, Psychiatric Intensive Care Unit and older people placement for 2018-19
- Validation and escalation process to be initiated with Care Group Directors on a monthly basis

CAMHS Eating Disorders

Percentage of children and young people with an eating disorder seen for treatment within target timescales
From April 2016 NHSE introduced a requirement for all CAMHS providers to provide a dedicated Eating Disorder team. 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.

The national data collection is still experimental, with a focus on data quality and completion.

Summary of progress
The Trust was already providing treatment for eating disorders within its core CAMHS service but we did not have a dedicated team in place. We began recruiting to a dedicated team covering the Hull and East Riding 0-19 populations from April 2016 and the team became operational in October 2016. We have been monitoring performance against the ED access time indicators since April 2016.

Graph 1

Urgent referrals seen within 7 days

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
OVERALL - Urgent >1 week	1	2	0	0	0	0	0	0	0	2	0	1
OVERALL - Urgent <1 week	6	0	3	2	0	1	0	0	1	0	4	1
OVERALL - Urgent	7	2	3	2	0	1	0	0	1	2	4	2
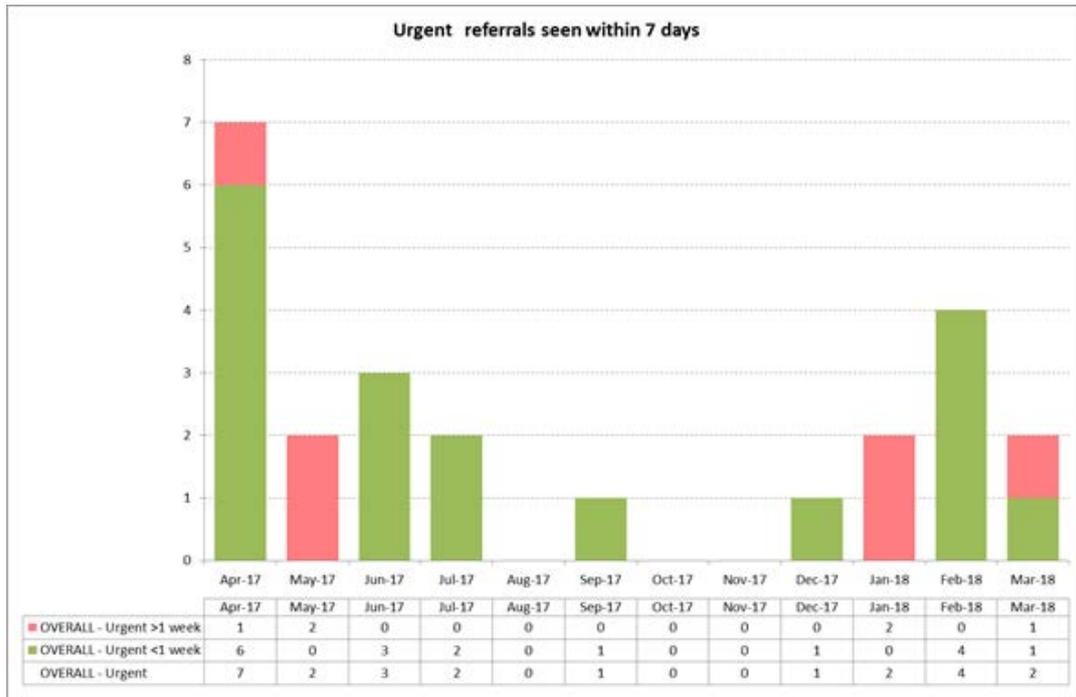
As at 31st March 2018 25 children and young people started treatment following an urgent referral for a suspected eating disorder, of which 18 (68%) did so within one week of referral. Urgent referrals are prioritised and the service investigates each breach of this target; we can confirm that in the majority of cases this was due to circumstances beyond the control of the service, such as the child not being brought to the appointment, or the family cancelling it. The breaches in January and March 2018 were due to the high volume of referrals.

Graph 2

Routine referrals seen within 4 weeks

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
OVERALL - Routine >4 weeks	2	1				1	1	2		1	1	4
OVERALL - Routine <4 weeks	3	2	4	3	2	2	4	5	2	6	8	8
OVERALL - Routine	5	3	4	3	2	3	5	7	2	7	9	12
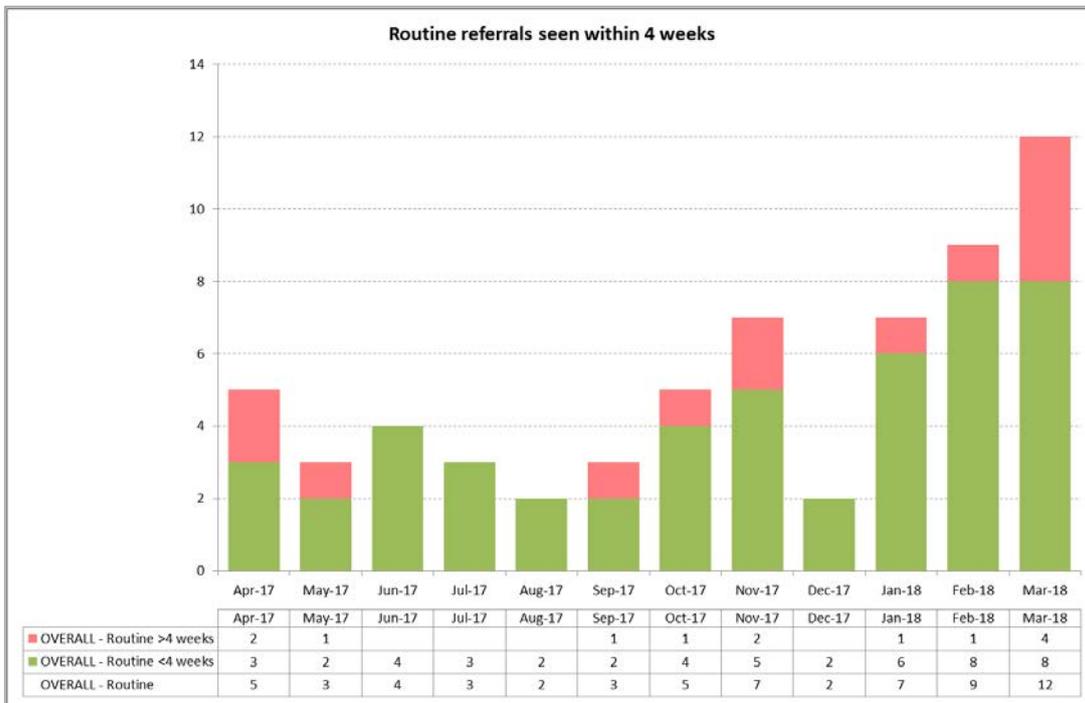
As at 31st March 2018, 62 children and young people started treatment following a routine referral for a suspected eating disorder, of which 49 (67.7%) did so within four weeks of referral. In most cases where the first contact happened later than four weeks this was due to reasons beyond the control of the service, such as the child not being brought to the appointment, or the family cancelling it. In two instances it was to the comparatively high referral rate in that month.

Numbers of referrals are small compared with other 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 a five or six more referrals than usual places a much greater demand on the team.

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.

Certification of Compliance with Requirements Regarding Access to Healthcare for People with a Learning Disability

Meeting the six criteria for meeting the needs of people with a learning disability, based on recommendations set out in Healthcare for All (Department of Health, 2008).

NHS Foundation Trust Boards are required to certify that their Trust meets requirements at the annual plan stage and in each quarter.

Summary of Progress
This key indicator has also being monitored closely at the monthly Trust board meetings via the IQPT.

	Q3	Q4	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Activity	met	met	met			met			met			met
Target/Plan	met	met	met			met			met			met
Variance to plan												

Question	CQC Questions
1	Does the NHS foundation trust have a mechanism in place to identify and flag patients with learning disabilities and protocols that ensure that pathways of care are reasonably adjusted to meet the health needs of these patients?
2	Does the NHS foundation trust provide readily available and comprehensible information to patients with learning disabilities about the following criteria?: a) Treatment, b) complaints procedures and c) appointments
3	Does the NHS foundation trust have protocols in place to provide suitable support for family carers who support patients with learning Disabilities?
4	Does the NHS foundation trust have protocols in place to routinely include training on providing healthcare to patients with learning disabilities for all staff?
5	Does the NHS foundation trust have protocols in place to encourage representation of people with learning disabilities and their family carers?
6	Does the NHS foundation trust have protocols in place to regularly audit its practices for patients with learning disabilities and to demonstrate the findings in routine public reports?

The Trust can confirm that each of the six criteria have been achieved for 2017-18.

Attrition (Drop-Off) Rate of Breastfeeding Prevalence between Ten Days and Six Weeks

There is clear evidence that breastfeeding has positive health benefits for both mother and baby in the short and longer-term. Breastmilk is the best form of nutrition for infants and exclusive breastfeeding is recommended for the first six months of an infant's life.

The key indicator for measuring our performance on supporting breastfeeding is the attrition rate (drop off). Comparing the breastfeeding status of each child at ten days and six weeks is the most meaningful way to measure how effective the Health Visitors are at supporting mothers who are breastfeeding to continue doing so in the early weeks of the baby's life.

The attrition rate fluctuates considerably from month to month, but comparing longer periods gives a more useful indication of progress. A lower attrition rate indicates good performance, as it indicates that a greater proportion of the mothers who were breastfeeding at ten days have been supported to continue breastfeeding until at least six weeks. The graph below illustrates that the long-term trend shows a clear reduction (improvement) in the attrition rate.

Graph

The average attrition rate for 2017-18 was 12.7%, compared with 11.1% in 2016-17, a deterioration of 1.6%.

The proportion of babies who are breastfed at ten days increased (improved) to 55.8% in 2016-17 and has further increased to 56.3% in 2017-18. The proportion of babies who are breastfed at six weeks remained the same at 43% in 2014-15 and 2015-16, increased (improved) to 44.7% in 2016-17 but has dropped back to 43% in 2017-18. The attrition rate increased (improved) from 11.85% in 2014-15 to 11.7% in 2015-16, and improved again in 2016-17 to 11.1%, but has increased (deteriorated) to 12.7% in 2017-18.

The Trust's Children Services Management team is committed to and very supportive of the United Nations Children's Fund Baby Friendly Initiative (UNICEF BFI) and is proud to have achieved Level 3 of the UNICEF BFI accreditation scheme in 2015 and maintained Level 3 accreditation in 2016 and 2017.

The Trust continues to work closely with Children's Centres to increase the amount of antenatal (pre-birth) contact pregnant women receive to help them make informed and healthy choices about breastfeeding.

During 2016-17 commissioners funded a pilot scheme to promote earlier contact by Health Visitors in order to further reduce (improve) the breastfeeding attrition rate and this was embedded in the new contract from April 2017. Health Visitors are obtaining permission to contact mothers by text (or other means if there is no text option) to offer earlier support for infant feeding.

Percentage of Patients Seen and discharged/transferred within four hours for Minor Injuries Units

The national target for other A&E 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 saw 7,227 patients from April 2017 to March 2018, an average of 140 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 four hours of their arrival. We can report an achievement of 99.8% for April 2017 to March 2018 at Whitby MIU. Data is sourced via the SystmOne patient administration system.

Graph

58
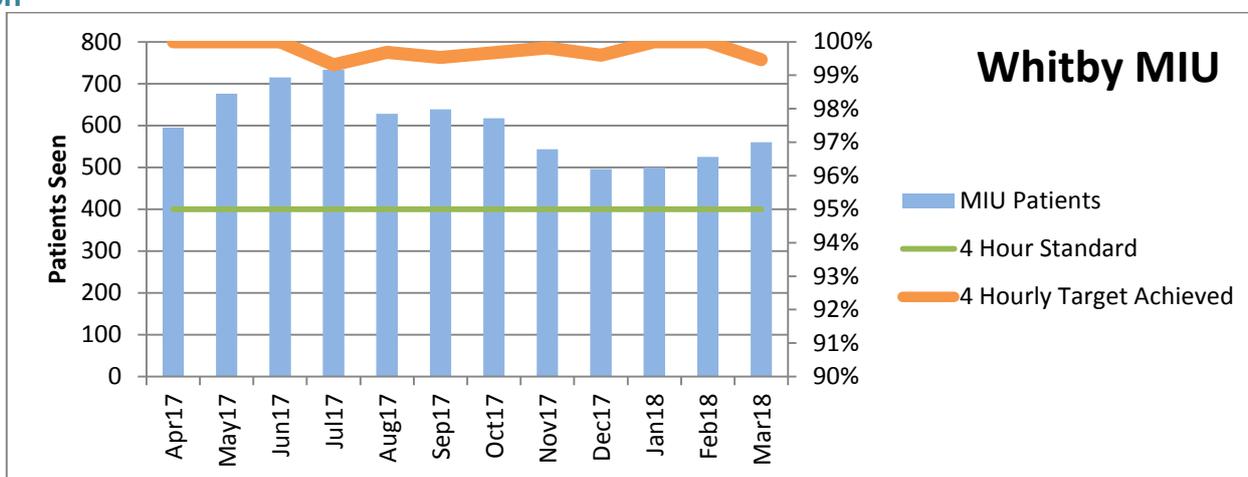
Part Three

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 1st April 2017 to 31st March 2018, the Trust received 192 formal complaints which compares to 238 for 2016-17 and 164 for 2015-16.

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 1st April 2017 to 31st December 2017, the Trust has responded to 185 formal complaints (which compares to 234 for 2016-17). The primary subjects for these complaints are as follows:

Communications	40
Patient Care	36
Admissions/discharge	19
Appointments	18
Values and behaviours of staff	15
Clinical treatment	14
Trust admin/policies/procedures	13
Access to treatment or drugs	11
Prescribing	10
Other	5
Consent	1
All aspects of restraint	1
Privacy and dignity	1
Facilities	1

Of the 185 responded to, one complainant has taken their case to the Parliamentary and Health Service Ombudsman.

The following are some examples of actions/learning from complaints responded to between 1st April 2017 and 31st March 2018; patient specific actions have been excluded.

- Adult Mental Health Community – To ensure that client related telephone calls are recorded to ensure that practice is defensible.
- Adult Mental Health, Inpatient – Remind team to be mindful as patients are admitted daily, staff may lose sight of new experience for patients/carers. Ensure welcome book given and information gathering at point of admission if possible. If high patient activity, inform and apologise to patient/carers so they understand the reasons for delay.
- Legal Services – When case files are reproduced for legal purposes, e.g. claims and inquests, the clinician who screens the records will be asked to sign a form to say that the records and been thoroughly checked and there are no documents filed relating to other patients. The current form will be adapted.

- Paediatric Speech and Language Therapy – To review Special School care pathway, including assessment and to review Education and Health Care plan reports submitted within Special Schools.
- Addictions – Ensure any one due for admission to a detox unit for treatment regarding dependence on alcohol and/or substances is fully informed re: environment and reasons for security etc.
- Emotional Wellbeing Service – Ensure administration processes are developed and implemented in relation to – access rights to service email accounts to be reviewed and amended as necessary; use of different email accounts within the service; telephone script describing the content of the 45 assessment process; patient template letters on PCMIS are reviewed to ensure these are appropriate for all eventualities.
- CAMHS – Non-attendance at multi-agency meetings communication with families ensure they are aware. A reminder will be sent to the teams to ensure that when they are a critical member of a meeting and expected by the family that their non-attendance is communicated with the family to avoid the family feeling let down.

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. Once this has been received, the action plans are signed off by the relevant Care Group Director. An action plan tracker to cover all actions identified from formal complaints is currently being developed.

Patient Advice and Liaison Service (PALS)

For the period 1st April 2017 to 31st March 2018, the Trust responded to 431 PALS contacts which compares to 655 for the previous year. NB: compliments are no longer recorded on the PALS database.

Of the 431 contacts, 176 were referrals to other Trusts and therefore there were 255 concerns, queries or comments for this Trust.

Priorities for 2017-18

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

Below are examples of a few of the compliments which have been received:

Husband of a patient expressed his gratitude for the care his wife had received whilst an inpatient. He stated he always felt supported by staff and when he rang staff were always able to give him an accurate update of his wife's progress and if a nurse is not available to speak to him, somebody always calls him back in a timely manner. He also stated that even though his wife's appetite was not great she praised the food and fluid options available on the unit and states that the food is 'beautiful'.
Adult Mental Health, Inpatient

"My heartfelt thanks to everyone. You will be in my heart for always. Thanks."
Older People's Mental Health, Inpatient

"My father-in-law has been given excellent and timely treatment by conscientious and courteous GPs. In addition, the support staff are also extremely helpful and courteous."
GP surgery

A patient from the Home Based Treatment Team commented on the excellent service she had received. She particularly mentioned three members of the team who she felt had offered her the time and support she required at that time. She remarked on the excellent care they offered to her and she wanted to express her thanks to them.
Mental Health Response Service

"Thank you so much for all your never-ending care and love given to the patient over the years. We would not have managed without your support 24 hours, seven days a week. You are truly amazing."
Community Hospital

A card was received expressing gratitude for the service that had been provided to a mother and her children. The Health Visitor was also complimented for her practical advice as well as being helpful and kind.
Health Visiting

Patient and Carer Experience

In June 2017 a Head of Patient and Carer Experience and Engagement was appointed to the Trust. Since then, there have been a number of positive developments toward improving patient and carer experience processes. Some of the improved processes are as follows:

Forums

Two forums have been created to give our patients, carers and staff a voice and the chance to be involved in Trust business. These are:

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.

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.

Friends and Family Test

The Friends and Family Test (FFT) is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to feedback on their experience.

98.4%
Percentage of patients who felt involved in their care

The survey asks people if they would recommend the service to others and offers a range of response options. When combined with supplementary follow-up questions, the FFT provides a mechanism to highlight both good and poor patient experience. This kind of feedback is vital in transforming NHS services and supporting patient choice.

91.4%
Percentage of patients likely to recommend the Trust to family or friends

There are a range of different surveys being used throughout the Trust including Child, Parent, Inpatient, Community, LD Inpatient, LD Community, Forensic Secure, Crisis, Carer and the Short FFT.

99.1%
Percentage of patients who thought our staff were friendly and helpful

Sharing our Achievements

Adult and Older People's Mental Health Services

The Hull Integrated Care Team for Older People has planned, implemented and evaluated a new model of care for people in care homes with mental health needs. It supports and educates care staff and provides in-reach care and treatment. The approach is helping to provide people with early response and improved outcomes.

The Adult Community Mental Health Services in Hull has trialled a new approach to help people waiting for services gain quicker access to care through the delivery of group-based intervention. The group supports people in recognising and managing symptoms as well as building personal strategies and approaches to recovery.

Maister Lodge has commenced a programme of refurbishment designed to improve the environment of care for people living with the later stages of dementia. The programme is due to complete and the team has supported patients to settle into temporary accommodation at Dove House while planning and preparing for a new environment and developing the clinical approach to highly personalised and individual care.

Complex Care Coordinators have been appointed to support a new and developing model for the care of people with complex need arising from a personality disorder. This new addition to the service will work with colleagues providing specialist psychotherapy and traumatic stress services to coordinate help to those with highly complex needs across community and hospital services, providing much needed continuity and coordination.

The Goole Older People's Mental Health Team has been supported by the Bromhead Charity to deliver a service to people in Ward 3 at Goole Hospital and those in care homes with dementia in planning for end of life plans and providing support and advice for carers and families.

The Adult Mental Health Acute Care Pathway has been extensively remodelled over the year. Working in partnership with Mind and Humbercare we have introduced a crisis pad to support people who may otherwise be at risk or be admitted to hospital and a small number of step-down beds to help people who do not have a secure tenancy to leave hospital and find suitable long-term accommodation.

Granville Court – Celebration of Life

Granville Court is a specialist nursing care home for people with a profound learning disability and associated complex healthcare needs which are such that, it is not possible to sustain and stabilise wellness and wellbeing in the wider community. The home has two specialist respite care beds. Despite intensive health monitoring, the focus of our service is very much that we provide a home environment for our patients for the duration of their stay, however their journey may unfold. With effective support and bespoke planning, a person can enjoy opportunities to enhance their life. This includes the individual's and family's wishes when their life journey, or that of their loved one, is drawing to a close.

Our nurses are highly trained and skilled in palliative and end of life care, enhanced by a caring and compassionate care team. The home has all the necessary equipment and knowledge to ensure an individual's final days are spent with the people they love, friends, carers and have the opportunity to make precious memories for their loved ones.

Throughout a person's final days, the priority is to ensure that their death is dignified, pain free and without fear, surrounded by things important to them in their own home.

At the end of life, the verification of expected death is undertaken by nurses in the home who have been trained in this field, meaning that the nurse who verifies the death will be someone who has been known to the individual. This is a great comfort to families before the person is taking to their final resting place.

After the funeral, we hold a celebration of life in memory of the person, celebrating with the family, memories of a life well-loved and lived. Despite the sadness this is an opportunity for families and staff to say goodbye in a befitting way. In closure, we release biodegradable balloons, plant a tree or flower and write goodbyes onto a memory tree, the celebration is as unique as the person we are remembering.

Young people's mental health film project celebration event

Young people from Hull created a film as part of a project which explores emotions and mental health. The film, 'Surviving Thriving', premiered on 23rd March 2018 at the Octagon in Hull. Combining film and dance, the premiere brought together local services, practitioners, young people and their families to celebrate their achievements around promoting and supporting young people's emotional resilience and mental health.

The project was a joint partnership between Humber Teaching NHS Foundation Trust's SMASH programme and the Cornerhouse Young People's Peer Mentor Project, with funding from the HeadStart Hull 'Big Lottery Fund'.

The project involved a group of young people creating a bid that focused on reducing the stigma surrounding mental health, learning about emotional and mental wellbeing and making it everybody's business. The bidding process was unique as the funding was granted by a panel of young people.

The group engaged in emotional and mental health sessions and had a two-night residential trip to Melton Lodge, where they were encouraged to get back to nature. They explored how to improve their emotional resilience and mental wellbeing, learn independent life skills and embrace peer-to-peer support. The young people transformed their learning in to a piece of contemporary dance and the whole process was filmed.

SMASH Programme Manager, Emma Train-Sullivan said: "I have delivered early intervention for young people's emotional resilience and mental health for 16 years. I have seen young people flourish through accessing the right support at the right time. I have to say with confidence that this young person co-produced project has completely blown me away. They are truly inspirational and I feel blessed to have watched them grow and see them not only survive, but 'thrive'.

Estelle Parker, Project Co-ordinator, Young People's Peer Mentoring at Cornerhouse, explains; "For me, it was really nice to see the young people participating in various activities that can improve emotional wellbeing, such as getting outside and taking walks, learning new skills and coming together as a group to support each other. What particularly stood out for me was that none of the group used their mobile phones and instead had face to face conversations with each other and staff. I feel that the residential trip enabled them to have the opportunity to be away from social media, which is sometimes needed for this generation."

Some of the young people who were involved in the project said:

"My journey on this has been nice, I felt like no one left me out. I've been happy and really want it to continue." Jess

(The project) "Made us understand each other and ourselves better." Joe

"I would totally go again!" Lucy

"Everybody has a different story: Don't judge somebody else because you don't know theirs." Emily

Head of Transformation at Humber Teaching NHS Foundation Trust, Peter Flanagan said: "I had the privilege of spending some time with these young people at Melton and was struck by how quickly they had become a cohesive group. They have already given us a commitment as a group to their central role in co-designing our future Thrive-like support for local young people with emotional mental health needs. I am convinced their experiences and views will be a huge asset to us."

HeadStart Hull Programme Manager, Gail Teasdale said: "HeadStart Hull aims to enable children and young people to have positive mental health and wellbeing, thrive in 'their communities' and to 'bounce back' from life's challenges.

"We are pleased to support projects such as this which gives young people a voice and supports them to raise awareness of issues which matter to them, challenging stigma on the issue of mental health in a creative way."

Watch the short film here at **https://vimeo.com/252564687**

Stopping Over-medication of People with a Learning Disability, Autism or Both (STOMP)

The Community Learning Disability Services (CTLD) submitted a bid and were successful to be included in a national pledge to stop the over medication of people with a learning disability. Current research suggests that between 30,000 and 35,000 adults with a learning disability are taking prescribed antipsychotic or

antidepressants on a daily basis without clear clinical indications. A large proportion of these people can safely have their drugs reduced or withdrawn altogether. The aims of STOMP which we are aiming to embed in our practice are to:

- Improve the quality of life of people who are prescribed these drugs
- Make sure that people only receive these drugs for the right reason in the right amount
- To improve understanding of these drugs and when they should and should not be used
- To improve understanding of non-drug approaches to support with behavioural difficulties and to ensure full MDT involvement in making changes
- To empower people with a learning disability with the right support and information.

Staff Awards

Outstanding Team of the Year

In what could not have been a more appropriate end to a glittering event at Willerby Manor Hotel, Julie Jomeen, Professor of Midwifery and Dean of the Faculty of Health Sciences at the University of Hull, presented the team with their second award.

The achievement, acclaimed by an audience of 130 guests including sponsors, commissioners and fellow prize-winners, capped an emotional evening featuring excellent entertainment from Thomas Payne, a talented singer-songwriter from the PSYPHER service, who performed three of his own songs, and the Staff Choir, who impressed with a medley of hits including Coldplay's 'Fix You'.

Winners

Mental Health Team of the Year – The Perinatal Mental Health Team

Outstanding Team of the Year – The Perinatal Mental Health Team

Specialist Services Team of the Year – Road to Recovery Academy

Primary Care, Community, Learning Disabilities and Children's Services team of the Year – Field House Surgery

Corporate Services Team of the Year – Communications Team

Outstanding Care Award – Dave Reade, Changes Project

DXC Technology Inspiration Award – Victoria Dunn, Children's Occupational Therapist

Chief Executive's Rising Star Award – Hollie Wilkinson

Health Stars Sparkle Award – Vicky Oxbury

Konica Minolta Mentor of the Year Award – Catherine West

Smile Foundation Volunteer Award – Michael Cohen and Wendy Mitchell

Gosschalks Solicitors Patient Choice Award – Haltemprice Adult Community Mental Health Team

KCOM Apprentice of the Year – Trevor Lusiola

Chairman's Award – Ruth Edwards and Siobhan Ward

Perinatal Mental Health team scoops prestigious award
Our Perinatal Mental Health team won Team of the Year at the British Journal of Midwifery Practice Awards.

The award recognises collaborative working and innovation and is given to the team which has demonstrated an exceptional contribution to midwifery.

The Trust team was shortlisted for its commitment to resolving everyday challenges in perinatal mental health, such as poor attendance and the need to improve prediction, diagnosis and referral rates.

Trust Nurse crowned General Practice Nurse of the Year
Charlene Sargeant, a practice nurse at Field House Surgery in Bridlington, was crowned Yorkshire's General Practice Nurse of the Year at the General Practice Nursing Awards on 21st March 2018.

The awards were held by the Yorkshire and Humber General Practice Nursing Awards Committee to recognise the skills, expertise and dedication of practice nurses in our area.

The Committee hosted the awards ceremony after NHSE's Chief Nursing Officer, Professor Jane Cummings, launched a ten-point action plan to recognise and develop the role general practice nurses have in transforming care and helping deliver the plan to make the NHS fit for the future.

The regional success followed Charlene being crowned Practice Nurse of the Year for the Humber, Coast and Vale sustainability and transformation partnership area on 28th February 2018.

Externally, we also had our successes with Trust Mental Health Nurse Andrew Barker being nominated in the Edith Cavell Outstanding British Army Reserve of the Year Award. The award recognised his provision of welfare support to service personnel at the height of the 2007 Ebola crisis in the West African state of Sierra Leone.

We are proud of our internal and external award submissions which demonstrate the quality of our services and our staff. To be nominated, shortlisted or to win is an achievement to be celebrated.

To learn more about the winners go to http://www.humber.nhs.uk/about-our-trust/staff-award-winners-2017.htm

Emergency Preparedness, Resilience and Response (EPRR) Assurance 2017-2018

Humber Teaching NHS Foundation Trust has undertaken a self-assessment against required areas of the NHSE Core Standards for EPRR in 2017-18. The Trust self-assessed itself as demonstrating the Substantial compliance level against the core standards maintaining the same level as 2016-17. This was agreed by the Trust Board on 27th September 2017 and submitted to NHSE on 3rd October 2017.

Annex 1: Statement from Commissioners, Local Healthwatch Organisations and Overview and Scrutiny Committees

NHS East Riding of Yorkshire Clinical Commissioning Group and Hull Clinical Commissioning Group are pleased to be given the opportunity to review and comment on Humber NHS Foundation Trust's Quality Report for 2017-18. The Quality Account provides Commissioners with a useful overview of progress made and the challenges encountered by the Trust during 2017-18 to achieve its goals.

The unannounced Care Quality Commission (CQC) inspection undertaken in October 2017 was reported as positive and Commissioners note the Trust's overall rating following this inspection was upgraded by the CQC from Requires Improvement to Good. However, we note the 'requires improvement' for the Safe domain and acknowledge that the Trust is working across all care groups to improve this position. We are aware of the improvement work undertaken by the Trust in respect of reducing Restrictive Interventions and in respect of Suicide and self-harm. It is duly noted, the excellent work within the Learning Disability services, being reported as 'outstanding' practice by the CQC.

The Trust launched their first research conference in May 2017, which was well received and included speakers locally and nationally. We support the aim to make this an annual event and the possibility of making this a wider partnership event to include other Providers I Stakeholders. Commissioners welcome the work undertaken by the research and development department, particularly the involvement of the patients and public, acknowledging the positive feedback received. The introduction of a web-based application for people with memory problems and their supporters is seen as a positive new innovation in healthcare. It would have been helpful to have been made aware of any engagement work initiated with Primary Care and if the Trust have linked into the 'OK to Ask Campaign'.

Commissioners recognise the Trust's strong clinical audit programme, both nationally and locally, and the actions taken to improve quality standards, patient outcomes, learning materials, training and development.

Staffing remains an area of concern and the challenges the Trust is facing in the recruitment and retention of staff. However, there does not appear to be any significant detail on how the Trust is going to approach this in the future, although it is acknowledged this is also a national problem. We are aware the investment made in the leadership programme for staff improvement and look forward to seeing the outcome of this during 2018-19.

We require the Trust to significantly improve their response rate to requests for information under the Freedom of Information Act by the end of 2018-19. It is acknowledged that the Trust is reviewing the FOI process.

The Trust has embedded systems to enable it to learn from patient death reviews and has strengthened its processes taking views of the family and carers within the investigation. We note the learning that the Trust is taking forward to improve investigations, the methodology, risk management training and a review of policies and procedures. Commissioners would like to see improvements and outcomes in the management and monitoring of case reviews, as well as working in partnership with the local Mortality Steering Group. We note the significant amount of work which has been undertaken to strengthen the Trust's approach to the identification, management and learning from Serious Incidents.

We recognise the use of the Perfect Ward App in enabling audit and quality improvement, but the Trust does not provide sufficient detail on the Apps innovation, efficiency in reporting and assurance. However Commissioners are aware of the benefits this has had in clinical practice.

The 2018-19 Quality Priorities detail the commitment the Trust is placing in continuously improving quality in all services. The workshop in February 2018 was representative of the Trust's value on staff, patients, carers and partners, with three key priorities being agreed by the Board.

We would welcome more documented assurance on the Trusts safeguarding responsibilities, partnership working or how the Trust is working with the Safeguarding Boards for children and adults and particularly no identification and learning from Serious Case Reviews.

The draft report reflects an accurate picture of the Trust based on data included to date which in some areas is awaiting year end data. Taking that into account and the comments noted above, we can confirm that to the best of our knowledge, that the report is a true and accurate reflection of the quality of care

delivered by Humber NHS Foundation Trust and that the data and information contained in the report is accurate.

NHS East Riding of Yorkshire Clinical Commissioning Group and Hull Clinical Commissioning Group look forward to partnership working with the Trust to continue to improve the quality, safety and effectiveness of services for patients and improve patient outcomes.
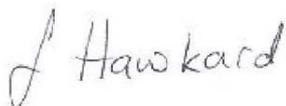
Jane Hawkard
Chief Officer
NHS East Riding of Yorkshire Clinical
Commissioning Group

Emma Latimer
Chief Officer
NHS Hull Clinical Commissioning Group

Having begun commissioning community services for the Whitby locality in April 2017, the CCG welcomes the opportunity to provide feedback on HFT Quality Account for 2017/18.

In so far as we are able to comment on the services commissioned for Whitby, HRW CCG feels this Quality Account is representative and provides a comprehensive coverage of services provided by HFT.

The CCG was pleased to note the trust's focus on improving patient safety in 2017/18 by supporting the team to deliver safe care and welcomes the continued commitment to continuously improve the systems and processes in relation to the management, investigation and learning from patient safety incidents.

The CCG supports the priorities identified for 2018/19; the emphasis on developing a culture of continuous quality improvement through engagement with patients and carers to develop services and creating conditions to ensure quality is integral to every persons role to maximise patient safety, aligns closely with the CCG's strategy and values. The CCG is looking forward to working with the Trust in 2018 to design new and integrated whole system solutions to cater for the needs of people in the Whitby community, including ensuring all available community bed capacity is utilised to its full potential and patient flow is proactively managed.

Yours sincerely
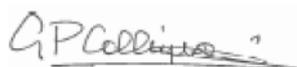
Gill Collinson
Chief Nurse
Hambleton, Richmondshire and Whitby Clinical Commissioning Group

Healthwatch East Riding of Yorkshire accepts the quality accounts and would like to commend the Trust on the work they have been doing. This work is reflected in the accounts and although there are still steps to take, the Trust are demonstrating a commitment to continued improvement and providing the best service they can for the public. It also a good indication of the trusts intentions with the well placed priorities that they have selected to focus on this year and Healthwatch will offer any support to help achieve these in the best interests of the public.

Healthwatch East Riding of Yorkshire

Hull City Council Health and Wellbeing Overview and Scrutiny Commission continues to support the work of the Humber NHS Foundation Trust. The Commission welcomes the production of the Trust's 2017/18 Quality Accounts, and the three priorities identified, with a view to strengthening service delivery and improving patient care.

Hull City Council Health and Wellbeing Overview and Scrutiny Commission

Humber Teaching NHS Foundation Trust has engaged with the Council's Health, Care and Wellbeing Overview and Scrutiny Sub-Committee throughout its work programme 2017/18. The Sub-Committee welcomes the open and honest nature of the Quality Account and the opportunity to comment on this draft.

The Sub-Committee was pleased with the CQC inspection outcome of 'good' during 2017 for Humber Teaching NHS Foundation Trust and the rapid improvements with regard to the reduction of self-harm and the use of restrictive interventions. The Sub-Committee was also glad to read that safe staffing levels, recruitment and retention are a priority and the organisational culture of the Trust seems to reflect a keen understanding of the fact that its staff will be the people who affect the improvements outlined in the Quality Account. That the Trust continues to safely manage an increasing number of GP surgeries across East Riding is reassuring.

The Sub-Committee was pleased to see that the Trust had achieved highly in relation to its 2017/18 priorities, particularly with regard to reducing stigmas associated with mental illness by working on inclusive approaches. The Trust's keen involvement in research is to be applauded and the outcomes of this involvement are clear to see.

According to the most recent CQC inspection, safety requires improvement but the Sub-Committee was encouraged to read that the Trust had incorporated this into its priorities and strategic goals for 2018/19.

East Riding of Yorkshire Council Health, Care and Wellbeing Overview and Scrutiny Sub-Committee

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 2017/18 and supporting guidance
- 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 2017 to May 2018
  - papers relating to quality reported to the board over the period April 2017 to May 2018
  - feedback from commissioners dated 1st May 2018
  - feedback from governors. The draft Quality Report was circulated to Governors, no comments were received however, they were involved in the development of the report.
  - feedback from local Healthwatch organisations dated 2nd May 2018
  - feedback from Overview and Scrutiny Committee dated 27th April 2018
  - 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 July Board
  - the national patient survey 4th August 2017
  - the national staff survey 2017
  - the Head of Internal Audit's annual opinion of the trust's control environment dated 11th May 2018
  - CQC inspection report dated 1st February 2018
- 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 and
- the Quality Report has been prepared in accordance with NHSI'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

23rd May 2018..Chairman

23rd May 2018..Chief Executive

Annex 3: Independent auditors report to the Council of Governors of Humber Teaching NHS Foundation Trust on the Quality Report

Independent CQC auditor's report to the Council of Governors of Humber Teaching NHS Foundation Trust on the Quality Report

We have been engaged by the Council of Governors of Humber Teaching NHS Foundation Trust to perform an independent assurance engagement in respect of Humber Teaching NHS Foundation Trust's Quality Report for the year ended 31 March 2018 (the 'quality report') and certain performance indicators contained therein.

This report, including the conclusion, has been prepared solely for the Council of Governors of Humber Teaching NHS Foundation Trust as a body, to assist the Council of Governors in reporting Humber Teaching NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2018, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Humber Teaching NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Scope and subject matter

The indicators for the year ended 31 March 2018 subject to limited assurance consist of the national priority indicators as mandated by NHS Improvement:

- early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a National Institute for Health and Care Excellence (NICE)-approved care package within two weeks of referral;
- inappropriate out-of-area placements for adult mental health services.

We refer to these national priority indicators collectively as the 'indicators'.

Respective responsibilities of the directors and auditors

The directors are responsible for the content and the preparation of the quality report in accordance with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual' issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the quality report is not prepared in all material respects in line with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual' and supporting guidance;
- the quality report is not consistent in all material respects with the sources specified in here; and
- the indicators in the quality report identified as having been the subject of limited assurance in the quality report are not reasonably stated in all material respects in accordance with the 'NHS Foundation Trust Annual Reporting Manual' and the six dimensions of data quality set out in the 'Detailed guidance for external assurance on quality reports'.

We read the quality report and consider whether it addresses the content requirements of the 'NHS Foundation Trust Annual Reporting Manual' and supporting guidance, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the quality report and consider whether it is materially inconsistent with:

- board minutes and papers for the period April 2017 to May 2018;
- papers relating to quality reported to the board over the period April 2017 to May 2018;
- feedback from Commissioners, dated 1st May 2018;
- feedback from governors, the draft Quality Report was circulated to Governors but no comments were received;
- feedback from local Healthwatch organisations, dated 2nd May 2018;
- feedback from Overview and Scrutiny Committee dated 27th April 2018;
- 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 July Board;
- the national patient survey, dated 4th August 2017;
- the national staff survey 2017;
- CQC inspection report dated 1st February 2018;

- the Head of Internal Audit's annual opinion over the Trust's control environment, dated 11 May 2018.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively the 'documents'). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content requirements of the 'NHS Foundation Trust Annual Reporting Manual' to the categories reported in the quality report; and
- reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual'.

The scope of our assurance work has not included testing of indicators other than the selected mandated indicators, or consideration of quality governance.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual';
- the quality report is not consistent in all material respects with the sources specified in here; and
- the indicators in the quality report subject to limited assurance have not been reasonably stated in all material respects in accordance with the 'NHS Foundation Trust Annual Reporting Manual' and supporting guidance.

Deloitte LLP

Deloitte LLP
Newcastle Upon Tyne
24 May 2018

Annex 4: Our Strategic Goals

Innovating quality and patient safety

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.

We will demonstrate we have achieved our goal by:
- An 'outstanding' CQC rating;
- Timely access to safe services delivered by excellent clinical staff;
- National recognition for best practice through specialist research and benchmarking.

Enhancing prevention, wellbeing and recovery

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.

We will demonstrate we have achieved our goal by:
- 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.

Fostering integration, partnership and alliances

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.

We will demonstrate we have achieved our goal by:
- 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.

Developing an effective and empowered workforce

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.

We will demonstrate we have achieved our goal by:

- 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.

Maximising an efficient and sustainable organisation

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.

We will demonstrate we have achieved our goal by:

- Business growth that exceeds £30 million;
- A physically and financially efficient business built on sound integrated models of care.

Promoting people, communities and social values

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.

We will demonstrate we have achieved our goal by:

- 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: Clinical Audit Actions

Local Audits

Audit Ref	Audit Title	Actions
UNICEF	National Baby Feeding Initiative	Audit complete. Full accreditation maintained.
NDFA	National Diabetes Foot Care Audit (April-July 2017)	The service that was audited transferred to City Health Care Partnership (CHCP) on 1st August 2017 so it is now responsible for action plan development.
NCAP	National Clinical Audit of Psychosis	Report and action plan to be completed when outcomes received from NCAP in June 2018.
MHAD278	National Pulmonary Rehabilitation Audit (East Riding Pulmonary Rehab Programme)	Report received (Winter 2017-18). This service transferred to CHCP so it is responsible for any audit actions.
NAIF	National Audit of Inpatient Falls (NAIF) Round 2	This audit informed the new Trust Falls Policy. A re-audit of the policy will take place in quarter one 2018.
SSNAP	The Sentinel Stroke National Audit Programme (SSNAP) (April-July 2017)	The service that was audited transferred to CHCP on 1st August 2017 so it is now responsible for action plan development.
LeDeR	Learning Disability Mortality Review Programme	This audit informed the new Trust Physical Health Policy and management of sudden death in epilepsy.
NCISH	National Confidential Inquiry into Suicide and Homicide by People with Mental Illness	SASH training is now in place in the Trust.
POMH-UK	Topic 1g & 3d Prescribing high-dose and combined antipsychotics	a) Raise awareness of standards with Trust prescribers: • Circulate presentation to Consultant Psychiatrists • Presentation of audit at doctors teaching morning • Inclusion in medicine management newsletter. b) Disseminate results through clinical networks particularly forensic and adult: Represent at Forensic and Adult clinical networks. c) Monitor completion of high-dose antipsychotic form: Completed through local audit and/or yearly POMH audit in addition to pharmacy technician checks. d) Monitor physical health checks: Completed through local audit and/or yearly POMH in addition to pharmacy/MDT checks on monitoring forms where used.
POMH-UK Topic 15b	Prescribing Valproate for Bipolar Disorder	Report completed. Action plan in development.
POMH-UK Topic 17a	Use of depot/long-acting injectable (LAI) antipsychotic medication for relapse prevention	Report completed. Action plan in development.

Quarter One

Audit Ref	Audit Title	Actions
MHA9	Mental Health Act (MHA) Inspection Audits via Perfect Ward	Reports available on Perfect Ward.
OPMH3	Older Persons Fellowship Programme (Service Evaluation in conjunction with Hull University)	Report overdue – waiting for academic lead at Hull University to provide their data.
LD	Inpatient experience in Learning Disability Services	Report completed.
MH12	Occupational & Educational Needs in PSYPHER	Report overdue – audit lead on maternity leave. Audit supervisor to advise on completion.
SI 2015-23632	Audit of observation levels, risk assessment and leave arrangements of informal patients	a) Develop a leaflet that describes the new engagement and observation policy and procedure and what this will mean to them as an informal patient.

Audit Ref	Audit Title	Actions
	(Westlands)	b) Engagement and observation is described within the information booklets for all inpatient units to ensure that all patients have an understanding of what this means to them as an individual. c) Consent is sort from the patient (who is informal) to agree to this level of observation. d) A summary of the patient and plans for leave as part of their recovery journey is discussed in the handover and documented within the records. e) Leave is clearly documented as part of the recovery meetings and safety plan to ensure that all staff working on the unit are clear on the leave arrangements for each patient. f) Leave stamp is used across all services to enable staff to easily identify discussions regarding leave within the records. g) Pro forma for risk assessment is developed to enable all staff to clearly articulate the process of risk assessment prior to any patient leaving the unit and or returning from leave. h) Review the audit tool and audit across all the inpatient services to review the level of enhanced observations and leave taken for both informal and detained patients. i) Audit of NEWS within inpatient mental health services to ensure that all staff are aware of the escalation needed when a patient scores a 3.
SI 2014-24579	Audit against the policy and procedures related to the management of self-ligature and the use of ligature cutters	a) Re-audit of compliance with new policy. b) Target of 100% completion (or attempts to complete) NEWS post restraint. c) Target of 95% or above for all staff to be trained in ligature removal at all times on units. d) Qualitative review of management plans.
SI 2014-24579	Audit against the policy and procedures related to prone restraint	a) Audit of compliance with new policy to be undertaken. b) Target of 100% medic attendance post restraint. c) Target of 95% or above for all staff to be trained in Management of Actual or Potential Aggression (MAPA) at all times on the units. d) Recording of restraint should include details of MAPA trained staff and numbers of bank/agency involved in restraints. e) Future audit could include other service areas including learning disabilities and episodes occurring in 136 suite.
CORP1	Audit of inpatient clinical equipment at Humber Teaching NHS Foundation Trust	a) Review electrocardiogram (ECG) training for junior doctors b) Review forensic inpatient equipment and provision – review with modern matron to discuss provision of on call box of medical equipment.

Quarter Two

Audit Ref	Audit Title	Actions
NICE NG15	NICE NG15 Antimicrobial stewardship	Report completed.
NICE NG10	NICE NG10 Violence & Aggression	Report completed.
NICE CG191	NICE CG191 Pneumonia	Report completed.
NICE CG179	NICE CG179: Pressure Ulcer Prevention and Management	a) Learning materials to support further training: a poster (Prevention, Discovery, Reporting, Safeguard and Investigation of Pressure Ulcers) has been shared with the Neighbourhood Care Teams and the Community Hospital. b) All pressure ulcers developed in our care are reviewed by the Lead Tissue Viability Nurse and reviewed using structured judgement methodology, which is reported within the IQPT.
CAMH1	Audit of Assessing the practice of prescribing Stimulants for ADHD within the CAMHS treatment units	a) Present the audit in clinical focus group and in Drug and Therapeutic Committee meeting. b) Continue current practice. c) Re-audit in 12 months' time. d) The audit tool used for this audit could be attached to all patients' notes.
PC1	Holderness Care Navigator Project	Report to be completed by 24th May 2018.

Audit Ref	Audit Title	Actions
	(Service Evaluation in conjunction with Hull University)	
CN3	Investigating routine use of Patient Outcome Measures in a Community Mental Health Team (Service Evaluation)	Audit ongoing. Report due September 2018.
LD2	Gastrointestinal disorders in patients with mental illness and learning disability	Report to be completed by 31st May 2018.
MH13	Audit of General Liaison MDT sheets	a) To update the MDT sheets to include a 'completed by:' heading. b) To include a risk assessment column in the new referral table to indicate if risk has been considered and if it reflects the positioning on the waiting list, or if there are any further additional considerations, before adding to the waiting list. c) To include a heading on the individual patients' MDT record to reflect consideration and documentation of capacity and risk, if relevant. d) To be re-audited in 12 months.

Quarter Three

Audit Ref	Audit Title	Actions
MH12	Audit of General Liaison MDT sheets (September 2017)	a) To update the MDT sheets to include a 'completed by' heading. This recommendation has been agreed by the general liaison MDT. b) To include a risk assessment column in the new referral table to indicate if risk has been considered and if it reflects the positioning on the waiting list, or if there are any further additional considerations, before adding to the waiting list. c) To include a heading on the individual patients' MDT record to reflect consideration and documentation of capacity and risk, if relevant. This recommendation has been agreed by the general liaison MDT. d) To re-audit in 12 months.
NICE QS138	NICE QS138 Blood Transfusion (October 2017)	a) Process for the administration of blood and blood products to be adhered to as per policy. Bedside check documented. Transfusion start/stop times documented on protocol. Vital signs as per protocol. b) Care of patients receiving transfusion: observations recorded pre transfusion; 15 mins (+/-5 min) after starting; hourly (+/-15 min). Allow small delay as acceptable deviation. c) Organisation expectations in relation to staff training, as identified in the training needs analysis. To obtain training figures for transfusion safety training. Expectation of 90% of staff involved in transfusion process trained. Continue competency based training and assessment for all staff involved in the relevant sections of the transfusion. d) Process for monitoring compliance with all the above: adverse incidents related to blood component transfusion are reported via Datix and investigated. Matron to ensure all staff involved in the transfusion process have undertaken update training every three years. Ensure staff practice corresponds with Trust policy. Being aware of transfusion errors within the directorate and ensure changes in practice have been implemented to avoid reoccurrence.
SSA1	Service Evaluation: Effectiveness of Opioid Overdose and Take-home Naloxone training for staff (October 2017)	a) All new staff starting with the service to have opioid overdose and take home Naloxone training. b) Arrange a refresher training session once a year for all East Riding Partnership (ERP) staff. c) Record numbers of staff, carers and patients trained following initial training in March 2017.
NICE Gap Analysis	Service Gap Analysis of NICE CG178, CG133, CG185, CG90 &	a) Feedback to staff involved in the audit. b) Establish within the clinical pathways action plan when it

Audit Ref	Audit Title	Actions
	CG120 (October 2017)	would be appropriate to repeat the audits.
SSF1	Re-audit of completion of discharge letters – Forensics	a) To present the audit in Clinical network meeting. b) Highlight the concerns and recommendations from the re-audit of completion of discharge letters to all relevant staff members who are involved in patient care and follow up. c) To devise a checklist of discharge packs which would include compliance with recommended standards, such as dispatching an immediate discharge letter within 24 hours, discharge summary within seven days of discharge and documentation of physical health monitoring and relevant investigations. This checklist to be included in the full discharge summary template.
NICE NG11	NICE NG11 Challenging Behaviour & Learning Disabilities	a) Review the service's care pathways for challenging behaviour to improve the stepped care model and ensure that the service offers joined up assessments and interventions. b) Review the training needs of staff in light of the revised care pathways. c) Develop a flowchart and written description about how the service responds to challenging behaviour to help clarify the process for staff and service users. d) Include more structured checklists within the pathway to help guide assessment processes and to act as screening tools for onward referrals. e) Ensure that interventions and support plans follow from a clear statement regarding the hypothesised function of the behaviour and have clear targets, methods and review dates. f) Ensure appropriate risk assessments are completed. g) Ensure that information regarding PALS and the right to a second opinion are provided during the initial assessment.
NICE NG28	NICE NG28 Type 2 diabetes in adults: management – Dr Clive Henderson	a) Consideration should be given to an additional retrospective audit (over the past two years) audit of all in last two years with HbA1C equal to or greater than 42 but less than 48. This cohort should be coded as "At Risk of Diabetes" and a recall to offer the patient an annual re-test. b) If future coding issues occur regarding this audit then this can be addressed with the relevant clinician. c) Repeat audit in six months to ensure changes are embedded in to practice.
SSF2	Service Evaluation – Recovery College in Forensic Charlotte Nicholls	To increase the length and complexity of some of the courses on offer to patients/students of the Recovery College.
MHA8	MCA Mental Capacity Act: Knowledge of Staff	a) Article in Midweek Mail to coincide with the relaunch of the updated policies and procedures. b) To continue Midweek Mail when new updates are available or when any internal issues need addressing. c) Best Interests Assessors (BIA) list to be updated d) Two drop-in sessions to discuss what was learnt from the audit and to discuss the updated polices and a drop-in session at the end for general MCA 2005 and DoLS questions. e) Performance and Development Review to include additional training and learning for MCA 2005 and DoLS f) Qualitative audit (dip sampling) within specific work areas: Ullswater ward is considering a specific audit. g) Next MCA 2005 and DoLS audit September 2018. h) BIA role review: long-term plans put in place when the replacement system for DoLS has been approved.
NICE CG50	NICE CG50 (NEWS) audit	a) Ensure staff use A3 formatted coloured NEWS charts. b) Registered staff to complete NEWS charts within the appropriate guidance. c) Staff to receive updated NEWS training based upon findings from this audit report.
NICE QS9	NICE QS9 Heart Failure in Adults	a) To review and improve read coding for Chronic Heart Failure patients who are currently on the Heart Failure Register.

Audit Ref	Audit Title	Actions
		b) To improve and comply with the diagnosis, assessment and management of Chronic Heart Failure for older adults. To review medication and titrated to optimum treatment dose.
NICE CG53	NICE CG53 Chronic Fatigue	a) To ensure all blood results are received and checked prior to acceptance for an assessment. b) To alter MDT so as to enable staff to meet immediately following clinic to complete decision-making process. This is working and all MDT sheets are now being signed off. c) To put a tick box on the assessment form so staff can indicate whether the DVD has been given.
NICE NG16	NICE NG16 Dementia, disability and frailty in later life	a) Ensure programmes to prevent non-communicable chronic diseases share resources and expertise nationally and locally to maximise coverage and impact (see NICE's pathways on preventing type 2 diabetes: population and community interventions and behaviour change: individual approaches). Health Improvement Plan (HIP) assessments offered to those in clusters 10-17. Advice given as per CQUIN 3a 2017-18 pathway. b) Work together to deliver services that address the needs of people with multiple risk factors as well as for those with single risk factors: GP, Health Trainers, mental health assessment includes consideration of physical health. Occupational therapy and physiotherapy are part of the MDT. c) Emphasise the need for, and help people to maintain, healthy behaviours throughout life (such as stopping smoking, being physically active, drinking less alcohol, eating healthily and being a healthy weight): HIP assessments offered to those in clusters 10-17. Advice given as per CQUIN 3a 2017-18 pathway. AUDIT (Alcohol Use Disorders Identification Test) and DAST (Drug Abuse Screening Test) carried out at initial assessment and advice given/referral to specialist services if necessary and consented to. d) Help people identify and address their personal barriers that prevent them from making changes to improve their health: mental health barriers. e) Make information and services available to all (see the Equality Act 2010). Additionally, target these towards those with the greatest need whenever possible: physical health. f) Commissioners and providers of local services should work with local communities to understand the range of services that they need to reduce the risks of dementia, disability and frailty: Health Trainers g) Commissioners and providers of local services should provide information in a range of languages and culturally acceptable styles and offer translation and interpretation facilities if appropriate: this is available. h) Public and third sector providers (such as local authorities, leisure services, emergency services and health and social care providers) should use routine appointments and contacts to identify people at risk of dementia, disability and frailty (for example, appointments with a GP or practice nurse, when attending leisure centre classes, or visiting a community pharmacy): physical health is part of the mental health assessment process. Physical Health Policy and Procedure Incorporating Care of the Deteriorating Patient P028 is implemented Trustwide. i) Local authorities and third sector organisations with a responsibility for, or who support, public health services should encourage both recreational activities and active travel (for example, walking, cycling) for local journeys: Cycle To Work scheme.
CQUIN2	CQUIN audit of Lorenzo records	Report completed.
SEA 2017-08	SEA 2017-08 Lairgate SMS Open Access Service	Removed from audit plan. The audit was not completed as the service closed.

Quarter Four

Audit Ref	Audit Title	Actions
POMH Topic 17a	POMH Topic 17a : Use of depot/long acting antipsychotic injections for relapse prevention	Report completed. Action plan in development.
MH14	Recovery-Focused Practice at Bridlington Driffield Mental Health Team	a) To provide multimedia examples of success stories from other service users, which can inspire hope. b) To involve service users in recruitment, training and service development forums. c) To support local facilities (e.g. leisure, education, employers) to understand and accommodate mental health challenges. d) To provide information on available interventions (e.g. therapies), which enables clients to make choices. e) To link service users with peers who can act as support, within which service users can develop recovery plans. f) To develop recovery plans (how to keep well, not just what to do if unwell). g) To provide/facilitate recovery education. h) To have a recovery framework in supervision. i) To prioritise service user recovery instead of administration. j) To write notes and documents collaboratively. h) To make advance directives and crisis plans.
NPRH	National Pulmonary Rehabilitation audit (Winter 2017-18)	Report completed. Action plan in development.
SG1	Safeguarding – Mental Capacity Act: Knowledge of Staff	a) Article to be published in Midweek Mail to cover the updated policies, areas requiring clarification raised from the survey, how to access the Introduction to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) booklet, how to access the MCA 2005 code of practice and the MCA 2005 DoLS code of practice. b) Drop-in sessions to go through what was learnt from the audit, to discuss the updated policies and have an opportunity for general MCA 2005 and DoLS queries (x2). c) How to access a copy of the MCA 2005 and DoLS Code of Practice. This will be via a link in Midweek Mail.
NICE NG16	NICE NG16 Dementia, disability and frailty in later life	Report completed. Action plan in development.
NICE QS138	NICE QS138 Blood Transfusion	a) Bedside check documented. b) Transfusion start/stop times documented on protocol. c) Vital signs as per protocol. d) Observations recorded pre transfusion; 15 mins (+/-5 min) after starting; hourly (+/-15 min). Allow small delay as acceptable deviation – the audit shows improvement with this. e) To obtain training figures for transfusion safety training. Expectation of 90% of staff involved in transfusion process trained. Continue competency-based training and assessment for all staff involved in the relevant sections of the transfusion. f) Adverse incidents related to blood component transfusion are reported via Datix and investigated. g) Matron to ensure all staff involved in the transfusion process have undertaken update training every three years. h) Ensure staff practice corresponds with Trust Policy.
MH15	Driving Risk Assessment at Newbridges	a) Posters around all adult psychiatric inpatient units. b) Patient information leaflets with useful contact information (Driver and Vehicle Licensing Agency (DVLA)). c) Driving assessment tool. d) Re-audit on regular basis. e) Raise awareness of responsibility of healthcare professionals. f) General Medical Council (GMC) guidance and DVLA rules and regulation.
NICE CG53	NICE CG53 Chronic Fatigue	a) To ensure all blood results are received and checked prior to

Audit Ref	Audit Title	Actions
		acceptance for an assessment. b) To alter MDT so as to enable staff to meet immediately following clinic to complete decision making process. This is working and all MDT sheets are now being signed off. Action complete. c) To put a tick box on assessment form so staff can indicate whether the DVD has been given.
SG2	Safeguarding – Children's Records in Whitby MIU	a) Defensible documentation teaching sessions will be provided to staff, addressing the need for robust and comprehensive record keeping as per Nursing and Midwifery Council guidelines and Trust policy. b) A meeting with the Service Manager has been arranged for 23rd February 2018 to discuss this review and the learning outcomes. c) A meeting will be arranged with the MIU team to feed back this information and ensure the actions required are understood by all staff. d) A further review will take place to measure the achievement of the above actions in July 2018.
SG3	Safeguarding – Think child, think parent, think family (Holderness CMHT)	a) Safeguarding Link staff should maintain up to date information on staff notice boards. b) The use of the consideration log should be used consistently to facilitate multi-disciplinary discussion and provide evidence of this taking place. c) Ensure staff are aware of the referral processes for safeguarding children and adults. d) Ensure that all staff working with families are compliant with level 3 safeguarding children training. e) Ensure that all staff are compliant with the required safeguarding adult training. f) Ensure that all staff have access to safeguarding children supervision on a three-monthly basis to discuss cases where there are safeguarding concerns present. g) Ensure that all link and supervisors access development days four times per year as per policy.
SG4	Safeguarding – Think child, think parent, think family (Westlands)	a) Ensure all staff are compliant with relevant safeguarding training. b) Maintain records of safeguarding children supervision in patient files if relevant. Guidance can be found in the Trust safeguarding supervision guidance document (2017). c) Ensure that any safeguarding information is maintained by the Link staff and reviewed on a regular basis. d) Encourage staff attendance at the Trust's Defensible Documentation training to develop record keeping skills and understanding of the detail required in patients' records.
SG5	Safeguarding – Think child, think parent, think family (Rapid Response Service)	a) Support to be provided to the Rapid Response team from the Safeguarding team to assess appropriate models of safeguarding supervision that would meet their needs. b) Link staff to attend the development sessions four times per year. c) Safeguarding children supervisors to attend four development sessions per year. d) Team lead/manager to attend the appropriate development session. e) Team lead manager to ensure all staff are compliant with required levels of training. The Safeguarding Children team is able to provide flexible access to the training. f) Safeguarding team to provide information relating to historical allegations of abuse and defensible documentation if required. This will be clarified with the team lead/manager.
SSA2	Service Evaluation to assess the prevalence of patients prescribed drugs of abuse by their GP in addition to opioid substitution treatment by the specialist Addictions Service	a) Ensure all patients have a record of prescribed medications from the summary care record via the spine – action completed. b) Present this data to GPs via the Hull and East Riding Prescribing Committee.
MH16	Driving Risk Assessment of Mental Health Patients on admission	a) Posters around all adult psychiatric inpatient units. b) Patient information leaflets with useful contact information (DVLA). c) Driving assessment tool.

Audit Ref	Audit Title	Actions
		d) Re-audit on regular basis. e) Raise awareness of responsibility of healthcare professionals. f) GMC guidance and DVLA rules and regulation.
NICE NG10	NICE NG10 Violence and aggression: short-term management in mental health	a) Establishment of service user group will need funding and significant support in order to meet the objectives and be meaningful for those involved. Cost implications to be drafted. b) Mandatory tab on Lorenzo to allow access to update information regarding debrief. Discussion at the Reducing Restrictive Interventions group and recommendation to Lorenzo implementation group.
NICE CG191	NICE CG191 Pneumonia	a) To review and improve the quality of read coding for pneumonia within primary care. b) To request the inclusion of the CRB65 Mortality Risk Assessment Score to be uploaded onto SystmOne to determine the severity. c) To review the potential benefit and cost implications towards the implementation of C-reactive protein testing for community-acquired pneumonia in primary care

Annex 6: Glossary and Further Information

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.
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.
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.
Perfect Ward	An app-based, real time inspection and reporting tool for healthcare inspections. It eliminates administration by capturing results directly and provides automated reporting.
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 1st 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.
SitReps – 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.
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.

Humber Teaching
NHS Foundation Trust
Financial Statements
2017/18

Foreword to the accounts

Humber Teaching NHS Foundation Trust

These accounts, for the year ended 31 March 2018, 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   **M Moran**
Job title   **Chief Executive**
Date   **23 May 2018**

Statement of Comprehensive Income

	Note	2017/18 £000	2016/17 £000
Operating income from patient care activities	3	104,652	132,918
Other operating income	4	13,734	9,986
Operating expenses	6, 8	(112,727)	(142,456)
Operating surplus/(deficit) from continuing operations		**5,659**	**448**
Finance income	11	36	35
Finance expenses	12	(222)	(222)
PDC dividends payable		(2,234)	(1,998)
Net finance costs		**(2,420)**	**(2,185)**
Other gains / (losses)	13, 4.2	456	-
Surplus / (deficit) for the year		**3,695**	**(1,737)**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	1,325	(2,405)
Revaluations	16	3,268	7,175
Remeasurements of the net defined benefit pension scheme liability / asset	32	39	(173)
Total comprehensive income / (expense) for the period		**8,327**	**2,860**

Statement of Financial Position

	Note	31 March 2018 £000	31 March 2017 £000
Non-current assets			
Intangible assets	14	879	1,117
Property, plant and equipment	15	78,493	68,412
Total non-current assets		**79,372**	**69,529**
Current assets			
Inventories	18	127	125
Trade and other receivables	19	12,232	10,678
Cash and cash equivalents	22	8,613	9,426
Total current assets		**20,972**	**20,229**
Current liabilities			
Trade and other payables	23	(14,487)	(12,706)
Borrowings	26	(273)	(255)
Provisions	28	(164)	(414)
Other liabilities	25	(356)	(468)
Total current liabilities		**(15,280)**	**(13,843)**
Total assets less current liabilities		**85,064**	**75,915**
Non-current liabilities			
Borrowings	26	(4,383)	(4,214)
Provisions	28	(801)	(827)
Other liabilities	25	(707)	(405)
Total non-current liabilities		**(5,891)**	**(5,446)**
Total assets employed		**79,173**	**70,469**
Financed by			
Public dividend capital		44,320	43,943
Revaluation reserve		17,164	12,959
Other reserves		(130)	(169)
Income and expenditure reserve		17,819	13,736
Total taxpayers' equity		**79,173**	**70,469**

The notes on pages 9 to 49 form part of these accounts.

Name
Position   **Chief Executive**
Date   **23 May 2018**

Statement of Changes in Equity for the year ended 31 March 2018

	Note	Public dividend capital £000	Revaluation reserve £000	Other reserves £000	Income and expenditure reserve £000	Total £000
Taxpayers' equity at 1 April 2017 - brought forward		**43,943**	**12,959**	**(169)**	**13,736**	**70,469**
Surplus/(deficit) for the year		-	-	-	3,695	**3,695**
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits		-	(388)	-	388	**-**
Impairments	7	-	1,325	-	-	**1,325**
Revaluations	15	-	3,268	-	-	**3,268**
Remeasurements of the defined net benefit pension scheme liability/asset	35	-	-	39	-	**39**
Public dividend capital received		377	-	-	-	**377**
Taxpayers' equity at 31 March 2018		**44,320**	**17,164**	**(130)**	**17,819**	**79,173**

Statement of Changes in Equity for the year ended 31 March 2017

		Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
		£000	£000	£000	£000	£000
Taxpayers' equity at 1 April 2016 - brought forward		**43,693**	**8,489**	**4**	**15,173**	**67,359**
Surplus/(deficit) for the year		-	-	-	(1,737)	**(1,737)**
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits		-	(300)	-	300	**-**
Impairments	7	-	(2,405)	-	-	**(2,405)**
Revaluations	15	-	7,175	-	-	**7,175**
Remeasurements of the defined net benefit pension scheme liability/asset	35	-	-	(173)	-	**(173)**
Public dividend capital received		250	-	-	-	**250**
Taxpayers' equity at 31 March 2017		**43,943**	**12,959**	**(169)**	**13,736**	**70,469**

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 and Social Care 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.

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	2017/18 £000	2016/17 £000
Cash flows from operating activities			
Operating surplus		5,659	448
Non-cash income and expense:			
Depreciation and amortisation	6.1	2,946	2,844
Net impairments	7	(2,813)	2,942
Income recognised in respect of capital donations	4	-	(402)
Non-cash movements in on-SoFP pension liability		341	174
(Increase) / decrease in receivables and other assets		(2,303)	(3,688)
(Increase) / decrease in inventories		(2)	(26)
Increase / (decrease) in payables and other liabilties		1,546	(1,891)
Increase / (decrease) in provisions		(296)	(335)
Net cash generated from / (used in) operating activities		**5,078**	**66**
Cash flows from investing activities			
Interest received		36	27
Purchase of intangible assets		(52)	(308)
Purchase of property, plant, equipment and investment property		(4,237)	(3,027)
Net cash generated from / (used in) investing activities		**(4,253)**	**(3,308)**
Cash flows from financing activities			
Public dividend capital received		377	250
Movement on loans from the Department of Health and Social Care		187	(255)
Other interest paid		(188)	(178)
PDC dividend (paid) / refunded		(2,014)	(1,802)
Cash flows from (used in) other financing activities		-	(13)
Net cash generated from / (used in) financing activities		**(1,638)**	**(1,998)**
Increase / (decrease) in cash and cash equivalents		**(813)**	**(5,240)**
Cash and cash equivalents at 1 April - brought forward		**9,426**	**14,666**
Cash and cash equivalents at 31 March	22.1	**8,613**	**9,426**

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 2017/18 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 accounts.

Note 1.1.1 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 1.1.2 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 operational existence in the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.

Note 1.2 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 1.2.1 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:
Humber Teaching NHS Foundation Trust applies estimates for the pension provision, injury provision based on average life expectancy and the property plant and equipment valuation.

Note 1.3 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 to hold the General Medical Services (GMS) contract for Peeler House. It has not been consolidated due to materiality.

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 immateriality. The balance of the funds at 31 March 2018 is £527k.

Note 1.4 Income

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the Trust is contracts with commissioners in respect of health care services.

Where income is received for a specific activity which is to be delivered in a subsequent financial year, that income is deferred.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

Revenue grants and other contributions to expenditure
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.

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, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.5 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 NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, 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 schemes are accounted for as though they are defined contribution schemes.

Employer's pension cost 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 1.6 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 1.7 Property, plant and equipment

Note 1.7.1 Recognition
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, Humber Teaching NHS Foundation 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 a cost of more than £250, 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 economic lives.

Note 1.7.2 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 Trusts 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 2018
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.

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 on a straight line basis over their remaining useful economic 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' ceases to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the trust, respectively.

Revaluation gains and losses

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

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

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

Impairments

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

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

Note 1.7.3 Derecognition

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met:

• the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
• the sale must be highly probable ie:

    - management are committed to a plan to sell the asset
    - an active programme has begun to find a buyer and complete the sale
    - the asset is being actively marketed at a reasonable price
    - the sale is expected to be completed within 12 months of the date of classification as 'held for sale' and
    - the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

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 economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Note 1.7.4 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.

Note 1.7.5 Useful economic lives of property, plant and equipment

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

	Min life Years	Max life Years
Land	-	-
Buildings, excluding dwellings	5	89
Plant & machinery	-	10
Transport equipment	-	7
Information technology	-	5
Furniture & fittings	-	10

Finance-leased assets (including land) are depreciated over the shorter of the useful economic 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 1.8 Intangible assets

Note 1.8.1 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 only where all of the following can be demonstrated:

• the project is technically feasible to the point of completion and will result in an intangible asset for sale or use
• the Trust intends to complete the asset and sell or use it
• the Trust has the ability to sell or use the asset
• how the intangible asset will generate probable future economic or service delivery benefits, e.g., the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
• adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset and
• the Trust can measure reliably the expenses attributable to the asset during development.

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

Note 1.8.2 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 under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

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 on a straight line basis, over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

Note 1.8.3 Useful economic lives of intangible assets
Useful economic lives reflect the total life of an asset and not the remaining life of an asset. The range of useful economic lives are shown in the table below:

	Min life Years	Max life Years
Software licences	-	5
Other (purchased)	-	89

Note 1.9 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 1.10 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 1.11 Financial instruments and financial liabilities

Recognition
Financial assets and financial liabilities which arise from contracts for 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, are recognised when, and to the extent which, performance occurs, i.e., when receipt or delivery of the goods or services is made.

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

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

Financial assets and financial liabilities at "fair value through income and expenditure"
Financial assets and financial liabilities at "fair value through income and expenditure" are financial assets or financial liabilities held for trading. A financial asset or financial liability is classified in this category if acquired principally for the purpose of selling in the short-term. Derivatives are also categorised as held for trading unless they are designated as hedges.
Humber Teaching NHS Foundation Trust does not have any embedded derivatives that have different risks and characteristics to their host contract.

Loans and receivables
Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market.

Humber Teaching NHS Foundation Trust's loans and receivables comprise, cash and cash equivalents, NHS receivables, trade receivables, accrued income and other receivables.

Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.

Financial liabilities

All financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as long-term liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to finance costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

Loans from the Department of Health are recognised at historical cost. Otherwise, financial liabilities are initially recognised at fair value.

Impairment of financial assets

At the Statement of Financial Position date, the Trust assesses whether any financial assets, other than those held at "fair value through income and expenditure" are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced through the use of an allowance account/bad debt provision.

Note 1.12 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.

Note 1.12.1 The Trust as 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 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 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. The lease liability, is de-recognised when the liability is discharged, cancelled or expires.

Operating leases
Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability 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.

Note 1.12.2 The Trust as lessor

Finance leases
Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trusts' 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 1.13 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 the discount rates published and mandated by HM Treasury.

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

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

Note 1.14 Contingencies
Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 29 where an inflow of economic benefits is probable.
Contingent liabilities are not recognised, but are disclosed in note 32, 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 1.15 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.

At any time, 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 assets (including lottery 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 thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.16 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 1.17 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 1.18 Foreign exchange

The functional and presentational currencies of Humber Teaching NHS Foundation Trust are sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where Humber Teaching NHS Foundation Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

• monetary items (other than financial instruments measured at 'fair value through income and expenditure') are translated at the spot exchange rate on 31 March 2018
• non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction
• non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

Note 1.19 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FReM. This is disclosed in Note 25.2

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, including losses which would have been made good through insurance cover had the Trust not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However 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 Transfers of functions to or from other NHS bodies or local government bodies

For functions that have been transferred to and from another NHS body, the assets and liabilities transferred are recognised in the accounts as at the date of transfer. The assets and liabilities are not adjusted to fair value prior to recognition.

For property plant and equipment assets and intangible assets, the cost and accumulated depreciation / amortisation balances from the transferring entity's accounts are preserved on recognition in Humber Teaching NHS Foundation Trust's accounts. Where the transferring body recognised revaluation reserve balances attributable to the assets, Humber Teaching NHS Foundation Trust makes a transfer from its income and expenditure reserve to its revaluation reserve to maintain transparency within public sector accounts.

Note 1.22 Early adoption of standards, amendments and interpretations
No new accounting standards or revisions to existing standards have been early adopted in 2017/18.

Note 1.23 Standards, amendments and interpretations in issue but not yet effective or adopted
The DH GAM does not require the following Standards and Interpretations to be applied in 2017/18. These standards are still subject to HM Treasury FReM adoption, with the government implementation date for IFRS 16 still subject to HM Treasury consideration.

●   IFRS 9 Financial Instruments – Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted

●   IFRS 16 Leases – Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.

●   IFRIC 22 Foreign Currency Transactions and Advance Consideration – Application required for accounting periods beginning on or after 1 January 2018. This standard will have minimal impact on the Trust, as the majority of transactions are in GBP

Note 1.24 Entity Change of Name
Humber Teaching NHS Foundation Trust was formally know as Humber NHS Foundation Trust. The change of name occurred on the 1st April 2018.

Note 2 Operating Segments

Humber Teaching NHS Foundation Trust activities are purely healthcare related, therefore no segmental analysis is required.

Note 3 Operating income from patient care activities

Note 3.1 Income from patient care activities (by nature)

	2017/18 £000	2016/17 £000
Mental health services		
Cost and volume contract income	1,811	1,566
Block contract income	71,875	72,158
Clinical partnerships providing mandatory services (including S75 agreements)	1,184	1,246
Clinical income for the secondary commissioning of mandatory services	-	-
Other clinical income from mandatory services	6,912	3,847
Community services		
*Community services income from CCGs and NHS England	13,960	44,023
Income from other sources (e.g. local authorities)	4,060	4,427
All services		
Private patient income	36	33
Other clinical income	4,814	5,618
Total income from activities	**104,652**	**132,918**

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2017/18 £000	2016/17 £000
NHS England	14,701	15,767
Clinical commissioning groups	74,834	100,810
Department of Health and Social Care	-	20
Other NHS providers	2,063	2,813
NHS other	125	-
Local authorities	7,881	8,178
Non-NHS: private patients	-	-
Non-NHS: overseas patients (chargeable to patient)	-	-
NHS injury scheme	36	33
Non NHS: other	5,012	5,297
Total income from activities	**104,652**	**132,918**
Of which:		
Related to continuing operations	104,652	132,918
Related to discontinued operations	-	-

* The 2016/17 community services income figure includes income relating to the East Riding Community Services contract. This contract was transferred to City Healthcare Partnership from the 1st April 2017 and does not form part of the current year figures. The community services figure reported for 2016/17 of £48,450k, has been split and reclassified to match the current year to aid understanding.

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

	2017/18 £000	2016/17 £000
Income recognised this year	-	-
Cash payments received in-year	-	-
Amounts added to provision for impairment of receivables	-	-
Amounts written off in-year	-	-

Note 4 Other operating income

	2017/18 £000	2016/17 £000
Research and development	416	422
Education and training	3,473	3,676
Receipt of capital grants and donations	-	402
Non-patient care services to other bodies	3,854	2,094
Support from the Department of Health and Social Care for mergers	-	-
Sustainability and transformation fund income	2,597	2,496
Rental revenue from operating leases	3,023	-
Income in respect of staff costs where accounted on gross basis	371	896
Other income	-	-
Total other operating income	**13,734**	**9,986**
Of which:		
Related to continuing operations	13,734	9,986
Related to discontinued operations	-	-

Note 4.1 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 license 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:

	2017/18 £000	2016/17 £000
Income from services designated as commissioner requested services	113,410	139,307
Income from services not designated as commissioner requested services	3,810	3,752
Total	**117,220**	**143,059**

Note 4.2 Profits and losses on disposal of property, plant and equipment
The profit on disposal of property figure of £729k relates to Westwood Hospital, less a capital debtor of £273k. The original disposal of the property took place in 2014/15.

Note 5 Fees and charges

	2017/18 £000	2016/17 £000
Income	-	-
Full cost	-	-
Surplus / (deficit)	**-**	**-**

Note 6.1 Operating expenses

	2017/18 £000	2016/17 £000
Purchase of healthcare from NHS and DHSC bodies	160	239
Purchase of healthcare from non-NHS and non-DHSC bodies	2,276	1,945
Staff and executive directors costs	92,230	113,012
Remuneration of non-executive directors	125	119
Supplies and services - clinical (excluding drugs costs)	2,872	5,420
Supplies and services - general	1,099	1,607
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	832	1,025
Consultancy costs	173	212
Establishment	2,784	2,538
Premises	2,808	3,168
Transport (including patient travel)	1,408	2,368
Depreciation on property, plant and equipment	2,656	2,657
Amortisation on intangible assets	290	187
Net impairments	(2,813)	2,942
Increase/(decrease) in provision for impairment of receivables	26	9
Change in provisions discount rate(s)	-	-
Audit fees payable to the external auditor		
audit services- statutory audit	59	66
other auditor remuneration (external auditor only)	29	45
Internal audit costs	185	102
Clinical negligence	672	533
Legal fees	188	203
Insurance	179	-
Research and development	510	393
Education and training	1,226	818
Rentals under operating leases	2,749	2,841
Losses, ex gratia & special payments	4	7
Other	-	-
Total	**112,727**	**142,456**
Of which:		
Related to continuing operations	112,727	142,456
Related to discontinued operations	-	-

Note 6.2 Other auditor remuneration

	2017/18 £000	2016/17 £000
Other auditor remuneration paid to the external auditor:		
Other non-audit services	29	45
Total	**29**	**45**

Note 6.3 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £5m (2016/17: £5m).

Note 7 Impairment of assets

	2017/18 £000	2016/17 £000
Net impairments charged to operating (surplus) / deficit resulting from:		
Changes in market price	(2,813)	2,942
Total net impairments charged to operating (surplus) / deficit	**(2,813)**	**2,942**
Impairments charged to the revaluation reserve	(1,325)	2,405
Total net impairments	**(4,138)**	**5,347**

Humber Teaching NHS Foundation Trust revalued its Land and Buildings during the period, resulting in an impairment gain credited to revaluation reserve of £1,325k (2016/17: loss £2,405k), £1,008k as an operating expense (2016/17 £6,752k) and £3,821k reversal of impairments credited to operating income in the statement of comprehensive income (2016/17 £3,810k). This resulted in a net reversal of impairment of £4,138k (2016/17 impairment loss £5,347k)

Note 8 Employee benefits

	2017/18 Total £000	2016/17 Total £000
Salaries and wages	74,409	90,467
Social security costs	6,840	8,220
Apprenticeship levy	343	-
Employer's contributions to NHS pensions	8,588	10,377
Pension cost - other	579	355
Temporary staff (including agency)	2,887	4,094
Total staff costs	**93,646**	**113,513**
Of which		
Costs capitalised as part of assets	122	108

Note 8.1 Retirements due to ill-health

During 2017/18 there were 6 early retirements from the Trust agreed on the grounds of ill-health (2 in the year ended 31 March 2017). The estimated additional pension liabilities of these ill-health retirements is £489k (£21k in 2016/17).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

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 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 2018, is based on valuation data as 31 March 2017, updated to 31 March 2018 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 last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and employee and employer representatives as deemed appropriate.

The next actuarial valuation is to be carried out as at 31 March 2016 and is currently being prepared. The direction assumptions are published by HM Treasury which are used to complete the valuation calculations, from which the final valuation report can be signed off by the scheme actuary. This will set the employer contribution rate payable from April 2019 and will consider the cost of the Scheme relative to the employer cost cap. There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the Scheme changes by more than 2% of pay. Subject to this 'employer cost cap' assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.

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 32.

Note 9.1 NEST Pension Scheme

Some employees are members of the NEST Pension Scheme. NEST was set up by the Government especially for auto enrolment. The intention of the scheme is to ensure that all employees have access to a scheme that meets the requirements of the pension rules. Employer contributions to the Scheme in 2017/2018 were £10k.

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.

	2017/18 £000	2016/17 £000
Operating lease revenue		
Minimum lease receipts	3,023	-
Total	**3,023**	**-**

	31 March 2018 £000	31 March 2017 £000
Future minimum lease receipts due:		
- not later than one year;	3,023	-
- later than one year and not later than five years;	2,224	-
Total	**5,247**	**-**

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, Transitional, Savings and Transitory Provisions Order 2013), the costs of properties leased through NHS Property Services are disclosed in the accounts, as substance of 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.

	2017/18 £000	2016/17 £000
Operating lease expense		
Minimum lease payments	2,749	2,841
Total	**2,749**	**2,841**

	31 March 2018 £000	31 March 2017 £000
Future minimum lease payments due:		
- not later than one year;	2,333	2,421
- later than one year and not later than five years;	1,828	1,357
- later than five years.	4,130	3,261
Total	**8,291**	**7,039**

Note 11 Finance income

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

	2017/18	2016/17
	£000	£000
Interest on bank accounts	36	27
Other finance income	-	8
Total	**36**	**35**

Note 12.1 Finance expenditure

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

	2017/18	2016/17
	£000	£000
Interest expense:		
Loans from the Department of Health and Social Care	172	193
Total interest expense	**172**	**193**
Unwinding of discount on provisions	20	29
Other finance costs	30	-
Total finance costs	**222**	**222**

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

Humber Teaching NHS Foundation Trust made no payments relating to the late payment of commercial debt in 2017/18 (£Nil 2016/17)

Note 13 Other gains / (losses)

	2017/18	2016/17
	£000	£000
Gains on disposal of assets	456	-
Total gains / (losses) on disposal of assets	**456**	**-**
Total other gains / (losses)	**456**	**-**

The gain on disposal of assets of £456k, relates to a receivable in relation to the sale of Westwood hospital in 2014/15.

Note 14.1 Intangible assets - 2017/18

	Software licences £000	Licences & trademarks £000	Intangible assets under construction £000	Other (purchased) £000	Total £000
Valuation / gross cost at 1 April 2017 - brought forward	1,983	-	-	114	2,097
Additions	-	-	52	-	52
Reclassifications	-	52	(52)	-	-
Gross cost at 31 March 2018	1,983	52	-	114	2,149
Amortisation at 1 April 2017 - brought forward	980	-	-	-	980
Provided during the year	290	-	-	-	290
Amortisation at 31 March 2018	1,270	-	-	-	1,270
Net book value at 31 March 2018	713	52	-	114	879
Net book value at 1 April 2017	1,003	-	-	114	1,117

Note 14.2 Intangible assets - 2016/17

	Software licences £000	Licences & trademarks £000	Intangible assets under construction £000	Other (purchased) £000	Total £000
Valuation / gross cost at 1 April 2016 - as previously stated	**1,387**	**-**	**-**	**-**	**1,387**
Additions	596	-	-	114	**710**
Valuation / gross cost at 31 March 2017	**1,983**	**-**	**-**	**114**	**2,097**
Amortisation at 1 April 2016 - as previously stated	**793**	**-**	**-**	**-**	**793**
Provided during the year	**187**	**-**	**-**	**-**	**187**
Amortisation at 31 March 2017	**980**	**-**	**-**	**-**	**980**
Net book value at 31 March 2017	**1,003**	**-**	**-**	**114**	**1,117**
Net book value at 1 April 2016	**594**	**-**	**-**	**-**	**594**

Note 15.1 Property, plant and equipment - 2017/18

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2017 - brought forward	**8,164**	**58,885**	**321**	**1,973**	**121**	**10,651**	**1,198**	**81,313**
Transfers by absorption	-	-	-	-	-	-	-	**-**
Additions	-	-	4,055	993	-	283	-	**5,331**
Impairments	-	(348)	-	-	-	-	-	**(348)**
Reversals of impairments	-	1,673	-	-	-	-	-	**1,673**
Revaluations	5	3,611	-	-	-	-	-	**3,616**
Reclassifications	-	1,256	(1,256)	-	-	-	-	**-**
Valuation/gross cost at 31 March 2018	**8,169**	**65,077**	**3,120**	**2,966**	**121**	**10,934**	**1,198**	**91,585**
Accumulated depreciation at 1 April 2017 - brought forward	**1,786**	**650**	**-**	**1,391**	**117**	**8,270**	**687**	**12,901**
Transfers by absorption	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Provided during the year	**-**	**1,636**	**-**	**174**	**4**	**730**	**112**	**2,656**
Impairments	-	1,008	-	-	-	-	-	**1,008**
Reversals of impairments	(870)	(2,951)	-	-	-	-	-	**(3,821)**
Revaluations	-	348	-	-	-	-	-	**348**
Accumulated depreciation at 31 March 2018	**916**	**691**	**-**	**1,565**	**121**	**9,000**	**799**	**13,092**
Net book value at 31 March 2018	**7,253**	**64,386**	**3,120**	**1,401**	**-**	**1,934**	**399**	**78,493**
Net book value at 1 April 2017	**6,378**	**58,235**	**321**	**582**	**4**	**2,381**	**511**	**68,412**

Note 15.2 Property, plant and equipment - 2016/17

	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 2016 - as previously stated	**8,010**	**53,281**	**1,894**	**1,939**	**121**	**9,705**	**1,128**	**76,078**
Additions	-	2,045	-	34	-	946	70	**3,095**
Impairments	(349)	(3,735)	-	-	-	-	-	**(4,084)**
Reversals of impairments	503	1,176	-	-	-	-	-	**1,679**
Revaluations	-	4,545	-	-	-	-	-	**4,545**
Reclassifications	-	1,573	(1,573)	-	-	-	-	**-**
Valuation/gross cost at 31 March 2017	**8,164**	**58,885**	**321**	**1,973**	**121**	**10,651**	**1,198**	**81,313**
Accumulated depreciation at 1 April 2016 - as previously stated	**(198)**	**609**	**-**	**1,200**	**112**	**7,654**	**555**	**9,932**
Provided during the year	**-**	1,713	**-**	191	5	616	132	**2,657**
Impairments	3,162	3,590	-	-	-	-	-	**6,752**
Reversals of impairments	(649)	(3,161)	-	-	-	-	-	**(3,810)**
Revaluations	(529)	(2,101)	-	-	-	-	-	**(2,630)**
Accumulated depreciation at 31 March 2017	**1,786**	**650**	**-**	**1,391**	**117**	**8,270**	**687**	**12,901**
Net book value at 31 March 2017	**6,378**	**58,235**	**321**	**582**	**4**	**2,381**	**511**	**68,412**
Net book value at 1 April 2016	**8,208**	**52,672**	**1,894**	**739**	**9**	**2,051**	**573**	**66,146**

Note 15.3 Property, plant and equipment financing - 2017/18

	Land £000	Buildings excluding 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 2018								
Owned - purchased	7,155	63,962	3,120	1,347	-	1,934	399	**77,917**
Owned - donated	98	424	-	54	-	-	-	**576**
NBV total at 31 March 2018	**7,253**	**64,386**	**3,120**	**1,401**	**-**	**1,934**	**399**	**78,493**

Note 15.4 Property, plant and equipment financing - 2016/17

	Land £000	Buildings excluding 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 2017								
Owned - purchased	6,280	57,822	321	510	-	2,381	511	**67,825**
Owned - donated	98	413	-	72	4	-	-	**587**
NBV total at 31 March 2017	**6,378**	**58,235**	**321**	**582**	**4**	**2,381**	**511**	**68,412**

Note 16 Revaluations of property, plant and equipment

Humber Teaching NHS Foundation Trust's Land and Buildings revalued at 31 March 2018 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 including inspecting some of the Trust buildings.

Note 17 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 to hold the GMS contract for Peeler House. It has not been consolidated in the accounts of Humber Teaching NHS Foundation Trust on the basis of materiality.

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 2018 is £523k.

Note 18 Inventories

	31 March 2018	2017
	£000	£000
Consumables	127	125
Total inventories	**127**	**125**
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £922k (2016/17: £1,936k). Write-down of inventories recognised as expenses for the year were £0k (2016/17: £0k).

Note 19.1 Trade receivables and other receivables

	31 March 2018 £000	31 March 2017 £000
Current		
Trade receivables	8,582	7,127
Capital receivables (including accrued capital related income)	-	273
Accrued income	2,390	1,530
Provision for impaired receivables	(74)	(48)
Deposits and advances	-	-
Prepayments (non-PFI)	344	805
Interest receivable	-	-
PDC dividend receivable	-	-
VAT receivable	293	45
Other receivables	697	946
Total current trade and other receivables	**12,232**	**10,678**
Of which receivables from NHS and DHSC group bodies:		
Current	6,697	7,571
Non-current	-	-

Note 19.2 Provision for impairment of receivables

	2017/18	2016/17
	£000	£000
At 1 April as previously stated	**48**	**42**
Increase in provision	26	9
Amounts utilised	-	(3)
At 31 March	**74**	**48**

The provision consists of non NHS receivables outstanding for more than six months past their due date.

Note 19.3 Credit quality of financial assets

	31 March 2018		31 March 2017	
	Trade and other receivables	Investments & Other financial assets	Trade and other receivables	Investments & Other financial assets
Ageing of impaired financial assets	£000	£000	£000	£000
Over 180 days	74	-	48	-
Total	**74**	**-**	**48**	**-**
Ageing of non-impaired financial assets past their due date				
0 - 30 days	632	-	699	-
30-60 Days	819	-	987	-
60-90 days	286	-	230	-
90- 180 days	158	-	378	-
Over 180 days	868	-	391	-
Total	**2,763**	**-**	**2,685**	**-**

The provision consists of non NHS receivables, outstanding for more than six months past their due date.

Note 20 Other assets
Humber Teaching NHS Foundation Trust held no other assets in 2017/18 (2016/17: £Nil).

Note 21 Non-current assets held for sale and assets in disposal groups
Humber Teaching NHS Foundation Trust held no non-current assets for sale and assets in disposal groups in 2017/18 (2016/17: £Nil).

Note 21.1 Liabilities in disposal groups

Humber Teaching NHS Foundation Trust held no non - current assets for sale and assets in disposal groups in 2017/18 (2016/17 £Nil)

Note 22.1 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.

	2017/18 £000	2016/17 £000
At 1 April	**9,426**	**14,659**
Net change in year	(813)	(5,233)
At 31 March	**8,613**	**9,426**
Broken down into:		
Cash at commercial banks and in hand	179	429
Cash with the Government Banking Service	8,434	8,997
Total cash and cash equivalents as in SoFP	**8,613**	**9,426**
Total cash and cash equivalents as in SoCF	**8,613**	**9,426**

Note 22.2 Third party assets held by the trust

The trust held cash and cash equivalents which relate to monies held by the foundation trust on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2018 £000	31 March 2017 £000
Bank balances	429	372
Total third party assets	**429**	**372**

Note 23.1 Trade and other payables

	31 March 2018 £000	31 March 2017 £000
Current		
Trade payables	5,948	2,992
Capital payables	1,900	1,997
Accruals	1,468	4,162
Receipts in advance (including payments on account)	54	-
Social security costs	1,128	-
VAT payables	-	-
Other taxes payable	1,721	2,136
PDC dividend payable	233	13
Accrued interest on loans	10	10
Other payables	2,025	1,396
Total current trade and other payables	**14,487**	**12,706**

Non-current
Humber Teaching NHS Foundation Trust held no non-current payables in the year 2017/18 (2015/16: £Nil).

Of which payables from NHS and DHSC group bodies:

Current	4,222	2,056
Non-current	-	-

Note 23.2 Early retirements in NHS payables above
Humber Teaching NHS Foundation Trust made no payments for early retirements in 2017/18 (2016/17: £Nil).

Note 24 Other financial liabilities
Humber Teaching NHS Foundation Trust had no other financial liabilities in the year 2017/18 (2016/17: £Nil).

Note 25 Other liabilities

	31 March 2018 £000	31 March 2017 £000
Current		
Deferred income	356	468
Total other current liabilities	**356**	**468**
Non-current		
Net pension scheme liability	707	405
Total other non-current liabilities	**707**	**405**

Note 26 Borrowings

	31 March 2018 £000	31 March 2017 £000
Current		
Loans from the Department of Health and Scoial Care	273	255
Total current borrowings	**273**	**255**
Non-current		
Loans from the Department of Health and Scoial Care	4,383	4,214
Total non-current borrowings	**4,383**	**4,214**

Note 27 Finance leases
Humber Teaching NHS Foundation Trust had no finance leases in the year 2017/18 (2016/17: £Nil).

Note 28.1 Provisions for liabilities and charges analysis

	Pensions - early departure costs £000	Legal claims £000	Injury Benefit £000	Total £000
At 1 April 2017	**462**	**152**	**627**	**1,241**
Arising during the year	-	7	-	**7**
Utilised during the year	(74)	-	(112)	**(186)**
Reversed unused	-	(117)	-	**(117)**
Unwinding of discount	10	1	9	**20**
At 31 March 2018	**398**	**43**	**524**	**965**
Expected timing of cash flows:				
- not later than one year;	83	43	38	**164**
- later than one year and not later than five years;	295	-	120	**415**
- later than five years.	20	-	366	**386**
Total	**398**	**43**	**524**	**965**

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

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

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

Note 28.2 Clinical negligence liabilities

At 31 March 2018, £1,534k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Humber Teaching NHS Foundation Trust (31 March 2017: £150k).

Note 29 Contingent assets and liabilities

	31 March 2018 £000	31 March 2017 £000
Value of contingent liabilities		
NHS Resolution legal claims	(20)	(56)
Gross value of contingent liabilities	**(20)**	**(56)**
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	**(20)**	**(56)**
Net value of contingent assets	-	-

NHS Resolution legal claims relate to legal claims that have been identified as a contingent liability by NHS Resolution.

Note 30 Contractual capital commitments

	31 March 2018 £000	31 March 2017 £000
Property, plant and equipment	106	615
Total	**106**	**615**

Contractual capital commitments relate to capital schemes which are not completed in the year but which Humber Teaching NHS Foundation Trust have contracts to complete.

Note 31 Other financial commitments
Humber Teaching NHS Foundation Trust is not committed to making payments under non-cancellable contracts (which are not leases, PFI contracts or other service concession arrangements) in 2017/18 (2016/17 £Nil)

Note 32 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 2017/18 Humber Teaching NHS Foundation Trust contributed £564k to the fund (2016/17: £355k).

A pension deficit of £707k is included in the Statement of Financial Position as at 31 March 2018 (2016/17: £405k)

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

Financial Assumptions

	31 March 2018	**31 March 2017**
Pension Increase Rate	2.40%	2.20%
Salary Increase Rate	2.60%	3.70%
Discount Rate	2.70%	3.60%

Note 32.2 The estimated Fund asset allocation is as follows:

	31 March 2018	**31 March 2017**
	£000	**£000**
Equities Securities	255	151
Debt Securities	99	43
Private Equity	34	19
Real Estate	85	48
Investment Funds & Unit Trusts	258	135
Cash & Cash Equivalents	21	12
	752	408

Note 32.3 Sensitivity Analysis

Change in assumptions at 31 March 2018	**Approximate % increase to Defined Benefit Obligation**	**Approximate monetary amount (£000)**
0.5% decrease in Real Discount Rate	13%	196
0.5% increase in the Salary Increase Rate	0%	-
0.5% increase in the Pension Increase Rate	13%	196

Note 32.4 Projected defined benefit cost for the period to 31 March 2019

Period Ended 31 March 2019	**Assets**	**Obligations**	**Net (liability)/asset**	
	£(000)	**£(000)**	**£(000)**	**% of pay**
Projected Current Service cost		621	(621)	(39.7%)
Total Service Cost	**0**	**621**	**(621)**	**(39.7%)**
Interest income on plan assets	25		25	1.60%
Interest cost on defined benefit obligation		49	49	(3.1%)
Total Net Interest Cost	**25**	**49**	**74**	**(1.5%)**
Total included in SoCI	**25**	**670**	**(547)**	**(41.2%)**

Note 32.3 Changes in the defined benefit obligation and fair value of plan assets during the year

	2017/18 £000	2016/17 £000
Present value of the defined benefit obligation at 1 April	**(813)**	**(151)**
Current service cost	(564)	(355)
Interest cost	(30)	(13)
Contribution by plan participants	(89)	(82)
Remeasurement of the net defined benefit (liability) / asset:		
- Actuarial (gains) / losses	37	(212)
Benefits paid	-	-
Past service costs	-	-
Business combinations	-	-
Curtailments and settlements	-	-
Present value of the defined benefit obligation at 31 March	**(1,459)**	**(813)**
Plan assets at fair value at 1 April	**408**	**93**
Interest income	15	8
Remeasurement of the net defined benefit (liability) / asset		
- Return on plan assets	2	39
- Actuarial gain / (losses)	-	-
- Changes in the effect of limiting a net defined benefit asset to the asset ceiling	-	-
Contributions by the employer	238	186
Contributions by the plan participants	89	82
Benefits paid	-	-
Business combinations	-	-
Settlements	-	-
Plan assets at fair value at 31 March	**752**	**408**
Plan surplus/(deficit) at 31 March	**(707)**	**(405)**

Note 32.4 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 2018 £000	31 March 2017 £000
Present value of the defined benefit obligation	**(1,459)**	**(813)**
Plan assets at fair value at	**752**	**408**
Fair value of any reimbursement right	-	-
The effect of the asset ceiling	-	-
Net (liability) / asset recognised in the SoFP	**(707)**	**(405)**

Note 32.5 Amounts recognised in the SoCI

	2017/18 £000	2016/17 £000
Current service cost	(564)	(355)
Interest expense / income	(15)	(5)
Past service cost	-	-
Losses on curtailment and settlement	-	-
Total net (charge) / gain recognised in SOCI	**(579)**	**(360)**

Note 33 On-SoFP PFI, LIFT or other service concession arrangements

Humber Teaching NHS Foundation Trust does not have any PFI or LIFT schemes.

Note 34 Financial instruments

Note 34.1 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 2018 are in receivables from customers, as disclosed in the Trade and other receivables note. (See Note 19.1)

Liquidity risk

Humber Teaching NHS Foundation Trust's operating costs were incurred under contracts with Clinical Commissioning Groups in 2017/18. 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 35.1 Carrying values of financial assets

	Loans and receivables £000	Assets at fair value through the I&E £000	Held to maturity at £000	Available-for-sale £000	Total book value £000
Assets as per SoFP as at 31 March 2018					
Embedded derivatives	-	-	-	-	**-**
Trade and other receivables excluding non financial assets	9,205	-	-	-	**9,205**
Other investments / financial assets	-	-	-	-	**-**
Cash and cash equivalents at bank and in hand	8,613	-	-	-	**8,613**
Total at 31 March 2018	**17,818**	**-**	**-**	**-**	**17,818**

	Loans and receivables £000	Assets at fair value through the I&E £000	Held to maturity £000	Available-for-sale £000	Total book value £000
Assets as per SoFP as at 31 March 2017					
Embedded derivatives	-	-	-	-	**-**
Trade and other receivables excluding non financial assets	9,828	-	-	-	**9,828**
Other investments / financial assets	-	-	-	-	**-**
Cash and cash equivalents at bank and in hand	9,426	-	-	-	**9,426**
Total at 31 March 2017	**19,254**	**-**	**-**	**-**	**19,254**

Note 35.2 Carrying value of financial liabilities

	Other financial liabilities £000	Liabilities at fair value through the I&E £000	Total book value £000
Liabilities as per SoFP as at 31 March 2018			
Embedded derivatives	-	-	**-**
Borrowings excluding finance lease and PFI liabilities	4,656	-	**4,656**
Obligations under finance leases	-	-	**-**
Obligations under PFI, LIFT and other service concession contracts	-	-	**-**
Trade and other payables excluding non financial liabilities	14,487	-	**14,487**
Other financial liabilities	-	-	**-**
Provisions under contract	-	-	**-**
Total at 31 March 2018	**19,143**	**-**	**19,143**

	Other financial liabilities £000	Liabilities at fair value through the I&E £000	Total book value £000
Liabilities as per SoFP as at 31 March 2017			
Embedded derivatives	-	-	**-**
Borrowings excluding finance lease and PFI liabilities	4,469	-	**4,469**
Obligations under finance leases	-	-	**-**
Obligations under PFI, LIFT and other service concession contracts	-	-	**-**
Trade and other payables excluding non financial liabilities	12,706	-	**12,706**
Other financial liabilities	-	-	**-**
Provisions under contract	-	-	**-**
Total at 31 March 2017	**17,175**	**-**	**17,175**

Note 35.3 Fair values of financial assets and liabilities

The fair value of Humber Teaching NHS Foundation Trust's financial assets and financial liabilities at 31 March 2018 equates to book value.

Note 35.4 Maturity of financial liabilities

	31 March 2018 £000	31 March 2017 £000
In one year or less	14,760	12,961
In more than one year but not more than two years	4,383	4,214
In more than two years but not more than five years	-	-
In more than five years	-	-
Total	**19,143**	**17,175**

Note 36 Losses and special payments

	2017/18		2016/17	
	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	-	-	4	3
Stores losses and damage to property	-	-	5	2
Total losses	**-**	**-**	**9**	**5**
Special payments				
Compensation under court order or legally binding arbitration award	-	-	-	-
Extra-contractual payments	-	-	-	-
Ex-gratia payments	3	4	4	2
Special severance payments	-	-	-	-
Extra-statutory and extra-regulatory payments	-	-	-	-
Total special payments	**3**	**4**	**4**	**2**
Total losses and special payments	**3**	**4**	**13**	**7**
Compensation payments received		-		-

During 2017/18 Humber Teaching NHS Foundation Trust had no bad debts written off (2016/17: 4 totalling £3k) and no other cases (2016/17: 5 totalling £2k).There have been 3 special payments made in 2017/18 totalling £4k (2016/17:4 totalling £2k)

Note 37 Related parties

During the year one board member and one Non Executive board member of the NHS Foundation Trust Board had a related party interests in an entity which has undertaken transactions with the NHS Foundation Trust. Elizabeth Thomas has a family member working at City Healthcare Partnership and Mike Smith provided services to Rotherham, Doncaster and South Humber Foundation Trust as an Associate Hospital Manager . Andrew Milner is a Trustee and Director at Hull and East Yorkshire Smile Foundation

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:

	2017/18				2016/17			
	Income	Expenditure	Receivables	Payables	Income	Expenditure	Receivables	Payables
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
City Health Care Partnership	4,875	89			4,080	5	1,160	
Health Education England	3,527	1	219		3,667		887	
Hull & East Yorkshire Hospitals NHS Trust	919	1,073	126	685	1,109	1,221	400	550
Humber NHS Trust Charitable Funds							23	
NHS East Riding Of Yorkshire CCG	28,668	12	948	12	56,734		2,208	
NHS England	19,702	51	2,200	46	18,341		787	23
NHS Hull CCG	36,479	27	1,092	52	34,794	37	777	
NHS Pensions Agency		8,588		1,128		10,377		1,396
NHS Property Services	246	1,429	16	1,773	5	1,983		644
NHS Vale of York CCG	1,126		10		1,099		33	
Rotherham, Doncaster and South Humber Foundation Trust	29		1		211	0	35	
Northern Lincolnshire & Goole Hospitals NHS Foundation Trust		2	24	1	0	4	83	5
Tees, Esk and Wear Valleys NHS Foundation Trust	1,168		478		1,381	44	296	
York Teaching Hospital NHS Foundation Trust	433	429	398	235	427	911	134	84
Yorkshire Ambulance Service NHS Trust	21				199	137	62	

Local Government Bodies

	Income	Expenditure	Receivables	Payables	Income	Expenditure	Receivables	Payables
Kingston Upon Hull City Council	378	75	233		401	87	180	7
East Riding of Yorkshire Council	7,715	1,148	184	5	8,627	192	503	19

Charitable Fund Transactions

	Income	Expenditure	Receivables	Payables	Income	Expenditure	Receivables	Payables
Hull and East Yorkshire Smile Foundation						60		10

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 2017/18 (2016/17 £Nil)

Note 39 Prior period adjustments

Humber Teaching NHS Foundation Trust had no prior period adjustments in 2017/18 (2016/17 £Nil)

Note 40 Events after the reporting date

From the 1st April 2018, the name of Humber Teaching NHS Foundation Trust, changed to Humber Teaching NHS Foundation Trust.

With effect from 1 May 2018, Humber Teaching NHS Foundation Trust will commence the provision of community services to NHS Scarborough and Ryedale Clinical Commissioning Group. This contract will represent £10m income annually for Humber Teaching NHS Foundation Trust and the transfer of the existing workforce under TUPE regulations.