ANNUAL REPORT 2022/23

NHS
Hull University Teaching Hospitals
NHS Trust

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ANNUAL REPORT
2022/23

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NHS
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PERFORMANCE REPORT

This section of our Annual Report provides information about the Trust including its vision and values, the services that we provide and who we provide those services to. It also contains an overview of the challenges we face and how we are addressing them.

STATEMENT FROM THE CHIEF EXECUTIVE

Welcome to our Annual Report for 2022/2023 which reflects our continuing work to recover from the disruption of the Covid-19 pandemic.

In many respects our performance over the past 12 months is similar to the previous year where we are still dealing with our historic backlogs and the challenge of motivating and engaging our workforce.

There are some significant changes coming on board shortly that will really make a difference to our ability to tackle low through our hospitals and our elective backlog. Our new 60-bed intermediate care facility on Gladstone Street adjacent to HRI will enable us to accelerate discharge for some of the patients who are in hospital with No Criteria to Reside. The building will be staffed by therapists, doctors and nurses whose whole purpose will be to assist with the discharge of those patients back to their places of residence. Working alongside this we have numerous innovative schemes helping people to be treated in their own homes rather than in hospital. Our IBD service is using technology to monitor patents outside of hospital and our virtual respiratory ward has already seen hundreds of bed days saved with patients being 'seen' by clinicians in the comfort of their own homes.

At Castle Hill our new day surgery unit is due to open early in 2023/2024. Four new theatres will increase our capacity to deliver more day surgery on site and reduce waiting times for patients. A second phase of this development will see a further ten theatres opening as we strive to achieve 85% of surgery as day cases, which reduces bed pressures for the Trust and is better for the patient.

More than ever we have to work in partnership and use our resources in innovative ways to ensure we can design, organise and deliver services to our patients and give them the best possible outcomes. There are growing opportunities for closer ties within the Humber area. Our group leadership model with Northern Lincolnshire and Goole NHS Foundation Trust was announced in November, and a new Chief Executive will be starting at HUTH and NL&G in August. The joint executive team for both trusts will enable us to work smarter and more efficiently as a regional hospital system and as part of our wider Integrated Care System (ICS). With joined up clinical leadership and collaborative working within clinical teams we can deliver more agile and robust services, fit for the longer-term.

In this post pandemic world looking after the workforce is vital, as our staff are being asked to work harder than ever before in order to ensure our patients are being seen in a safe, effective and timely manner. Balancing staff welfare against increased productivity may seem difficult but if we put our people first then the workload becomes easier; if we put the workload before our people we will never succeed. Prior to the pandemic we had taken great strides in our drive to create a healthy working culture for our workforce. In 2020 our staff survey results were well above the national average and feedback in cultural surveys had demonstrated a positive shift since we began this work in earnest in late 2014. We have to be honest however and acknowledge that our progress towards creating the desired culture has stalled since 2020. Our new People Strategy will be published during the next year and will re-energise this, setting out our key objectives and how we will achieve these as well as how we will measure and monitor our progress.

I would like to conclude the introduction to my final Annual Report at HUTH by wishing my successor as Chief Executive all the best for the future. Jonathan Lofthouse is an exciting appointment for both HUTH and NL&G and I am sure the workforce will unite behind him to continue the work we have started to recover our position post-pandemic. I would like to offer my most sincere thank you to everyone at HUTH, as well as our partners and other stakeholders, for helping and supporting me in my time as Chief Executive. I shall miss everyone but this was the right time for me to retire and let someone else take over with a longer-term view.

Once again, thank you for your interest in this report and I hope you will find the information useful.

Chris Long, Chief Executive Officer

PURPOSE AND ACTIVITIES OF THE TRUST

We are situated in the geographical area of Kingston upon Hull and the East Riding of Yorkshire. We employ 8,056 staff, have an annual turnover of £846m (2022/23) and operate from two main sites - Hull Royal Infirmary and Castle Hill Hospital – whilst delivering a number of outpatient services from locations across the local health economy area.

Hull is a geographically compact city of circa 288,842 people (2023). The health of people in Hull is generally worse than the England average, with life expectancy for both men and women being lower than the England average.

The East Riding of Yorkshire is a predominantly rural area, populated by circa 300,000 people (2023). The geography of the East Riding makes it difficult for some people to access services. The health of people living in the county and their life expectancy is better than the England average.

People are living longer, many with multiple and complex needs, and with higher expectations of their health and social care services. Within the next 20 years, the number of people aged 80 years and over in Hull and the East Riding is expected to increase from 33,000 to 55,300. Births are predicted to decline slightly.

Whilst the ethnicity of the two populations is predominantly white, Hull has a higher percentage of residents who are either South Asian, Black, mixed race, Chinese or other origin.

Although the two local authority areas are very different in their patient populations, health profiles, geographical landscape and distribution, common themes have emerged in respect to addressing health inequalities, prevention and management of long term conditions. The higher incidence of deprivation in Hull and the ageing and increasing population of the East Riding requires the Trust to tailor its services to meet the needs of these two very different patient populations.

Our secondary care service portfolio is comprehensive, covering the major medical and surgical specialties, routine and specialist diagnostic services and other clinical support services. These services are provided primarily to a catchment population of approximately 600,000 and 1.25 million extending from Scarborough in North Yorkshire to Grimsby and Scunthorpe in North East and North Lincolnshire respectively.

We provide specialist and tertiary services to a catchment population of between 1.05 million and 1.25 million extending from Scarborough in North Yorkshire to Grimsby and Scunthorpe in North East and North Lincolnshire respectively. The only major services not provided locally are transplant surgery, major burns and some specialist paediatric services.

We are designated as a Cancer Centre, Cardiac Centre, Vascular Centre and a Major Trauma Centre. We are a university teaching hospital and a partner in the Hull York Medical School.

In 2021/22 we provided the following services:

- We assessed over 122,000 people who attended our Emergency Department at Hull Royal Infirmary
- We had over 790,000 attendances at our outpatient clinics
- We admitted over 90,000 patients to our wards.

The Trust is structured in five Health Groups (Medicine, Surgery, Cancer and Clinical Support, Family and Women's Health and Emergency Care) through which our clinical services are delivered. The Health Groups are supported by Corporate Services (Estates, Facilities and Development, Strategy and Planning, Finance, Human Resources including Education and Development, Quality Governance, Corporate Governance, Information Management and Technology).

We were formed in October 1999 through the merger of the former Royal Hull Hospitals and East Yorkshire Hospitals NHS Trusts and became the Hull and East Yorkshire Hospitals NHS Trust.

On 1st March 2019 the Trust formally changed its name to Hull University Teaching Hospitals NHS Trust in order to strengthen links with Hull University, particularly in respect of teaching and academic opportunities, and to bring about positive benefits in respect of recruitment, especially in relation to clinical posts across medical, nursing and professions allied to health. Research and innovation features as one of our seven organisational goals as it reflects the Trust's aspiration to be a research centre of excellence, engendering an innovation culture.

OUR TRUST IN NUMBERS

TURNOVER
£846 M

POPULATION SERVED
600,000

STAFF
8,056

BIRTHS
4,816

BEDS
1,292

OUR MISSION, VISION AND VALUES AT HUTH

Our Mission is to lead the provision of outstanding care and contribute to improved population health, by being a great employer and partner, living our values and spending money wisely.

Our vision is 'Great Staff, Great Care, Great Future', as we believe that by developing an innovative, skilled and caring workforce, we can deliver great care to our patients and a great future for our employees, our Trust and our community.

GREAT STAFF

→ We will have one of the most engaged and satisfied staff in the NHS

→ We will be the employer of choice locally and regionally

→ We will have fewer vacancies and lower turnover

→ Our leadership team will be more diverse

→ We will provide leadership to the health and social care system and support the emerging Integrated Care System

→ We will have a strong culture of team led continuous improvement

GREAT CARE

→ We aim to achieve an 'Outstanding' overall rating by the CQC

→ We will increase harm free care

→ More of our patients will recommend us to friends and family; we will becomeone of the highest rated Trusts

→ Working with partners, we will transform the care for frail, older patients and those with long term conditions

→ We will radically improve our outpatient service, using technology to enable better access

→ We will further develop our specialist cancer, cardiac and major trauma services

GREAT FUTURE

→ We will forge lasting and impactful partnerships with our neighbouring hospitalsthat sustain acute services

→ We will develop our new international partnerships to mutually benefit our research and training programmes

→ Our research programme will deliver ambitious goals and secure good national rankings in key areas

→ We will become a 'digital first' organisation

→ We will agree an ambitious estates plan that delivers our clinical strategy and replaces or renews our oldest clinical facilities

→ We will secure the long term financial health in the Trust and working with partners, across the system

OUR VALUES

We have developed a set of organisational values - 'Care, Honesty, Accountability' - in conjunction with our staff and these form the basis of a Staff Charter which sets out the behaviours which staff expect from each other and what staff can expect from the Trust in return. The values are reflected in our organisational goals for 2022-2024.

CARE

We are polite and courteous, welcoming & friendly. We smile and we make time to listen to our patients and staff. We consider the impact our actions have on patients and colleagues. We take pride in our appearance and our hospitals and we try to remain positive.

We do not treat anyone unfairly. We do not let our mood affect the way we treat people. We don't talk negatively about colleagues or other teams. Offensive language, shouting, bullying and spreading rumours are unacceptable.

HONESTY

We tell the truth compassionately. We involve patients in decisions about their care and we are honest when things go wrong. We always report errors and raise concerns we have about care. Our decisions and actions are based on facts not stories and opinions.

We do not withhold information from colleagues or patients. We never discourage staff from reporting concerns. We are not careless with confidential information. We do not present myths as facts.

ACCOUNTABILITY

We are all responsible for our decisions and actions and the impact these have on care. All staff are responsible for maintaining high standards of practice and we take every opportunity to continuously learn. Everyone is encouraged to speak up and contribute their ideas to improve the care we provide.

We do not unfairly blame people. We positively embrace change and we don't discourage people from having opinions. Controlling behaviours and silo working should not be exhibited in our trust.

Supporting our over-arching Trust Strategy, are some specific strategies, which will help us develop and deliver our aims:

- People Strategy 2019-2024
- Digital Strategy 2018-2023
- Research and Innovation Strategy 2018-2023
- Zero30 Plan

Details of these strategies can be found on our website: **https://www.hey.nhs.uk/about-us/corporate-documents/**

Trust Strategy and its accompanying enabling strategies to reflect current and future external and internal influences on our organisation and ensure harmonisation with those of Northern Lincolnshire and Goole NHS Foundation Trust and the Humber Coast and Vale Integrated Care System.

OUR CARE QUALITY COMMISSION (CQC) RATING

The Trust was inspected during 2022/23 by the Care Quality Commission.

The Care Quality Commission undertook an unannounced inspection Trust's Emergency Care, Medicine and Surgery (including Theaters) core services in November 2021 and undertook the Well-led assessment in December 2022. The report from the unannounced inspection was published in March 2023, it can be accessed via https://www.cqc.org.uk/provider/RWA

The Trust retained its overall rating of 'Requires Improvement'. Safe is rated as 'Inadequate' (due to an inadequate rating in safe for Surgery and the Emergency Department), responsive and well-led have dropped to 'Requires Improvement'; however, caring remained 'Good'.

Rating for the whole trust:

Safe	Inadequate
Effective	Requires improvement
Caring	Good
Responsive	Requires improvement
Well-led	Requires improvement
Overall	Requires improvement

PARTNERSHIPS AND INTEGRATED SERVICES

In 2022/23, the Trust continued to work as a key partner within the Humber Coast and Vale Integrated Care System (ICS).

The Trust is jointly leading a Humber Acute Services Review within the ICS together with Northern Lincolnshire and Goole NHS Foundation Trust.

The Trust has identified a risk to its strategic objective 'Partnership and Integration' related to the collective ability of the ICS to shape service reconfiguration in a way that meets the financial, quality and planning objectives as published in Humber Coast and Vale Sustainability and Transformation Plan. Increasingly, national funding allocations are being made through the ICS.

The Trust, together with the partner organisations, needs to provide capacity and leadership to the ICS in order to achieve the system-wide goals which impact upon the Trust.

HUMBER ACUTE SERVICES PROGRAMME

The Humber Acute Services Programme is about designing hospital services for the future that will meet the needs of our population now and in the long term.

Our ambition is to provide the best possible care for our communities, to make the most of the opportunities that new technology and different ways of working can bring and to design the future with input from those who work in and use the services provided by our hospitals.

The Programme is looking at how best to organise the acute hospital services that are currently being provided on the five main hospital sites in the Humber area:

- Diana Princess of Wales Hospital, Grimsby
- Scunthorpe General Hospital
- Goole and District Hospital
- Hull Royal Infirmary
- Castle Hill Hospital

ENGAGEMENT WORK UNDERTAKEN DURING 2022/23

During 2022/23, we have continued to involve patients, members of the public, staff, and other key stakeholders in a variety of ways.

This has included, sending regular staff, partner and stakeholder newsletters, publishing and promoting the findings from surveys, and responding to questions raised.

Engagement activities also included evaluation workshops involving patients and service-users, clinicians, staff and partners across the health and social care sector, local authorities, voluntary and community sector organisations, the public and their representatives. In addition, staff drop-in sessions took place across different hospitals to ensure staff could ask questions about and influence the developing proposals. We also took part in engagement events across Lincolnshire's coastal villages and towns, where many people who access our services live, to hear from women who have used maternity services and to learn about their experiences.

Throughout the year, the team has also been speaking with the public, patients and staff to refresh our Equalities Impact Assessment (EQIA). The feedback provided has helped us to refine our plans and potential options for change by understanding how any future changes to hospital services could impact communities and individuals who already face disadvantages and health inequalities. This work will also help us to show how changes to services could help to address existing health inequalities and improve outcomes for people in our communities.

Since the programme launched in 2018, we have engaged with over 12,000 people and are committed to ensuring this process of listening continues throughout all stages of the programme.

VALUED, SKILLED AND SUFFICIENT STAFF

The Trust continues to balance the need to recruit to vacancies and use agency staff where absolutely necessary to maintain safe, high quality, accessible services.

The Trust reported careful management of nursing staff numbers and fill-rates and as seen in previous years, there was a gradual turnover of nursing staff numbers until an injection of new nursing staff through the September graduating class.

The Trust will recruit from the newly qualifying nurses in September each year; the recruitment process for September 2023 had already commenced prior to year-end.

The Trust has seen a deterioration in the Staff Survey in 2022/23. The Trust focussed on the detailed findings of the national Staff Survey and the following have been put into place:

- Full review and relaunch of the HUTH People Strategy
- Focus on 'People First' culture
- Identification of key actions/objectives for executive team and health groups
- Publication of full action plan
- Manager briefing sessions arranged for Spring 2023

HONEST CARING ACCOUNTABLE FUTURE

The Trust continues to balance the need to recruit to vacancies and use agency staff where absolutely necessary to maintain safe, high quality, accessible services.

Throughout the year, the Trust Board continued to report against the mandated requirements in relation to nursing and midwifery staff and fill rates for inpatient areas.
The Trust reported careful management of nursing staff numbers and fill-rates and as seen in previous years, there was a gradual turnover of nursing staff numbers until an injection of new nursing staff through the September graduating class.

The Trust will recruit from the newly qualifying nurses in September each year; the recruitment process for September 2023 had already commenced prior to year-end.

HIGH QUALITY CARE

The Trust was inspected by the CQC in October 2022/23 and since then regular Quality Improvement meetings have taken place.

The Trust has reported 7 Never Events compared to 5 in the previous year. A full investigation has taken place for each incident.

It is a key aim of the Trust to move its CQC rating to 'Good' overall as soon as possible as the rating impacts on the confidence of patients in the services we deliver and on staff morale.

GREAT CLINICAL SERVICES

The Trust is required to work towards the mandated waiting times within the NHS Constitution, based on trajectories of improvement agreed with its local commissioners.

There has been a negative impact in 2022/23 due to recovery after the pandemic on our waiting lists and ability to achieve the constitutional standards.

Our Recovery Plans for the coming year include actions to reduce our longest waits and restore our elective services to pre-pandemic levels and above.

The Trust recognises that changes are needed to the way in which clinical services are configured, delivered and resourced

New developments at Hull Royal Infirmary have included:

- A new 60 bedded step down facility (Paragon Suite) for Patients with No Criteria to Reside to assist flow through the hospital
- The 13th Floor to be used at a discharge to assess facility, again to help with flow through the hospital
- At Castle Hill Hospital building works are ongoing for a new day surgery facility (12 theatre capacity).

RESEARCH AND INNOVATION

The Trust Board approved the 2018-2023 Research and Innovation Strategy in July 2018.

Further information relating Research and Innovation in 2022/23 can be found in this report.

FINANCIAL SUSTAINABILITY

The Trust has reported that it has delivered a surplus of £74k for 2022/23 which was slightly above plan

The reported capital position at month 12 shows gross capital expenditure of £45.6m (incl PFI/IFRIC12 impact) against an initial plan of £34.9m.

PERFORMANCE SUMMARY

The Trust's position on 'responsive' was adversely affected in 2022/23 due to recovery after the pandemic and subsequent backlogs.

Recovery of Elective Activity:

- Recovery of elective activity in March 2023 did not achieve the plan except for follow ups at 99% of plan. Ordinary elective activity was 92% of plan.
- The 22/23 operational plan also includes a reduction of outpatient follow-ups by 25% by March 2023. In March 2023, follow up activity was 132% of baseline and 99% of plan. Many of the HUTH pathways have a discharge rather than follow up, so a reduction and/or transfer to PIFU would not be appropriate.
- For 23/24 operational plan the 25% Outpatients follow up reduction still applies, however, this now only applies to follow ups without a procedure, work is underway to extract all follow ups with a procedure to develop a new baseline.
- Outpatient new activity delivered 87% of plan and baseline.
- Day case activity delivered 92% of plan.
- Mutual aid (both NHS and out-sourcing) continues albeit in limited numbers to improve waiting times and support the reduction of the overall size of the Trust's waiting list.

At the end of March 2023, the current unvalidated position is 68,087, this has been reducing since August 2022. The total WLV is above the trajectory of 63,453.

Overall, referrals in 22/2023 were 5.5% down on the previous year; the operational plan for 2022/23 assumed no further increase in referrals.

At the end of March 2023, the Trust reported 2 x 104 week waits. 104 week patient risks have been largely eliminated in 2022/23. Work is now focussing on 78 week waits.

Cancer 62 day Performance trajectory has not been achieved in 2022/23.

The year-end performance against the Trust's key 'safe' indicators met the required standards for the following areas:

- Stroke – TIA Service: % scanned within 1 hour (Best Practice Tariff)
- Clostridium difficile

The year-end performance against the Trust's key 'safe' indicators did not meet the required standards for the following areas:

- Venous Thromboembolism (VTE) risk assessment
- MRSA Bacteraemias
- Year-end position for emergency caesarean sections
- Never Events
- Stroke - % of patients admitted to a stoke ward within 4 hours of A&E
- Patient Safety Alerts

The year-end performance against the Trust's key 'effective' indicators did not met the required standards. This performance is detailed in the report.

Chris Long, Chief Executive Officer

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PERFORMANCE ANALYSIS

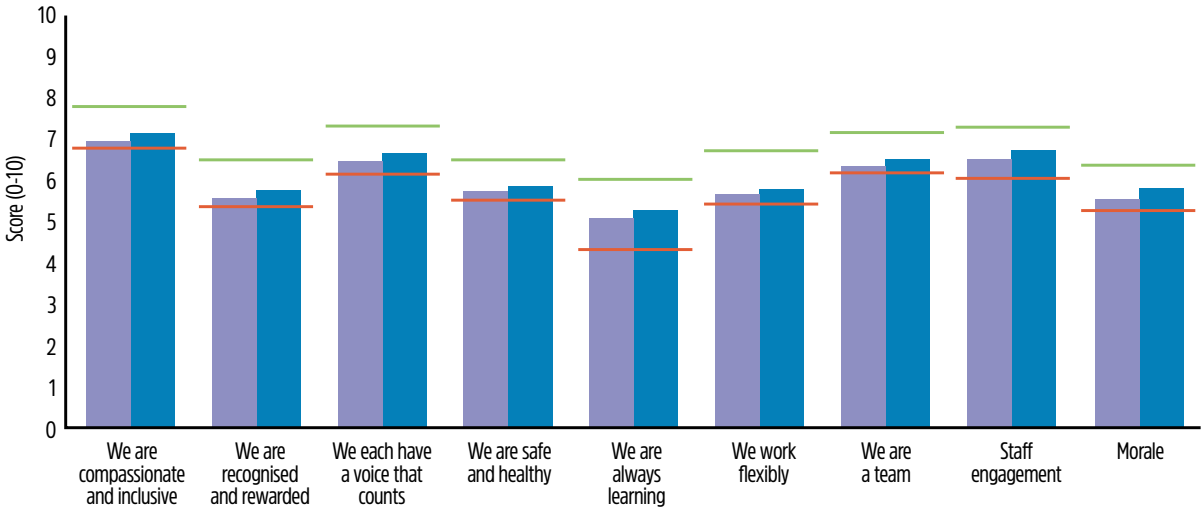
ANNUAL REPORT
2022/23

GREAT STAFF

The annual staff survey ran during October and November 2022 and was sent to all HUTH staff. 37% of staff (3160) completed the survey, compared with 44% in 2021. .

KEY THEME PERFORMANCE

The Trust's performance against the nine key themes in the survey is shown below, compared to the national average, the best performing trust and worst performing:



Best	7.7	6.4	7.1	6.4	5.9	6.6	7.1	7.3	6.3
Your org	7.0	5.5	6.4	5.7	5.2	5.6	6.3	6.4	5.5
Average	7.2	5.7	6.6	5.9	5.4	6.0	6.6	6.8	5.7
Worst	6.8	5.2	6.2	5.4	4.4	5.6	6.3	6.1	5.2
Responses	3155	3157	3143	3147	2956	3150	3153	3159	3159

Work is underway to address the key issues raised by the feedback in the National Staff Survey:

- Full review and relaunch of the HUTH People Strategy
- Focus on 'People First' culture
- Identification of key actions/objectives for executive team and health groups
- Publication of full action plan
- Manager briefing sessions arranged for Spring 2023

The Trust Board and Committees will be monitoring progress against the above actions.

FREEDOM TO SPEAK UP

Following the Francis review of Mid Staffordshire NHS hospital Trust and as part of the NHS contract, all NHS Trusts in England are required to have a Freedom to Speak Up Guardian (FTSUG).

Since June 2021 this role has been held by Frances Moverley, who has been trained by the national Guardian Office and the role is supported through ring fenced time.

The FTSUG supports permanent and temporary staff, trainees, students and volunteers to speak up about any workplace concerns and/or ideas for improvement. This is varied and can include patient or worker safety concerns, inappropriate behaviours, discrimination, bullying and harassment, concerns about workload, roles or service delivery, general support or any other concerns in an individual's working life. Concerns that fall within the legal remit of whistleblowing 'when a worker raises a concern about dangerous or illegal activity that they are aware of through their work' can also be raised with the FTSUG' support using the Trust's How to Raise Concerns (whistleblowing) policy.

It can be difficult to know how to speak up and the FTSUG is able to act as an independent channel to support individuals in raising concerns. The FTSUG also plays a key role in signposting staff to the appropriate staff support and wellbeing services available at the Trust.

During 2022/2023 the new FTSUG has continued to increase the profile and accessibility of the FTSUG role. Following National Guardian Office guidance, the FTSUG has developed a bespoke training package and arrangements to implement a network of 'Speak Up Champions' across the Trust. Training and recruitment is ongoing, and bimonthly peer support and development meetings are in place.

During 2022/2023 100 individuals at the Trust contacted the FTSUG; in comparison to 2021/2022 when 71 individuals made contact. This is a further increase on 2020/2021 when 24 individuals contacted the FTSUG.

The Board has completed NHS England's Board Self Development and Planning Tool, and an improvement and strengths plan is in place – progress will continue to be reported at trust Board,

On a quarterly basis the FTSUG attends and reports directly to the Trust Board and the Workforce, Education and Culture Committee and annually to the Audit Committee. This includes presenting a high level summary of the types of concerns being raised through this role and any learning. The FTSUG is also part of other Committees and working groups, including the Equality, Diversity and Inclusion Committee and the Zero Tolerance to Racism circle group.

GUARDIAN OF SAFE WORKING

The role of the Guardian of Safe working hours is to reassure junior doctors and employers that working conditions are safe for junior doctors and patients.

The purpose of exception reporting is to ensure safe working hours are maintained. Junior Doctors are encouraged to exception report when any of the following rules are broken: Difference in hours, unable to take breaks, missed educational or training opportunities or lack of support available during service commitments.

The Guardian of Safe Working Hours reports directly to the Workforce, Education and Culture Committee meeting on a quarterly basis, highlighting the issues the junior doctors are currently facing, any trends identified in exception reporting and information on rota gaps. These reports are also submitted to Health Education England Yorkshire and the Humber for quality assurance.

There is a process in place to identify breaches to the junior doctor's contract terms and conditions and fines are issued to the department if these rules are broken.

GETTING IT RIGHT FIRST TIME (GIRFT)

Project support for Girft delivery within the Trust is overseen by the Chief Medical Officer and delivered by one of our Associate Chief Medical Officers along with a Project Support Manager to ensure good governance and optimise speciality programmes in line with the trusts values, goals and objectives.

WORKFORCE EQUALITY

In line with the Public Sector Equality Duty, the Trust is required to annually report on the pay gap between male and female employees via the Gender Pay Gap Report.

The Trust also explores the differences between the experience and treatment of White and BAME staff via the Workforce Race Equality Standard; and the differences between workplace experiences between Disabled and Non-disabled staff via the Workforce Disability Equality Standard.

GENDER PAY GAP

The Trust is using the gender pay gap figures, contained within the Gender Pay Gap report which covers the period 1 April 2021 to 31 March 2022, to help understand the underlying causes for its gender pay gap and to identify suitable steps to minimize it.

The Trust gender pay gap data for the period including 31 March 2022, which shows the difference in average pay between men and women in the workforce, reflects that the Trust has a majority of men in higher paid roles, predominantly medical staff.

The mean and median hourly pay gap percentages across the health sector and bonus pay gap are significantly affected by the presence of the Medical Consultant body – due to both their high base wage and the historical differences in bonuses awarded under the Clinical Excellence Awards scheme.

Some elements of the Trust's gender pay gap have a historical/national context which will take a period of time to resolve.

Further details can be found on the Trust's website.

WORKFORCE RACE EQUALITY STANDARD

The Workforce Race Equality Standard (WRES) report covering the period 1 April 2021 to March 2022 highlighted that the lived experiences of BAME colleagues within the Trust remain different to other groups, however, improvements have been made which are reflected in the WRES data. Working in partnership with the BAME Leadership Network, the Trust is committed to addressing areas for improvement which have been identified.

Further details can be found on the Trust's website.

WORKFORCE DISABILITY EQUALITY STANDARD

The Workforce Disability Equality Standard (WDES) report covering the period 1 April 2021 to March 2022 has shown some improvement. This includes an increase in the number of staff declaring a disability in comparison to the previous year. The Trust will continue to work towards closing the gap between the experiences of Disabled and Non-disabled staff.

Further details can be found on the Trust's website.

TRADE UNION FACILITY TIME

The Trade Union (Facility Time Publication Requirements) Regulations 2017 requires employers, including NHS Trusts, to report annually a range of data in relation to their usage and spend on trade union facility time.

The Trust's Trade Union Facility Time Report can be found on the Trust's website.

MODERN SLAVERY STATEMENT

Following the introduction of the Modern Slavery Act in 2015, businesses are required to produce and publish on their website an annual modern statement within six months of the end of the financial year. This should set out the steps they have taken to identify and address their modern slavery risks, not only in their own business but also in supply chains.

The Trust's Modern Slavery Statement can be found on the Trust's website.

GREAT CARE

INFECTION PREVENTION AND CONTROL ARRANGEMENTS

Greta Johnson is the Trust Director of Infection Prevention and Control (DIPC) and was responsible for leading and managing the Trust's Infection Prevention and Control (IPC) plan during 2022-23.

Jo Ledger, Acting Chief Nursing Officer, had executive responsibility for infection prevention and control during 2022-23. During 2022-23 the role of Infection Control Doctor (ICD) was facilitated by Dr Debbie Wearmouth, Consultant Microbiologist. During 2022-23, ongoing recruitment for Infectious Diseases Consultants and a Consultant Microbiologist continued.

Infection prevention & control meetings are held to ensure the Trust remain compliant with the Health & Social Care Act (2008): code of practice on the prevention and control of infections. During 2022-23, Strategic Infection Reduction Committee (SIRC) continued to meet, although the focus and purpose changed to include a Developmental SIRC meeting, providing the opportunity to discuss key areas for improvement such as compliance with NHS Cleaning Standards and antimicrobial stewardship. SIRC and Developmental SIRC meet every other month. SIRC is a performance management and assurance committee, responsible for holding the Health Groups and Directorates to account for their performance in preventing and managing healthcare associated infections/ infectious diseases, and providing information and assurance to the Trust Board that all issues relating to infection prevention and control governance are being managed safely and effectively. Attendance by the senior HG representatives has been good, and most meetings were quorate.

The Operational Infection Reduction Committee (OIRC), continued to meet monthly. During 2022-23 this committee was chaired by the Infection Control Doctor. The Committee is a forum for the Health Groups to demonstrate their compliance with Trust and national policies and procedures, and to share good practice. Attendance by the senior HG representatives has been good, and most meetings are quorate. The OIRC is an expert advisory body, with the core role of providing advice to the Trust Board and Health Groups on issues pertaining to infection management (including the structure and governance of the infection prevention and control team). The Committee has representation from each Health Group, from the IPC team, the Department of Infection, Occupational Health, the Estates & Facilities Directorate, and Pharmacy. It reports to the SIRC. The OIRC has responsibility for guiding infection prevention and control activity within the Trust, interpreting external guidance and instruction, and providing the Chief Executive with relevant information and advice.

It also advises the Trust on its statutory requirements in relation to infection prevention and control and the decontamination of medical and surgical equipment.

OTHER RELEVANT COMMITTEES

The Trust has specific committees responsible for decontamination and for water safety.

These committees have representation on the Operational Infection Reduction Committee (OIRC), and report to SIRC. There have been previous concerns about frequency of meetings and attendance but these were mitigated during 2022-23 by Health Groups nominating representatives to attend. The chair of the Water Safety Committee, which is a mandatory institution, saw an improvement in attendance by Health Groups and Fresenius Renal Unit. The Water Safety Committee benefitted from the continuation of input from an Authorising Engineer for water safety. A Trust wide Water Safety Plan is in place and monitored accordingly. Water safety issues are also reviewed regularly by both the SIRC and OIRC.

The Trust's designated Board level Decontamination Lead (as required by the Health and Social Care Act) is the Director of Estates, Facilities & Development supported by the Surgical Health Group Medical & Nursing Directors. The Trust Decontamination Committee reconvened in May 2022 and met quarterly during 2022-23 and items for escalation were facilitated via OIRC and SIRC.

During 2022-23, a Trust Ventilation Safety Group was convened following specific guidance released by the Department of Health in 2021 (Health Technical Memorandum 03-01, HTM 03-01). The management of ventilation systems of a healthcare provider should be overseen by the Ventilation Safety Group (VSG). The Ventilation Safety Group benefits from the input from an Authorising Engineer for ventilation safety. Ventilation safety issues are escalated via OIRC and SIRC. During 2023-24, a Trust wide Ventilation Safety Plan will be drafted and monitored through the relevant committees.

The formation of a Command Structure to support the COVID19 pandemic and the ongoing Trust challenges with associated meetings such as Gold Command has further supported the IPC with both the DIPC and ICD in attendance, to inform and advise.

THE WIDER INFECTON PREVENTION & CONTROL TEAM

The clinical IPC team is composed of an Infection Prevention and Control Doctor, a Senior Matron, an Operational Matron and specialist Infection Prevention and Control nurses, and supporting secretarial and administrative staff.

During 2022-23, members of the IPCT have been aligned to Health Groups to ensure in reach, education and support are provided to assist clinical teams with day to day management of patient care and maintaining a safe clinical environment.

Continuing to deliver an effective IPC proactive and reactive service has developed further during 2022-23 with support from the Consultant Microbiologist/ Infection Control Doctor, Infectious Diseases Consultants, Corporate Nursing team and site team. There is currently no system analyst, data manager, or epidemiological/ SSI surveillance support for the team.

The clinical IPC team work in unison with the wider Department of Infection clinical team inclusive of Consultant Infectious Disease physicians, Consultant Microbiologist, Virology Consultant Clinical Scientist and Clinical Scientists in Medical Microbiology. The nursing team consists of Specialist Nurses in HIV, viral hepatitis, sepsis and Outpatient Antibiotic Therapy (OPAT), as well as a team of ward-based nurses managing the infectious disease ward at Castle Hill Hospital (CHH), these individuals currently are managed by a Matron within the Support Services Division, Clinical Support Health Group.

In addition to the core clinical IPC team an increasing number of other clinicians are being recruited to support the Trust's efforts including the Quality Team and clinicians with a special interest in the quality of care patients receive and delivering prudent infection prevention & control practice.

The Infection Prevention and Control Link Practitioners act as a resource for good infection prevention practice within their clinical areas. Study days are facilitated by the Infection Prevention and Control Team (IPCT) and Link Practitioners continued to be supported by the IPCT to be proactive in implementing guidance and maintaining IPC standards in their workplace.

Access to infection prevention and control information can also be obtained from the Trust Pattie page and via the Trust's global email address Ask Infection, facilitated by the Infectious Diseases consultants in the first instance, with support available from the IPC team as required. In addition, a global IPC team email address remained available for staff to access and email the team with queries, concerns and/or requests for advice or assistance.

SURVEILLANCE OF HEALTHCARE ASSOCIATED INFECTION

Fingertips data (Office for Health Improvement & Disparities)

The Office for Health Improvement & Disparities produce regularly-updated information on a variety of IPC parameters, benchmarking NHS Trusts against other organisations in England (https://fingertips.phe.org.uk/profile/amr-local-indicators/data).

The huge amount of information available can be grouped in various ways: the appendices contain spine plots of the performance of the Trust against all other acute NHS trusts in England in overall performance on all HAI targets (Appendix 1), in antimicrobial prescribing data (Appendix 2), in antimicrobial resistance data (Appendix 3) and in other IPC measured initiatives/metrics (Appendix 4). This information represents 2021-22 data (depending on availability of information) against the NHS initiative targets, HUTHT has performed at or better than the benchmark in all cases. For the wider range of HAI targets the Trust generally falls between the 25th and 75th centile, but was a negative outlier for hospital onset Meticillin Sensitive Staphylococcus Aureus (MSSA) and Pseudomonas aeruginosa blood stream infections (BSI) during 2022-23. Performance remained good for the antimicrobial prescribing targets: the Trust was better than the benchmark value in all criteria, and remained a significant (positive) outlier in some areas.

Further HCAI trend analysis is provided in Appendix 5&6

Meticillin resistant Staphylococcus aureus (MRSA) bloodstream infection (BSI)

The Trust had achieved a year on year reduction in cases of MRSA BSI since reporting 102 cases in 2005-6 when mandatory surveillance was introduced.

Up until 2013 NHS trusts were set progressively decreasing maximum thresholds for MRSA BSI by the Department of Health & Social Care.

From 2013-14 the Department of Health & Social Care moved away from a fixed numerical target in favour of a policy of 'zero tolerance of avoidable infection'. It was accepted, that there would continue to be small numbers of infections seen, and that the national aim was to reach an 'irreducible minimum'. National figures support this contention (Figure 1). The numbers of total and hospital onset MRSA BSI diagnosed in the Trust for the last 3 years are shown in Figure 2.

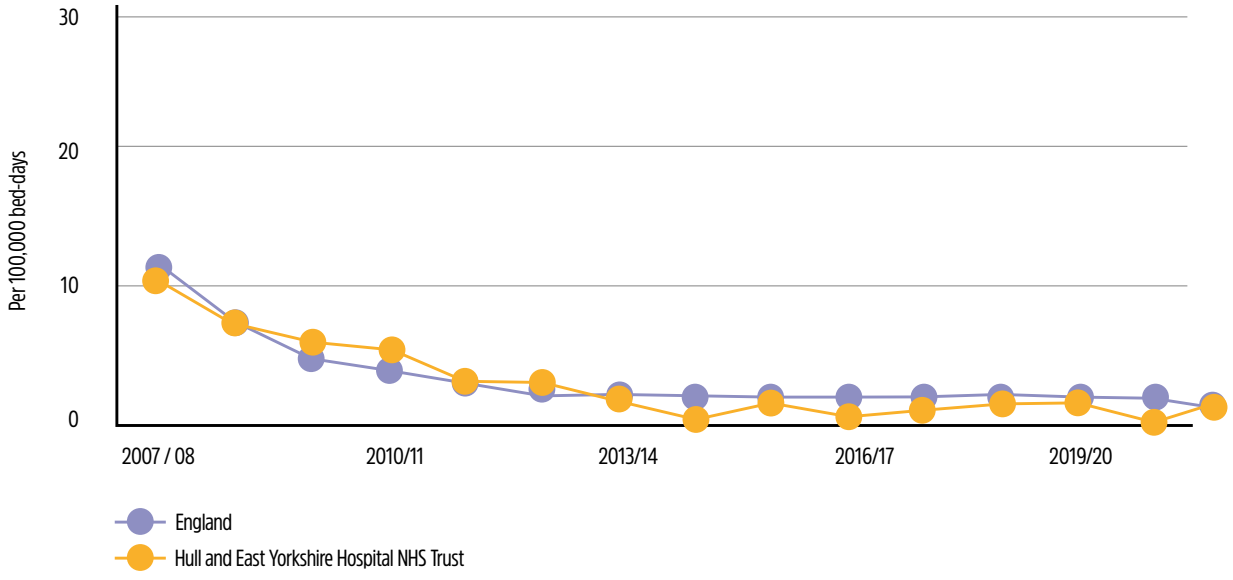


Figure 1. MRSA bacteraemia all rates by reporting acute trust and financial year in England 2007-2021 in comparison with Hull University Teaching Hospitals NHS Trust (red lines indicate introduction of universal screening)

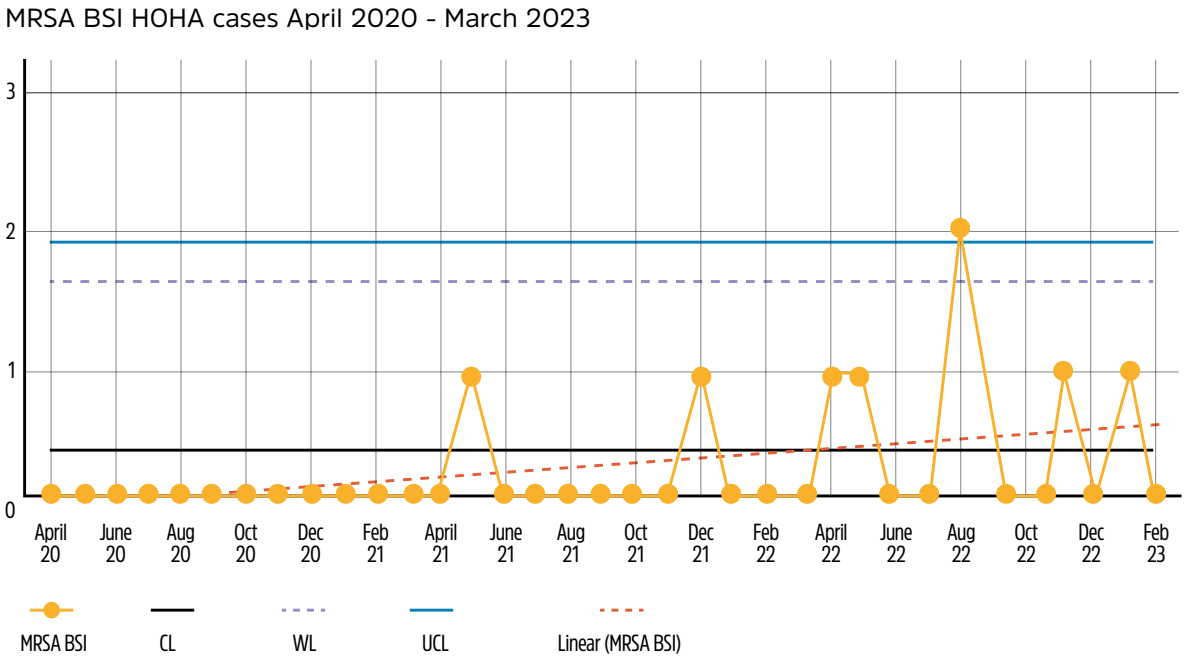


Figure 2. MRSA bloodstream infection diagnosed in HUTHT 2020-23

During 2022-23, six hospital onset healthcare associated (HOHA) cases were reported, one in April 2022, one in May 2022, a further two in August 2022, one in November 2022 and the last case reported in January 2023. This was a marked increase in reported cases. All six cases were investigated via Post Infection Reviews (PIR) by both the Trust and System Partners. Two further community onset community associated (COCA) cases were reported in September 2022 and March 2023. The majority of HOHA cases, 50% were reported in the Medicine Health Group, 33% in Surgery Health Group and latterly 17% in Clinical Support Health Group with no reported cases in Families & Women's Health Group. There were no reported outbreaks of MRSA BSI.

Of the six reported HOHA MRSA bacteraemia cases all represent patients with complex past medical histories and multiple comorbidities, six cases investigated via PIR and five tabled to date at the Hull & East Riding HCAI Review Group – all five cases agreed as unavoidable with no lapses in care identified with the sixth case scheduled to be tabled in June 2023.

From a national perspective, the incidence rate of hospital-onset MRSA bacteraemia peaked at 1.4 cases per 100,000 bed-days in January and March 2021, due in part to a rise in the percentage of hospital-onset bacteraemia cases positive for COVID-19 on screening. Comparing October to December 2022 with the same period in 2019 (October to December 2019), which was a more typical year before the COVID-19 pandemic, a 13.3% decrease was seen in all reported counts of cases from 233 to 202 cases, with a corresponding decrease in rate of 13.5% from 1.64 to 1.42 per 100,000 population. However, the count of hospital-onset MRSA bacteraemia cases increased by one from 71 to 72, with a 1.7% increase in incidence rate from 0.80 to 0.81 per 100,000 bed-days. Trends suggest a return to pre COVID-19 levels in hospital-onset counts and rates.

The hospital-onset rate at Hull University Teaching Hospitals NHS Trust is 0.6 per 100,000 bed-days compared to the England hospital-onset rate of 0.7 per 100,000 bed-days (2021-22 available data).

Among other measures to try to reduce the number of MRSA BSI, the Department of Health in 2010 mandated that all patients admitted to hospital in England must be screened for MRSA skin colonisation. This has proved difficult to implement in practice, and the efficacy of such universal screening (as opposed to testing patients at higher risk) has always been debated. In 2014 the DH Expert Advisory Group on Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) reviewed the available evidence, and recommended that all Trusts move from a policy of universal screening to one of selective screening of high risk patients. In October 2021, the Hospital Infection Society (HIS) and Infection Prevention Society (IPS) published national guidelines for the prevention and control of meticillin-resistant Staphylococcus aureus (MRSA). The guideline supports screening for MRSA carriage either as a targeted approach but using universal screening as appropriate depending on local facilities. The Trust developed a risk assessment to assist clinical areas with identifying which patients, which areas and when HCAI screening is required inclusive of MRSA and at the time of writing this report this IPC risk assessment will be included in NerveCentre assessment during 2023-2024. This will be vital not only for the identification and reporting of MRSA but other resistant organisms such as Carbapenemase producing Enterobacteriaceae (CPE) and Vancomycin Resistant Enterococci (VRE).

Clostridioides difficile Associated Diarrhoea (CDAD)

The Trust has participated in the mandatory surveillance of Clostridioides difficile since 2004...

...and was previously a significant outlier with regards hospital acquired C difficile infection during 2011-12, reported hospital onset cases fell following a number of interventions during 2012-13 and the Trust has maintained a steady improvement in performance since then (Figure 3). In 2019, the Department of Health and PHE introduced updated CDAD objectives which included the addition of a prior healthcare exposure element for community onset cases, reducing the number of days to apportion hospital-onset healthcare associated cases from three or more (day 4 onwards) to two or more (day 3 onwards) days following admission has continued during 2022-23.

- hospital onset healthcare associated: cases that are detected in the hospital three or more days after admission (HOHA)
- community onset healthcare associated: cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the trust reporting the case in the previous four weeks (COHA)
- community onset indeterminate association: cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the trust reporting the case in the previous 12 weeks but not the most recent four weeks (COIA)
- community onset community associated: cases that occur in the community (or within two days of admission) when the patient has not been an inpatient in the trust reporting the case in the previous 12 weeks (COCA)

Acute provider objectives via NHS Standard Contract 2022/23 were published for 2022-23 on the 27th April 2022 and data was collected utilising these two categories:

- hospital onset healthcare associated: cases that are detected in the hospital three or more days after admission
- community onset healthcare associated: cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the trust reporting the case in the previous four weeks.

Clostridioides difficile 2022/2023 Threshold	Year-end Reported Cases
58 reported cases (HOHA & COHA combined)	59 reported cases (33 HOHA & 26 COHA combined)

This demonstrates a continued reduction in HOHA reported cases but an increase in COHA cases. The hospital-onset rate at Hull University Teaching Hospitals NHS Trust is 10.8 per 100,000 bed-days compared to the England hospital-onset rate of 16.2 per 100,000 bed-days (2021-22 available data). The majority of reportable cases, 55% were reported in the Medicine Health Group, 24% in Clinical Support, 16% in Surgery Health Group and latterly 5% in Families & Women's Health Group.

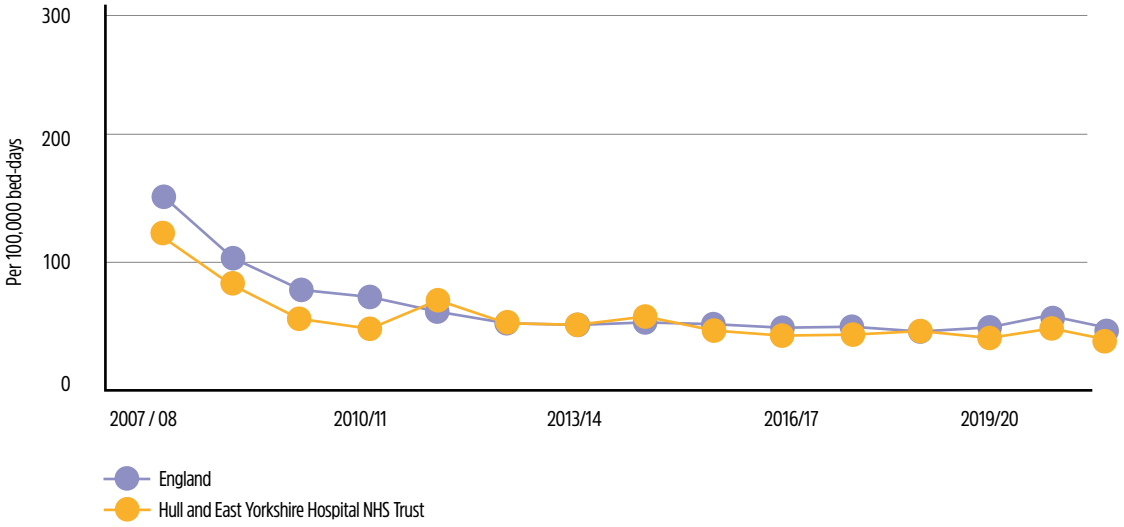


Figure 3. C. difficile all rates by reporting acute trust and financial year in England 2007-2022 in comparison with Hull University Teaching Hospitals NHS Trust per 100,000 bed-days (UKHSA Fingertips).

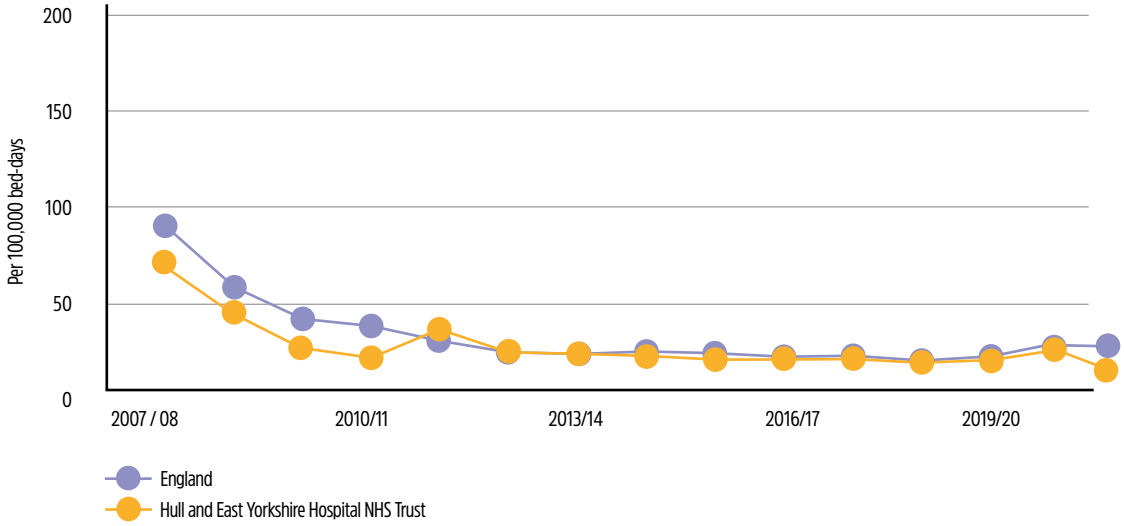


Figure 4. C. difficile hospital-onset rates by reporting acute trust and financial year in England 2007-2022 in comparison with Hull University Teaching Hospitals NHS Trust per 100,000 bed-days (UKHSA Fingertips)

From a national perspective, there has been a sustained increase in (primarily) hospital-onset Clostridiodes difficile infection (CDI) cases reported in England compared with 2019. Historical increases in CDI incidence have been linked to newly emergent strains and/or antibiotic prescribing, however, neither cause appears to explain the ongoing increase. A comparison of data from quarter one (January to March) 2022 to the same period in 2019, which is more generalisable than CDI data recorded during the COVID-19 pandemic, shows there was a 25.5% increase in the number of all reported CDI cases. The rise in incidence has been driven primarily by hospital-onset cases, which have increased by 42.5%, from 950 in quarter one in 2019 to 1,354 cases in quarter one 2022. The reason for this national increase is currently unknown but under investigation. As a consequence, NHS England and UKHSA during Quarter 4 (2022-23) invited Trusts across England to a national CDI collaborative event whose CDI hospital onset rates breached their respective thresholds to scope how to tackle this increase in CDI cases. Regionally, a working group has been tasked with identifying three key action areas for CDI reduction, with a focus on the behaviour changes needed to drive sustained improvements – the Trust as a positive outlier responded to a CDI survey request which will inform regional CDI strategy centred on a systematic approach to improvement.

Since December 2021, the Hull & East Yorkshire HCAI Review Group with Trust IPCT and System Partners representatives met monthly to review community and hospital onset cases of Clostridioides difficile providing the ability to confirm and challenge RCA outcomes along with scope to discuss other complex infections, such as MRSA bacteraemia. During 2022-23 to date, thirty two CDI cases (HOHA & COHA) have been tabled and five (16%) lapses in practice identified of cases associated with suboptimal antimicrobial prescribing.

Clostridium defficile HOHA cases April 2020 - March 2023

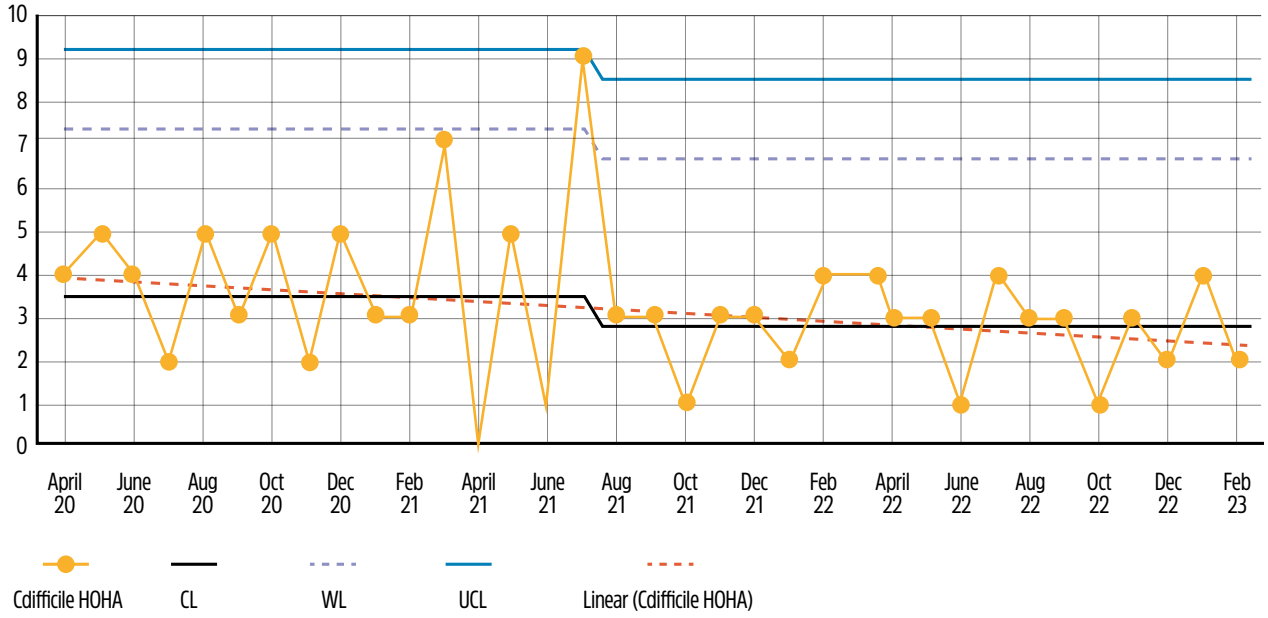


Figure 5. Hospital onset Clostridioides difficile infections diagnosed in HUTHT 2020-23

All cases of C difficile infection are actively reviewed by the IPCT and the Health Group responsible for the patients care. There were no reported outbreaks of CDI and no periods of increased incidence. All CDI samples are sent to the reference laboratory for ribotyping, with predominant ribotypes affecting patients across Hull & East Riding being 002, 005, 015 and 023. All cases are subject to a Root Cause Analysis (RCA), led by the senior clinicians (medical and nursing) involved with the care of the patient, and supported by the IPCT. Summary outcomes are presented to the IRC. In most cases there were no significant failures of care apparent that had led to the development of CDI. One identified issue for improvement related to antimicrobial stewardship and adhering to the Trust antimicrobial prescribing guidance, with lapses in practice identified when this was not congruent with Trust guidance. A number of measures driven by SIRC have been adopted to improve compliance with antimicrobial stewardship.

Meticillin sensitive Staphylococcus aureus (MSSA) BSI

National data show that the general reduction in MRSA BSI has not been mirrored by a fall in MSSA bloodstream infection.

This is of concern as the two organisms have similar epidemiology and pathogenesis. The Department of Health therefore introduced mandatory surveillance of MSSA bacteraemia from January 2011.

Benchmarking for MSSA infections is less developed than for MRSA, and the balance between healthcare-associated and other infection less clear. There have been year to year fluctuations with hospital onset cases reaching a peak in 2018-19 and during 2022-23 HUTHT reported a marked increase in cases of infection, especially during April 2023 and remains the one major HAI indicator for which we are significantly worse than the national benchmark.

Nationally, rates of MSSA bacteraemia continued to increase moderately from the April 2011 to March 2012 period, when the surveillance was introduced, until the April 2019 to March 2020 period. Between the financial years April 2019 to March 2020 and April 2020 to March 2021 the rate declined from 21.7 cases per 100,000 population to 20.7 per 100,000 population. However, during the most recent financial year reported by UKHSA (April 2021 to March 2022) the rate of total MSSA bacteraemia has returned to 21.7 cases per 100,000 population.

The hospital-onset rate at Hull University Teaching Hospitals NHS Trust is 18.3 per 100,000 bed-days compared to the England hospital-onset rate of 11.3 per 100,000 bed-days (2021-22 available data).

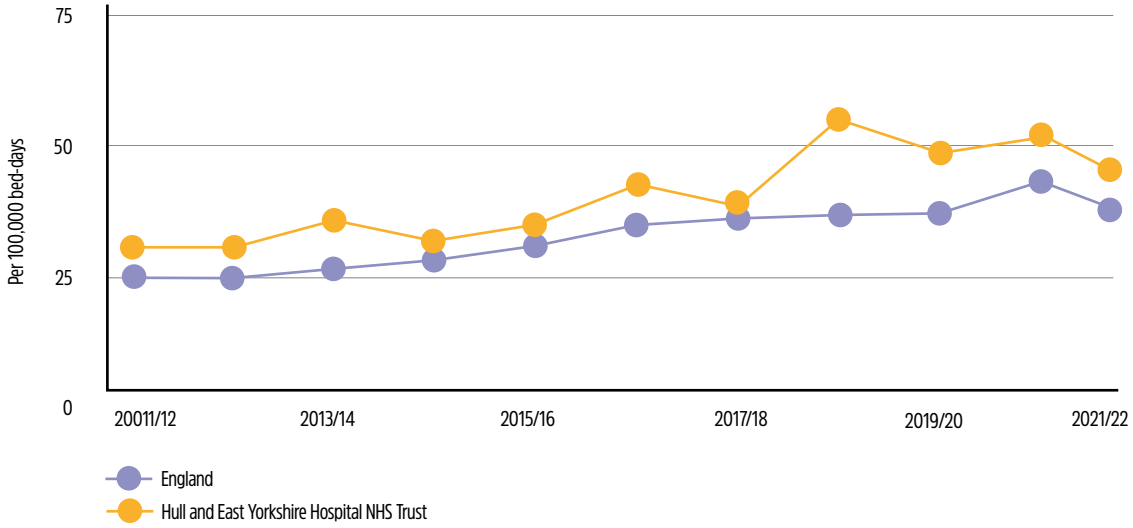


Figure 6. MSSA BSI rates in England 2011 – 2020 in comparison with Hull University Teaching Hospitals NHS Trust (UKHSA Fingertips)

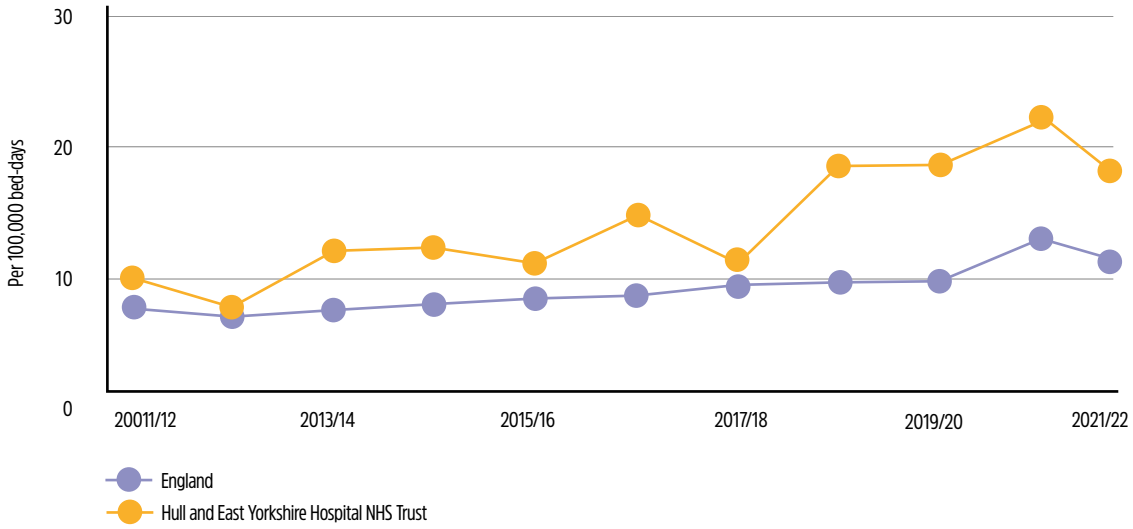


Figure 7. MSSA bacteraemia hospital-onset rates by reporting acute trust and financial year in England 2007-2022 in comparison with Hull University Teaching Hospitals NHS Trust per 100,000 bed-days (UKHSA Fingertips)

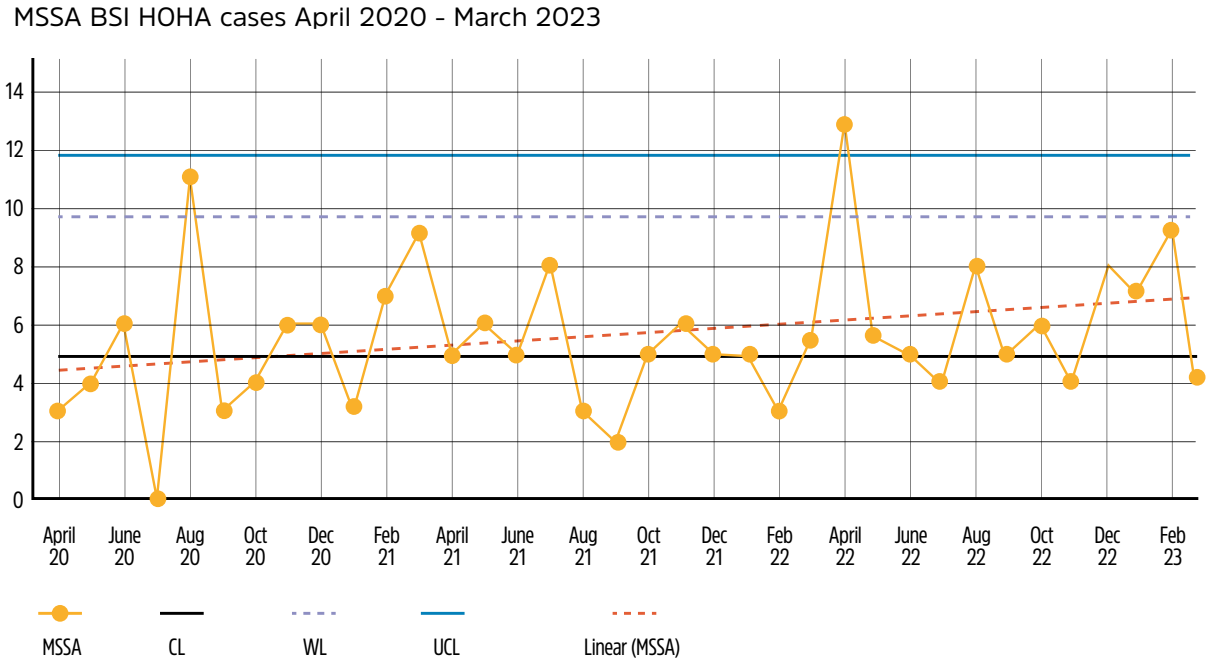


Figure 8. MSSA bloodstream infection HOHA cases diagnosed in HUTHT 2020-23

Financial year	Total number of reported MSSA bacteraemia (HOHA)	Total number of reported MSSA bacteraemia (HOHA&COHA combined)
2019-20	62	**Not reported**
2020-21	**62**	**75**
2021-22	**59**	**81**
2022-23	**80**	**97**

Currently there is no national threshold for MSSA bacteraemia but as a Trust, a local threshold was agreed with System Partners – sixty HOHA cases which was breached by twenty cases during 2022-23. The majority of reportable cases, 46% were reported in the Medicine Health Group, 34% in Surgery Health Group, 9% in Clinical Support, and latterly 10% in Families & Women's Health Group. There were no reported outbreaks of MSSA BSI.

Thematic analysis

Of the reported HOHA and COHA cases, male patients were affected more than females in line with national prevalence with 56% apportioned to male patients and 44% apportioned to female patients.

Age distribution of the affected patients demonstrates cases of MSSA BSI across all age groups but with a highest percentage reported from fifty – ninety years of age again in line with national prevalence.

Previous history of MSSA/MRSA colonisation and/or infection was reported amongst 38% of patients. Additional research conducted by the Infectious Diseases team has facilitated the screening of patients who are reported with a positive MSSA BSI and although the research remains ongoing at the time of the report, early indication suggests a correlation with the development of a MSSA BSI and colonisation with MSSA nasally or from other body sites.

Skin and soft tissue infections, predominantly found on admission culturing MSSA were reported amongst 21% of patients who developed a MSSA bacteraemia.

The use of vascular access devices such as central venous catheters (CVCs) and peripheral venous cannulas which likely contributed to the development of a MSSA BSI were a reported feature with 28% of patients having an inserted device at the time of the positive MSSA BSI and of this 28% - 26% were associated with PVCs and the remaining 74% related to CVCs. Patients with hospital and/or ventilator associated pneumonia equated to 15% of patients with MSSA present in their sputum with the infection potentially seeding to the vascular access line site during episodes of care.

Mortality reported at 21% - 25% of the deaths were reported in the community following discharge with the majority of these patients on end of life pathways and cause of death in line with terminal diagnosis, 25% are reported but MCCD not completed and of the ten remaining cases MSSA BSI was reported either as 1a or 1b of the death certificate.

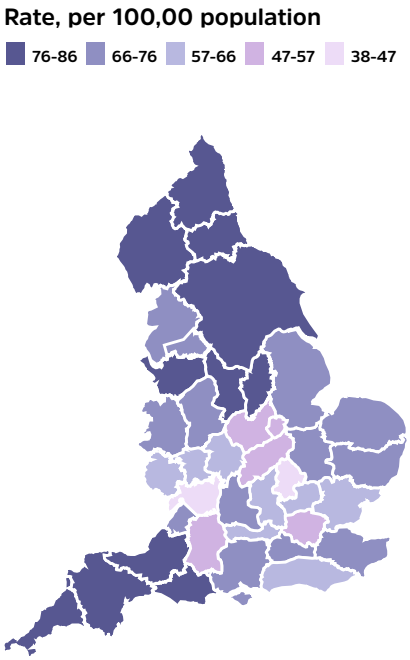
For 2023-24, following agreement with System Partners a focus of the Hull & East Yorkshire HCAI Review Group will be the tabling of MSSA bacteraemia RCAs/ PIRs for discussion and to identify areas for improvement.

Gram- Negative bloodstream infection (GNBSIs)

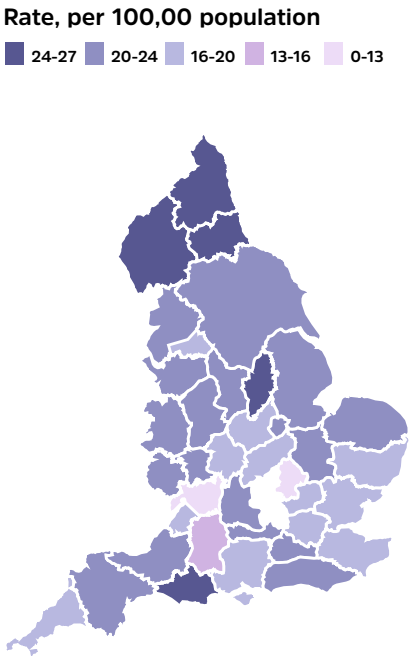
For the operational period 1st April 2022 to 31st March 2023, UKHSA and NHS England required NHS Trusts to continue to report cases of bloodstream infections due to Klebsiella species and Pseudomonas aeruginosa.

On the 27th April 2022, NHS England published NHS Standard Contract 2022/23 - Minimising Clostridioides difficile and Gram-negative bloodstream infections (GNBSIs). Trusts were required under the NHS Standard Contract 2022/23 to minimise rates of both C. difficile and of Gram-negative bloodstream infections so that they are no higher than the threshold levels set by NHS England and Improvement. This is to support the government initiative to reduce Gram-negative bloodstream infections by delivering a 50% reduction by 2024-2025, inclusive of Escherichia coli (E.coli), Klebsiella and Pseudomonas Aeruginosa bacteraemia.

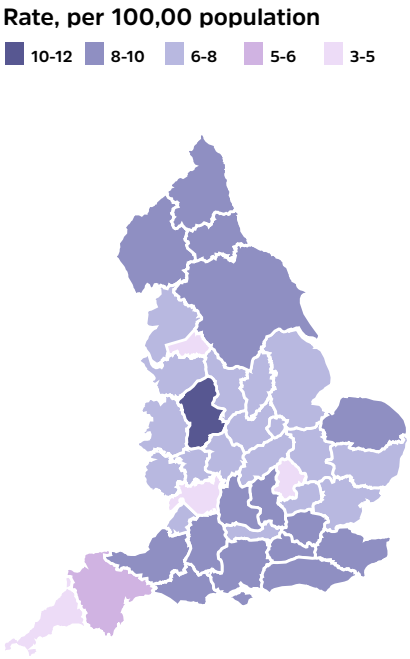
The geographical burden of GNBSIs is evident across the North of England



Geographical distribution of E.coli rates per 100,000 population, England April 2021 to March 2022 (Figure 9)



Geographical distribution of Klebsiella rates per 100,000 population, England April 2021 to March 2022 (Figure 10)



Geographical distribution of P.aeruginosa rates per 100,000 population, England April 2021 to March 2022 (Figure 11)

Escherichia coli bacteraemia

The incidence rate of all reported E. coli bacteraemia increased each financial year between the initiation of the mandatory surveillance of E. coli bacteraemia in July 2011 and the start of the COVID-19 pandemic.

This increase was primarily driven by community-onset cases. The incidence rate of hospital-onset cases remained relatively stable except for a sharp reduction observed in April to June 2021, this was followed by a steady return to pre-pandemic rates although remaining lower than the start of E. coli surveillance. A seasonality trend is visible with all reported E. coli bacteraemia, the highest rates are observed between July to September of each year, although more fluctuation during the pandemic years. There is less evidence of the same seasonality among hospital-onset cases.

The hospital-onset rate at Hull University Teaching Hospitals NHS Trust is 29.7 per 100,000 bed-days compared to the England hospital-onset rate of 21.5 per 100,000 bed-days (2021-22 available data).

A review of reporting and assurance around the investigation of E.coli bacteraemia by both the infection prevention & control team (IPCT) and HGs has resulted in an increase in engagement on the timely completion of RCAs but there is still a need to contemporaneously investigate cases and capture learning by both the IPCT and HGs. E.coli bacteraemia are subject to review by the IPCT and following review if an RCA is warranted the request to complete an RCA is forwarded to the respective HGs. There were no reported outbreaks of E.coli BSI.

A notable increase in elective activity was noted from early May 2022 onwards which is reflected in the rise of cases. Peaks in E.coli bacteraemia notably coincided with heat waves which affected Yorkshire & Humber through June to August 2022 resulting in dehydration causing patients to be admitted with constipation, blocked urinary catheters and an increase in urinary tract infections.

The majority of reportable cases, 40% were reported in the Surgery Health Group, 35% in Medicine Health Group, 19% in Clinical Support, and latterly 6% in Families & Women's Health Group.

Thematic analysis

Of the reported HOHA and COHA cases, male patients were affected more than females in line with national prevalence with 62% apportioned to male patients and 38% apportioned to female patients.

Age distribution of the affected patients demonstrates cases of E.coli bacteraemia BSI across all age groups but with a highest percentage reported from fifty – ninety years of age again in line with national prevalence.

Previous history of E.coli infection and/or colonisation was reported in approximately 50% of cases, with E.coli present predominantly in the urine.

As reported previously the same trends and sources of infection continue to be identified, being biliary, urinary and respiratory.

Mortality reported at 40% - 32% of the deaths were reported in the community following discharge with the majority of these patients on end of life pathways and cause of death in line with terminal diagnosis/evidence of frailty. The remaining 68% of deaths occurred in hospital during the course of the patient's admission with MCCDs reporting E.coli septicaemia, urinary sepsis, biliary sepsis and aspiration pneumonia as 1a or 1b on the death certificate.

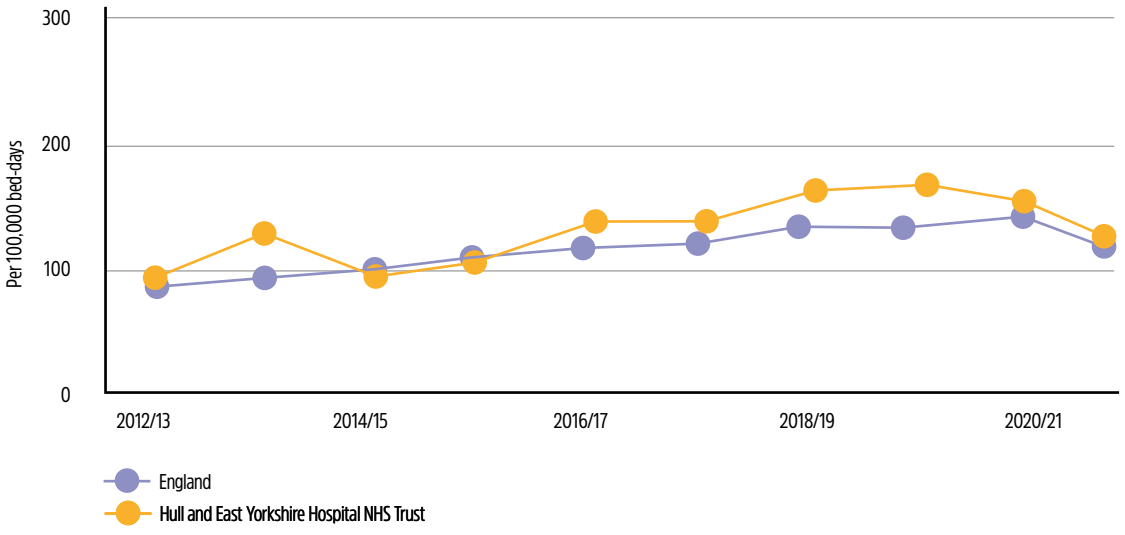


Figure 9. E. coli bacteraemia all rates by reporting acute trust and financial year

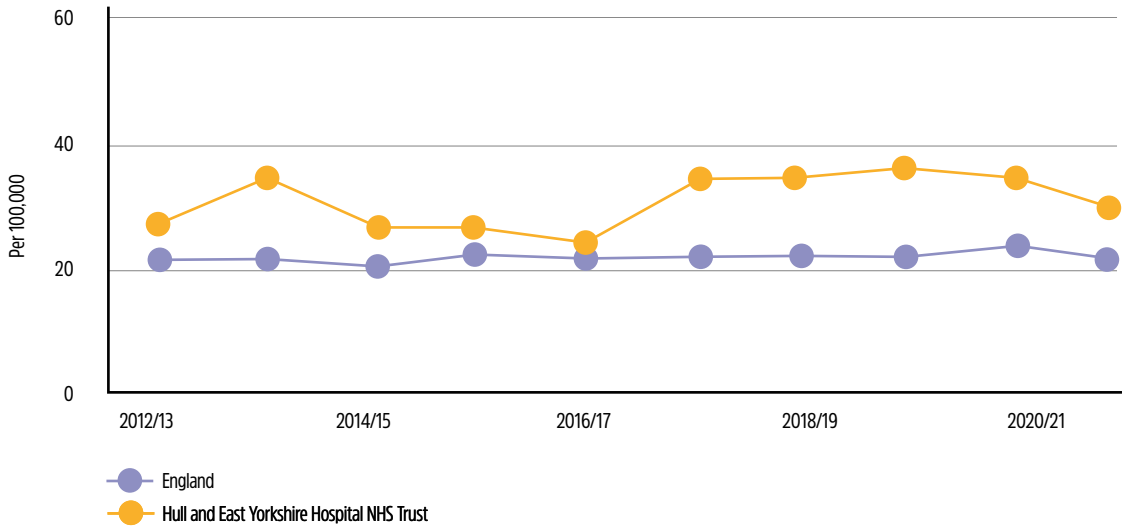


Figure 10. E. coli bacteraemia hospital-onset counts and rates by NHS acute trust and financial year

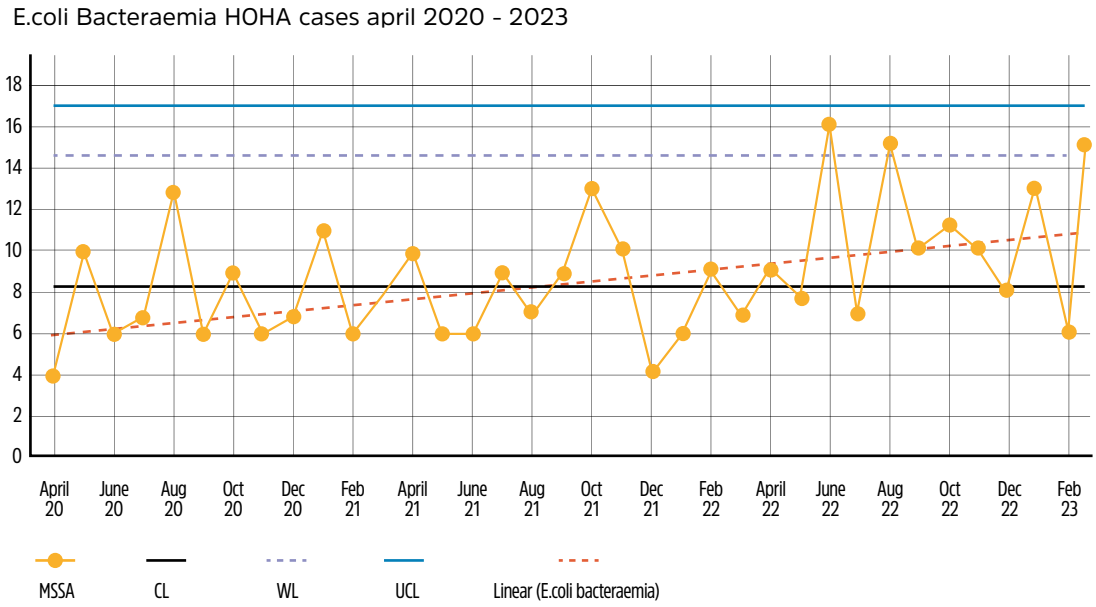


Figure 11. E.coli bloodstream infection HOHA cases diagnosed in HUTHT 2020-23

Klebsiella and Pseudomonas Aeruginosa bacteraemia

Klebsiella and Pseudomonas Aeruginosa bacteraemia demonstrate similar risk factors as those found with E.coli bacteraemia, with both reported in cases of respiratory and urinary tract infections.

Klebsiella bacteraemia

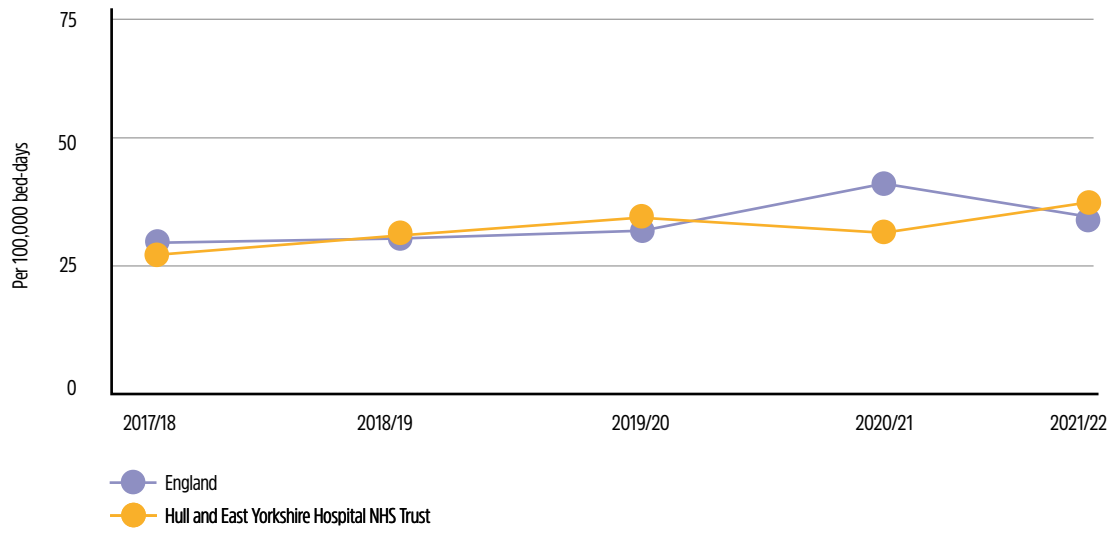


Figure 12. Klebsiella spp. bacteraemia all counts and rates by acute trust and financial year

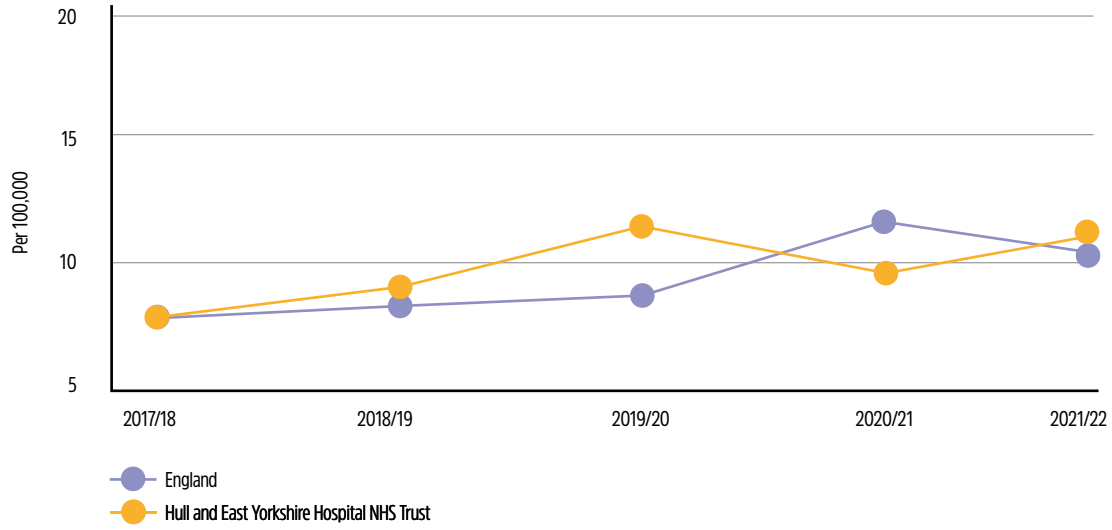


Figure 13. Klebsiella spp. bacteraemia hospital-onset counts and rates by acute trust and financial year

Thematic analysis

Of the reported HOHA and COHA cases, male patients were affected more than females in line with national prevalence with 64% apportioned to male patients and 36% apportioned to female patients.

Age distribution of the affected patients demonstrates cases of Klebsiella bacteraemia BSI across all age groups but with a highest percentage reported from fifty – eighty years of age again in line with national prevalence. As reported previously the same trends and sources of infection continue to be identified, being biliary, urinary and respiratory.

Mortality reported at 50% - 15% of the deaths were reported in the community following discharge often a month or longer following discharge. The remaining 85% of deaths occurred in hospital during the course of the patient's admission with MCCDs reporting Klebsiella septicaemia, urinary sepsis, biliary sepsis and aspiration pneumonia as 1a or 1b on the death certificate.

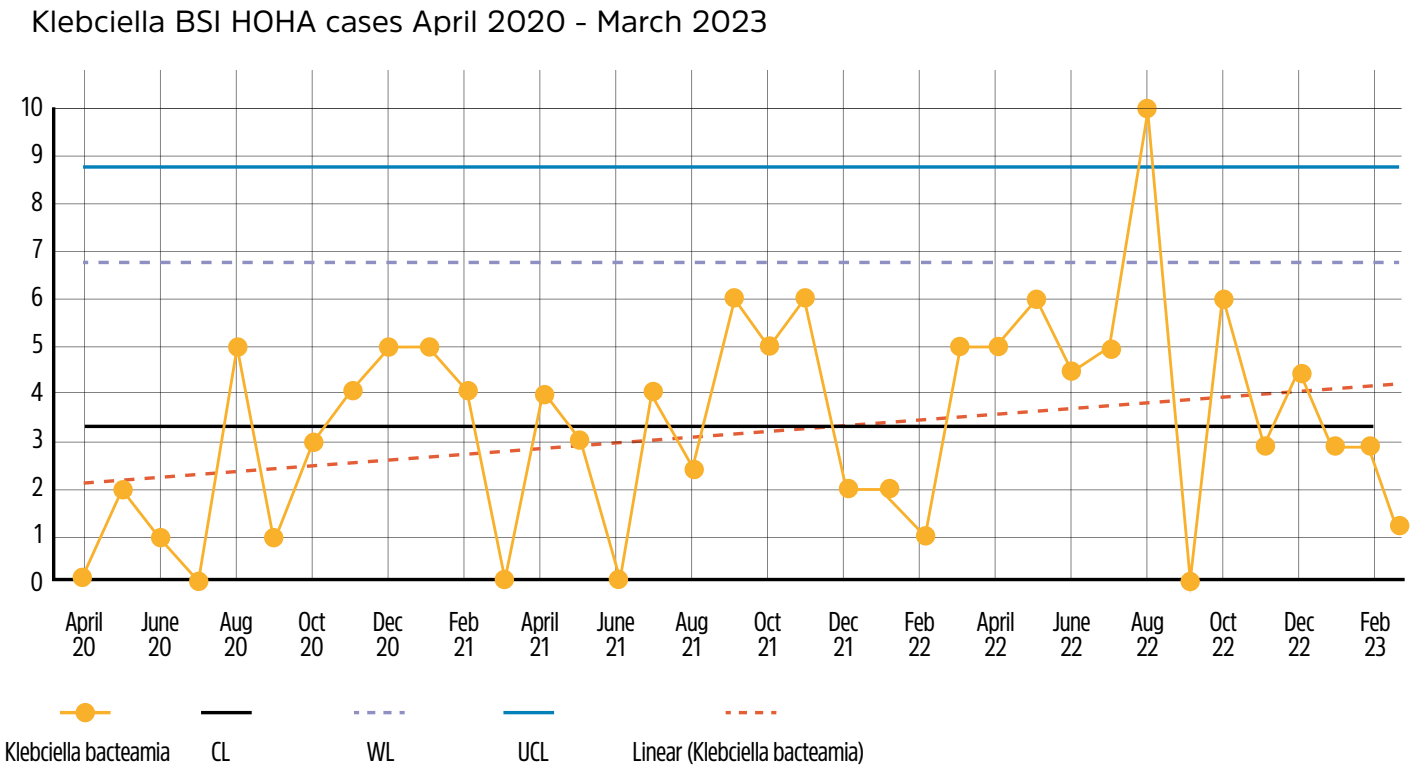


Figure 14. Klebsiella bloodstream infection HOHA cases diagnosed in HUTHT 2020-23

Pseudomonas aeruginosa bacteraemia

In Quarter 1, the Trust was an outlier across Yorkshire and the Humber with a marked increase in Pseudomonas aeruginosa BSIs, these were not linked but isolated cases identified across the Trust...

...numbers of reportable bacteraemia cases returned to normal baseline levels by Quarter 2 and continued until a reported peak of hospital onset cases in November 2022. This peak represented not linked but isolated cases across the Trust. Thirty seven HOHA & COHA cases were reported from a total of thirty four patients (three patients had a previous pseudomonas aeruginosa BSIs and developed a further BSI within four to eight weeks) in spite of appropriate antibiotics and management. There were no reported outbreaks of Pseudomonas aeruginosa BSI.

The majority of reportable cases, 38% were reported in the Surgery Health Group, 32% in Clinical Support, 24% in Medicine Health Group, and latterly 5% in Families & Women's Health Group.

Thematic analysis

Of the reported HOHA and COHA cases, male patients were affected more than females in line with national prevalence with 59% apportioned to male patients and 41% apportioned to female patients.

Age distribution of the affected patients demonstrates cases of Pseudomonas aeruginosa BSI across all age groups but with a highest percentage reported from fifty – ninety years of age again in line with national prevalence.

The use of vascular access devices such as central venous catheters (CVCs) which likely contributed to the development of a Pseudomonas aeruginosa BSI were a reported feature with 28% of patients having an inserted device at the time of the positive Pseudomonas aeruginosa BSI and of this 28% - 100% were associated with CVCs. Patients with hospital, community and/or ventilator associated pneumonia equated to 26% of patients with Pseudomonas aeruginosa present in their sputum with the infection potentially seeding to the vascular access line site during episodes of care.

Of the thirty four patients who had a reported Pseudomonas aeruginosa BSI, 21% were associated with urinary catheters and potentially avoidable, 18% with skin and soft tissue infections and 12% with biliary sepsis with the latter mainly being unavoidable. Neutropenic sepsis was reported in 6% of cases and one patient had endocarditis.

Mortality reported at 47% - 15% of the deaths were reported in the community following discharge with the majority of these patients on end of life pathways and cause of death in line with terminal diagnosis. The remaining 85% of deaths occurred in hospital during the course of the patient's admission with MCCDs reporting Pseudomonas aeruginosa septicaemia, urinary sepsis, biliary sepsis and aspiration pneumonia as 1a or 1b on the death certificate.

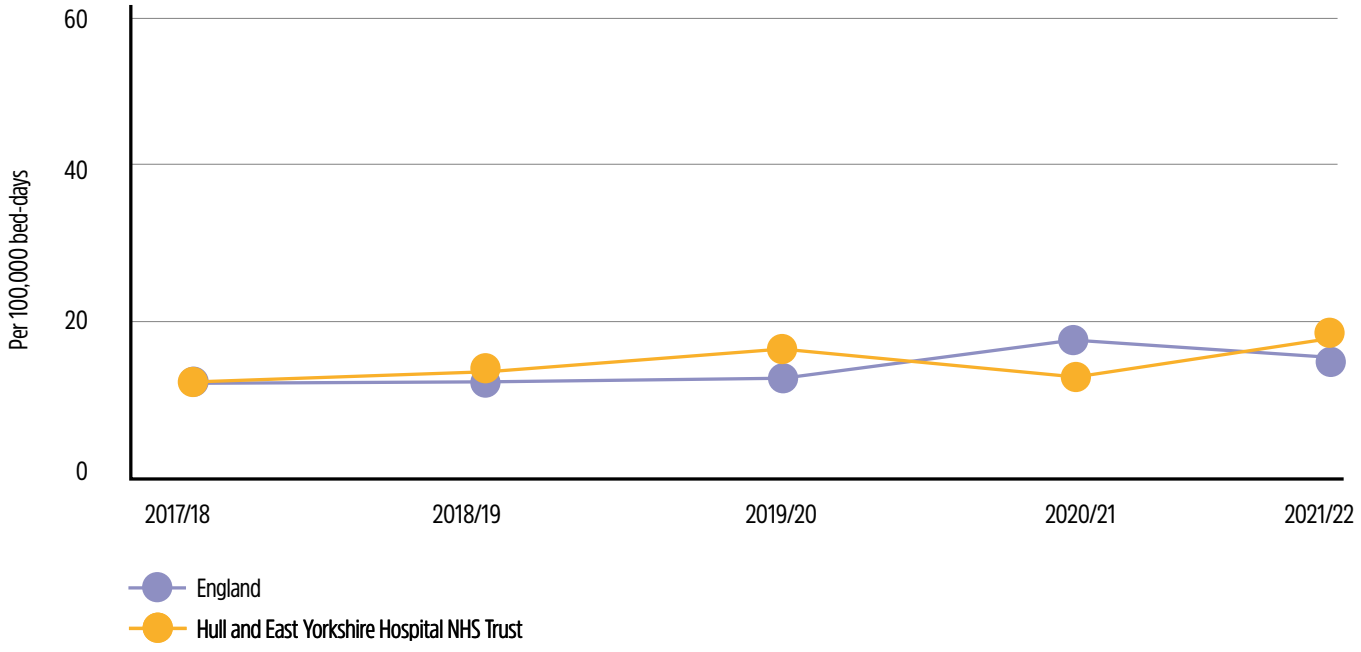


Figure 15. P. aeruginosa bacteraemia all counts and rates by acute trust and financial year

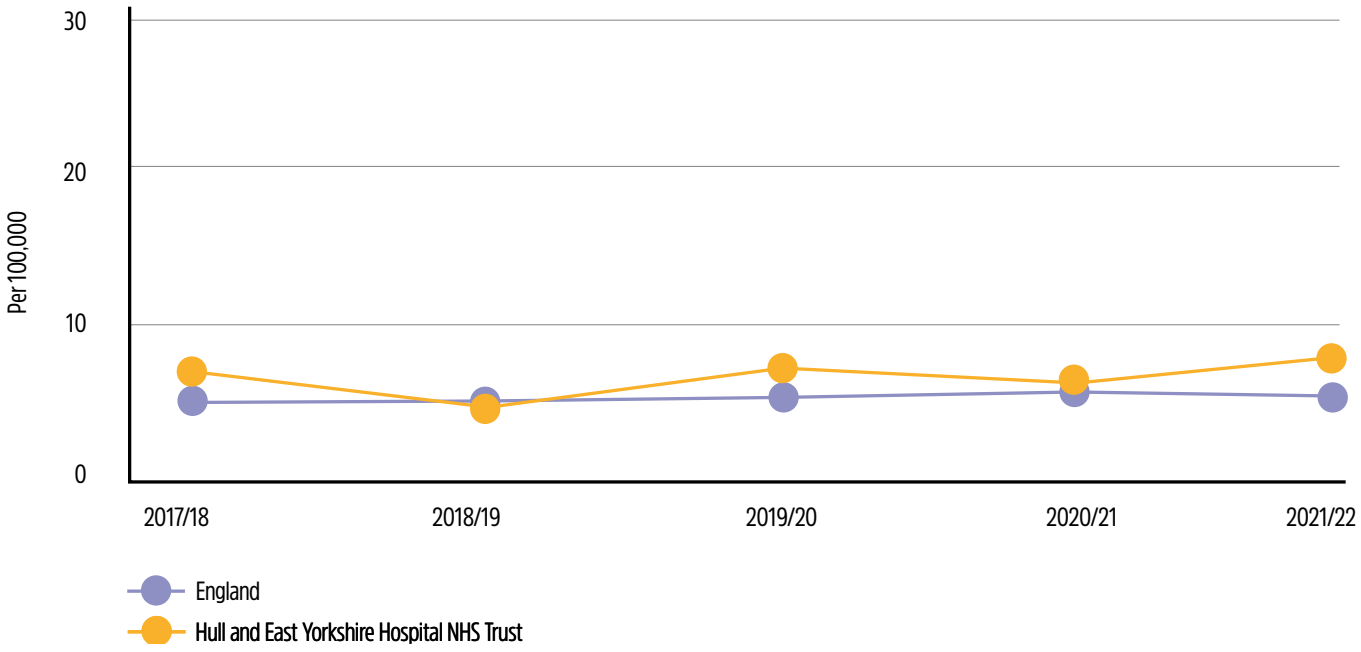


Figure 16. P. aeruginosa bacteraemia hospital-onset counts and rates by acute trust and financial year

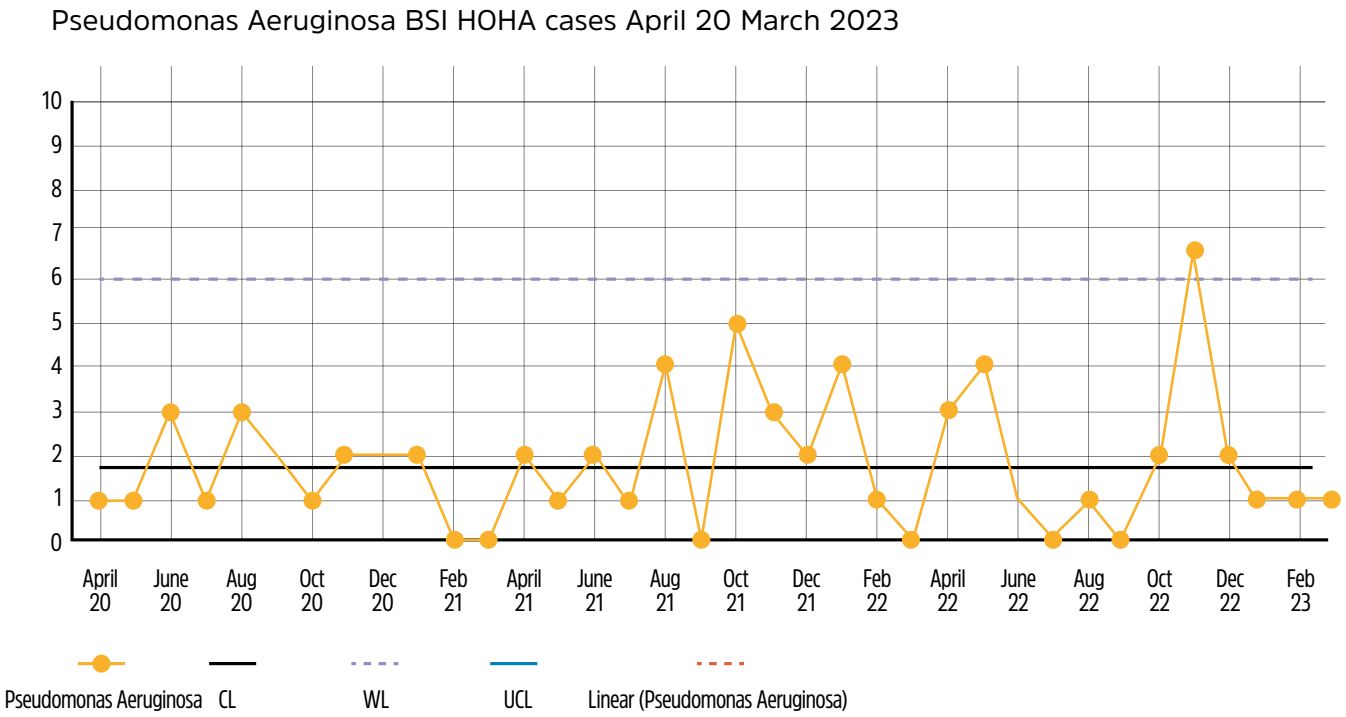


Figure 17. Pseudomonas aeruginosa bloodstream infection HOHA cases diagnosed in HUTHT 2020-23

NHS England nationally and regionally are encouraging Acute Trusts and Integrated Care Boards to scope improvement opportunities when tackling GNBSIs with an initial focus on hydration and the insertion/management of urinary catheters – the Trust IPCT are actively involved in these work streams, a priority for 2023-24.

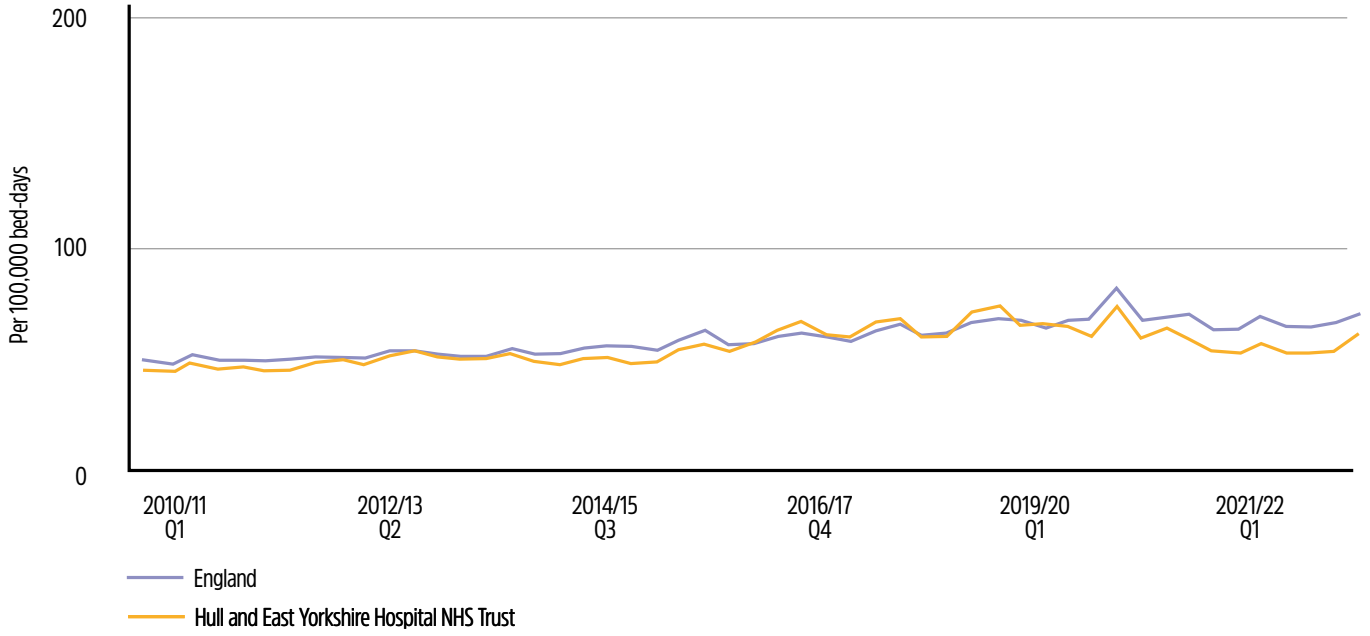
Blood Culture Pathway

Optimising the blood culture pathway is essential in ensuring the best outcomes for patients with sepsis and in providing the most effective antimicrobial stewardship programs.

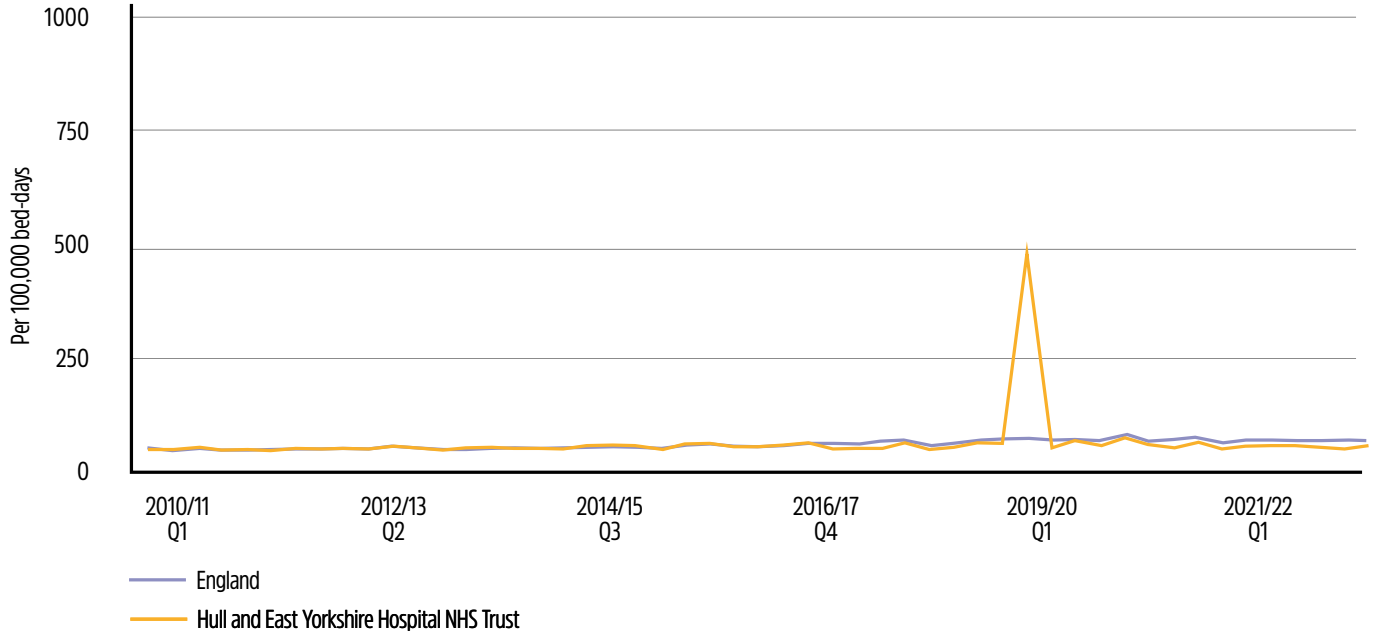
In June 2022, NHS England produced guidance on improving the blood culture pathway and this was further updated in March 2023, providing the opportunity to improve antimicrobial stewardship (AMS), improve outcomes from sepsis, early identification of a specific organism, supporting a more accurate infection diagnosis, guiding specific investigations and further management, and early identification of infection control and public health implications. At the time of writing this report a review of the Trust blood culture policy and pathway is underway.

Graphical representation of blood culture sets per 1,000 bed-days performed by reporting acute trust and quarter across the ICB included. By the end of quarter 3 2022-23 the counts of blood culture sets varied across the Trusts in the ICB with HUTHT submitting the most – 5448 versus 4941 at York Teaching Hospital NHS Foundation Trust and 2896 at Northern Lincolnshire & Goole NHS Foundation Trust.

Hull University Teaching Hospitals NHS Trust



Northern Lincolnshire & Goole NHS Foundation Trust



York Teaching Hospital NHS Foundation Trust

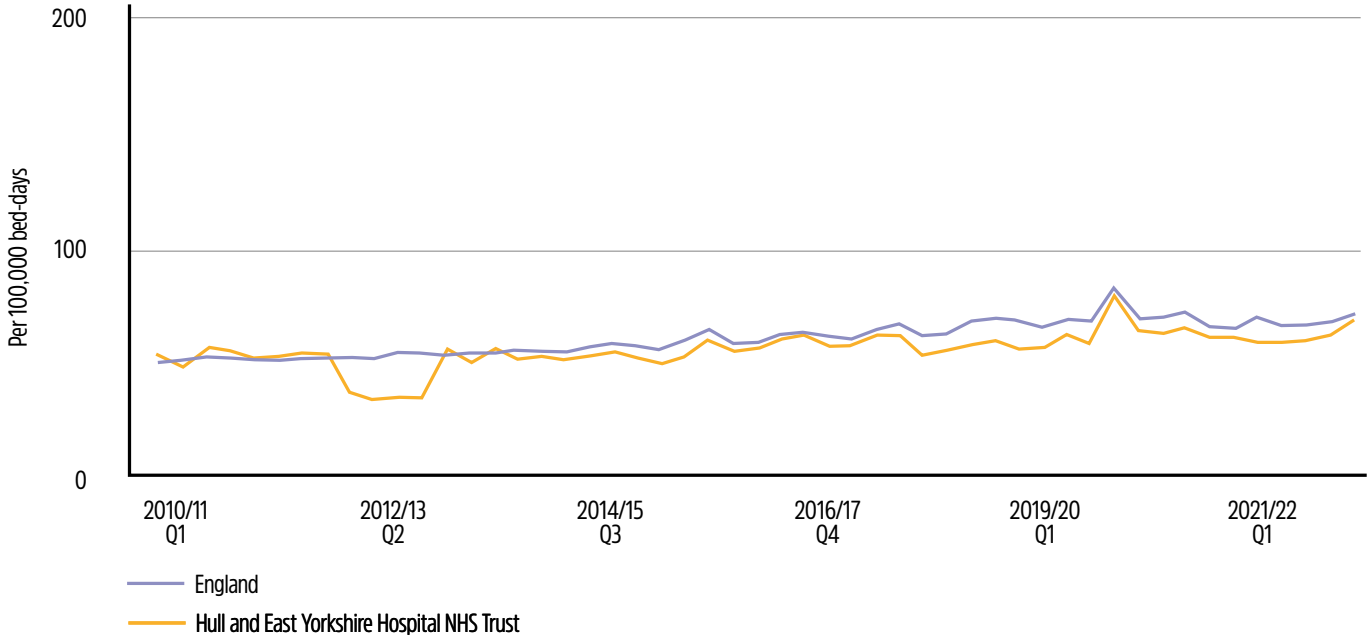


Figure 18. Blood culture sets per 1,000 bed-days performed by reporting acute trust and quarter

Surgical Site Surveillance

The Trust continues to participate in both mandatory and voluntary surveillance of surgical site infection: in 2022/23 this included orthopaedic surveillance (fractured neck of femurs) and was commenced during January 2023 – March 2023, providing the opportunity to compare year on year figures.

With regards repair of neck of femur fracture surveillance completed during January – March 2023, one hundred and twenty seven repair of fractured neck of femur operations were surveyed, provisional data suggests four patients developed a surgical site wound infection providing the percentage of surgical site infections (SSIs) at the Trust at 3.1%, and above the national hospital SSI rate. At the time of drafting the report, the surveillance is awaiting sign off and ratification by the UKHSA Surgical Site Surveillance Service (SSISS).

The table below provides an overview of the number of repair of fractured neck of femur operations and reported SSIs.

Years and Periods	No. Operations	Surgical Site Infection					
		Inpatient & readmission		Post discharge confirmed		All SSI*	
		No.	%	No.	%	No.	%
2019 Q1	72	2	2.8	0	0	2	2.8
2020 Q1	87	1	1.1	0	0	1	1.1
2021 Q1	81	0	0	0	0	0	0
2022 Q1	131	2.3	0	0	0	3	2.3

* All SSI= Inpatient & readmission, post-discharge confirmed and pateint reported

A previous increase in SSIs were reported for this type of surgical operation from 2018 onwards and a number of changes were made by the Health Group to address this, these included dedicated theatre with ultraclean ventilation, changes in skin preparation and antibiotic prophylaxis along with improved surgical wound dressings. Although these had an impact the Health Group facilitated by the Trauma and Orthopaedic Team are completing a deeper dive into the increasing rate of SSIs and completing root cause analysis to address possible risk factors that could contribute to infection.

OUTBREAKS AND RESISTANT ORGANISMS

Diarrhoea & Vomiting/ Norovirus

During 2022-23, there were very few incidences and/or outbreaks of Norovirus reported.

During Quarter 1 and Quarter 4, outbreaks of Norovirus occurred on wards on the HRI site. The outbreaks were promptly identified but affected both patients and staff, they were short lived in duration with incident meetings held to discuss control measures. All wards were cleaned and reopened following advice taken from the IPCT.

During 2022-23, outbreaks of diarrhoea & vomiting (D&V), mainly affecting general medical & medical elderly wards were reported. In the majority of cases, only bays were affected and following applied control measures and sampling, closures was short-lived.

In accordance with national guidance hospital outbreaks of D&V/ Norovirus were managed with partial restrictions but some complete ward closures were necessary.

Tuberculosis

During 2022-23, the identification of Tuberculosis (TB) in inpatients, resulting in contact tracing of both staff and patients continued.

One incident, involving two patients admitted separately but linked due to provenance were diagnosed with TB resulting in contacts identified, screened and followed up successfully with treatment if required. The infection prevention and control team have worked closely with the community TB nursing team, infectious diseases consultants, respiratory consultants and UKHSA to reduce ongoing risks to patients and staff. These incidences have provided the opportunity to reinforce the importance of appropriate isolation of 'at risk' patients, use of appropriate personal protective equipment (PPE) e.g. FFP3 facemasks and also communication of cases and incidents to local System Partners both on the North & South Bank.

Carbapenemase producing Enterobacteriaceae (CPE)

During Quarter 2 an outbreak of carbapenemase-producing Enterobacterales (CPE) was reported, affecting 4 patients across 3 clinical areas at CHH.

Incident meetings were held which supported the hypothesis of transmission occurring as a result of direct care but also indirect transmission and the impact of the environment as a vehicle for transmission.

During 2022-23, single cases of CPE were identified in patients admitted from abroad and/or other hospitals across the UK but managed in accordance with Trust policy and did not result in onward transmission.

A task and finish group was formed as a result of the CHH outbreak, patients admitted with CPE and the published national framework on containing CPE infections which was updated in September 2022. A gap analysis identified that our Trust processes were not aligned, therefore a business case was drafted to ensure polymerase chain reaction (PCR) screening processes were optimal for prudent patient management with the inclusion of screening for Vancomycin Resistant Enterococci (VRE). At the time of writing, that business case has been approved providing greater assurance for patient safety.

Vancomycin Resistant Enterococci (VRE)

During Quarter 3 a marked increase in VRE cases were reported, predominantly in the Surgery Health Group.

Cases were initially reported in both intensive care units at Hull Royal Infirmary, Wards H4 & H40 and Ward H7, following further investigation these cases were found to be linked to time and place with patients being transferred to and from these clinical areas during their hospital stays, providing transmission opportunities. Clinical isolates were sent for typing to UKHSA which confirmed an indistinguishable VRE infection. Reactive and proactive screening for VRE was initiated as was appropriate isolation and cohorting. Reinforcement of prudent IPC measures were taken as was opportunities to effectively clean and decontaminate the environments and in some cases restrict access to affected wards and units. Incident meetings were convened and held with System Partners, UKHSA and NHS England. Control of the outbreak was achieved within eight weeks with specific screening maintained as a precaution.

Unfortunately, by Quarter 4 it was evident a further outbreak of VRE was affecting wards H12 and H120, initiated by a cluster of VRE positive wound infections. The same IPC recommendations and measures were instigated and incident meetings convened, however, further cases were identified, all of which demonstrated rectal carriage and ongoing transmission. Opportunity to decontaminate using Hydrogen Peroxide Vapours were taken and monitoring of cleaning and IPC practices have been undertaken daily. This has been a multifactorial protracted outbreak and at the time of writing this annual report remains an active infection incident.

Influenza

Cases of Influenza were reported from September 2022, peaking in November & December 2022.

During December 2022, a noted increase was reported in the identification of Influenza A cases amongst patients due in part to PCR testing for viral respiratory infections identifying Influenza A. Managing high risk immunocompromised patients as contacts again identified asymptomatic Influenza A cases on repeat screening who were managed separately to any COVID-19 positive patients. This marked rise in Influenza A was expected due to similar experiences in the Southern hemisphere.

Cases of Influenza B were reported on point of care testing (POCT) from January 2023 but due to a national quality control issues with POCT these were deemed false positive with Patients were proactively screened for influenza, along with COVID-19, during admission and/or treatment when presenting with flu-like symptoms which is to be commended and encouraged, ensuring patient and staff safety.

The majority of cases were reported on admission to the Trust and were identified as Influenza A as the predominant circulating strain.

Influenza Activity 2019/20 at Hull University Teaching Hospitals NHS Trust

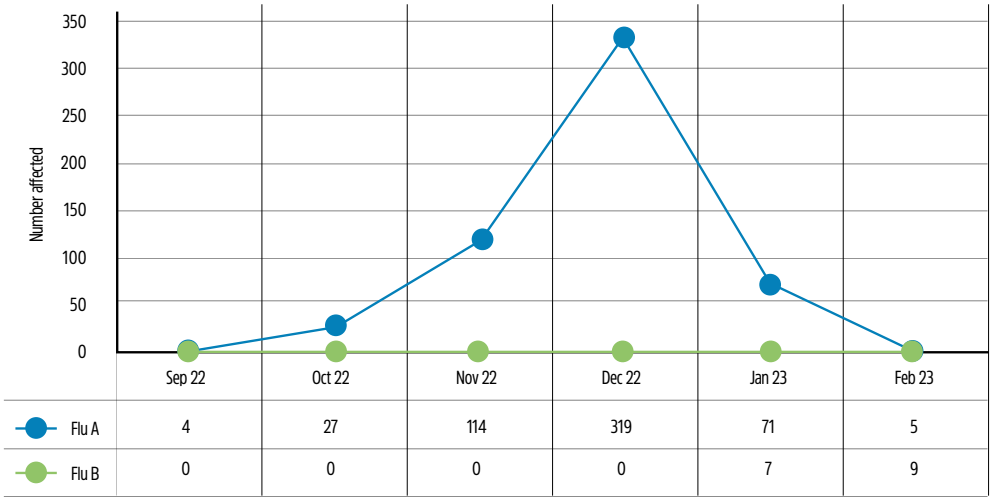
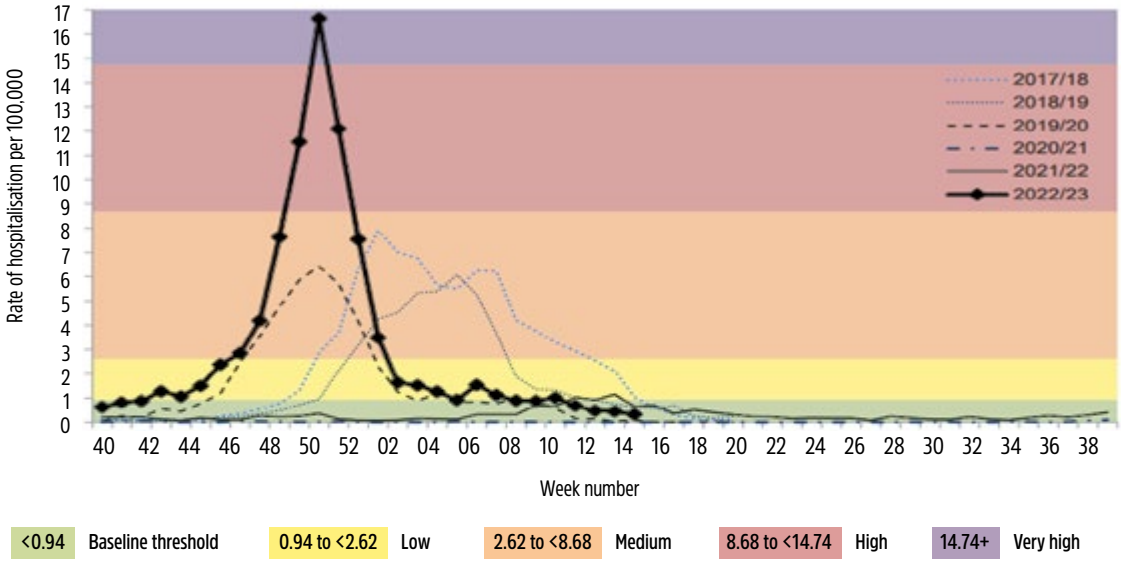
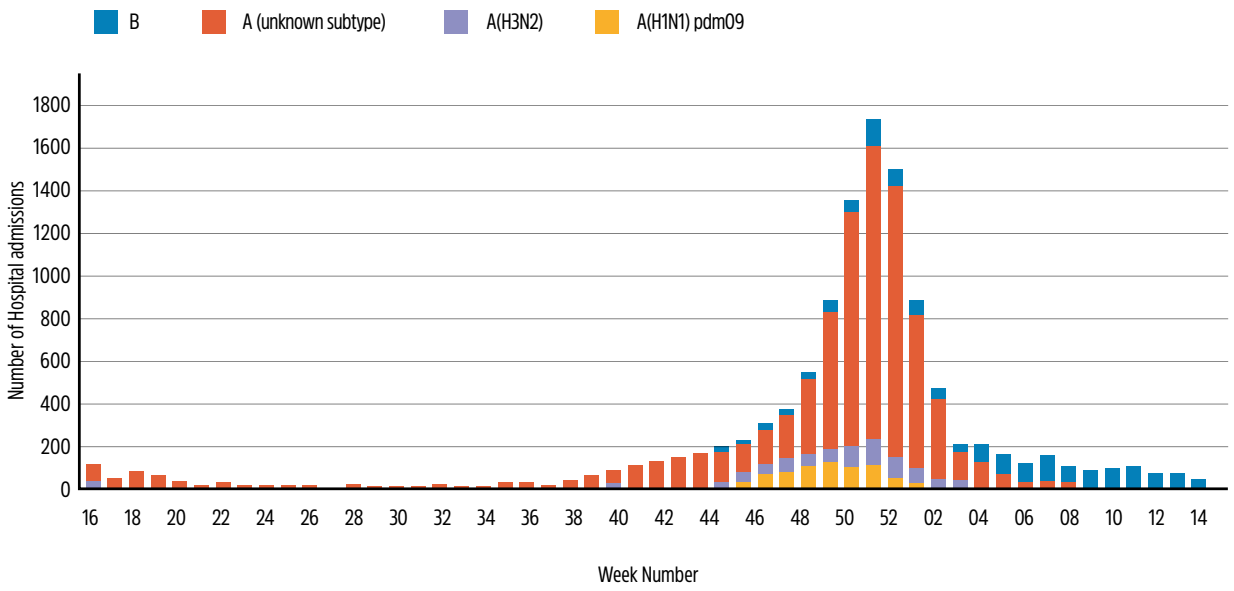


Figure 19. Represents influenza activity at the Trust during 2022-23



* MEM thresholds are based on data from the 2016 to 2017 to the 2021 to 2022 seasons (data from 2020 to 2021 was exclded due to the COVID-19 pandemic).

Figure 20. Weekly overall influenza hospital admission rates per 100,000 trust catchment population with MEM thresholds, SARI Watch, England



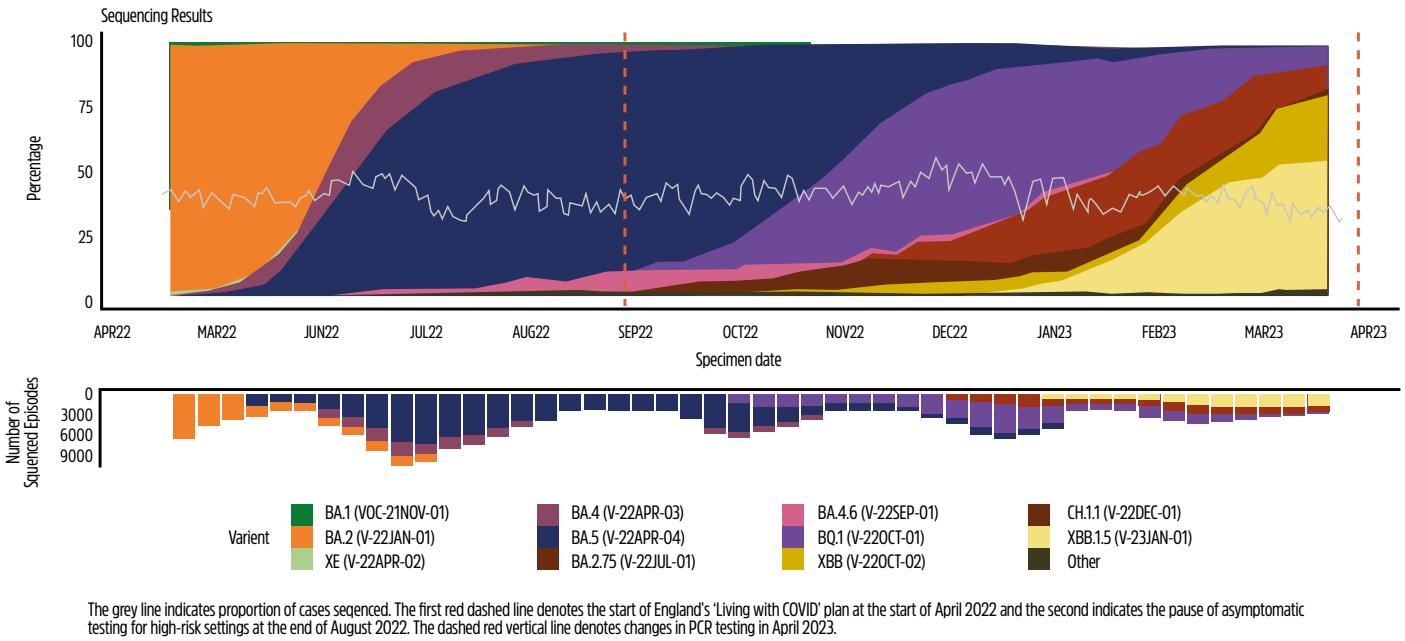
*Number of influenza hospital adimissions by influenza type, SARI Watch, England

Figure 21. Weekly influenza hospital admissions by influenza type, SARI Watch, England

COVID-19

During 2022-23, COVID-19 remained the largest challenge for the organisation alongside resistant infections adept at causing outbreaks but this was comparable with the volume of patients whom medically fit for discharge, had subsequently no criteria to reside, resulting in a number of wards dedicated to their care.

The pandemic during 2022-23 was punctured with different COVID-19 variants which resulted in peaks and troughs of reported COVID-19 cases, resulting in high prevalence and incidence within the community and subsequently an increase in hospital admissions and resulting outbreaks of infection.



The grey line indicates proportion of cases seqenced. The first red dashed line denotes the start of England's 'Living with COVID' plan at the start of April 2022 and the second indicates the pause of asymptomatic testing for high-risk settings at the end of August 2022. The dashed red vertical line denotes changes in PCR testing in April 2023.

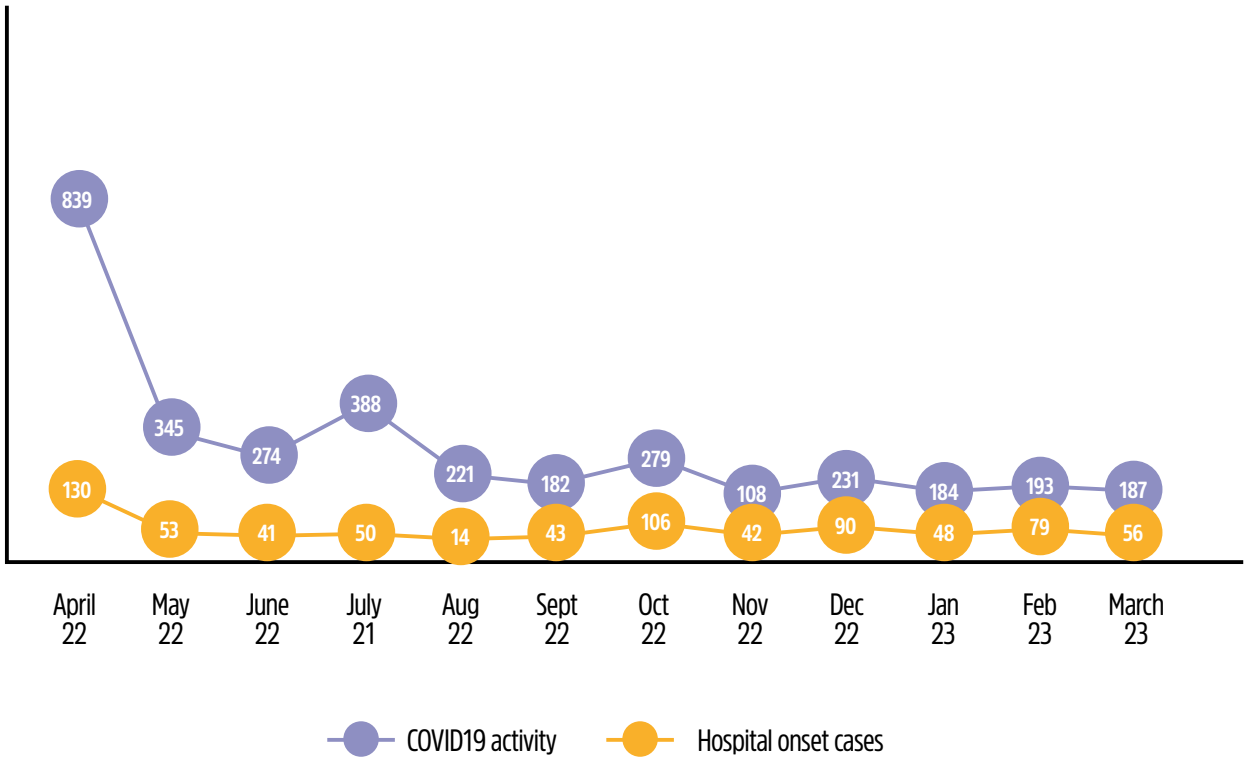
Figure 22. Variant prevalence (UKHSA designated variant definitions only) of available sequenced cases for England from 18 April 2022 to 2 April 2023

On the 1st April 2022, UKHSA published Living safely with respiratory infections, including COVID-19 and NHS England published updated associated guidance for health and social care. Changes in further guidance resulted in routine asymptomatic COVID19 testing pausing in August 2022, affecting both case and positivity rates. During 2022-23, the Infection Prevention & Control team responded to updates in guidance providing a pragmatic approach to the management of patients and staff across the Trust. Asymptomatic screening to facilitate discharge to social care remained in place during 2022-23 and in some cases identified asymptomatic carriage of COVID19 and as such reported as hospital onset cases due to the patient length of stay. On average the rate of hospital onset infection equated to 25% although with the absence of asymptomatic testing it was difficult to illicit if the infection occurred prior to admission and the patient remained asymptomatic throughout.

The impact of COVID-19 vaccination and associated boosters resulted in patients being affected by COVID-19 differently, patients did not require escalation of treatment requiring level 2 or 3 care as previously seen in the first waves of the pandemic and less requiring supportive treatment, although this was still prescribed, as per Trust Guideline for the Clinical Management of Proven / Suspected COVID-19 in Adults.

Outbreaks of COVID-19 resulted in convened multidisciplinary incident meetings to improve decision making and escalation locally, regionally and nationally via reporting routes. To improve communication further a daily IPC report was drafted and circulated to ensure clinical and site teams were apprised of IPC recommendations with regards bay and ward closures along with IPC advice.

Trust COVID19 Activity 2022-23



The graph demonstrates COVID19 activity at the Trust and the number of hospital onset cases.

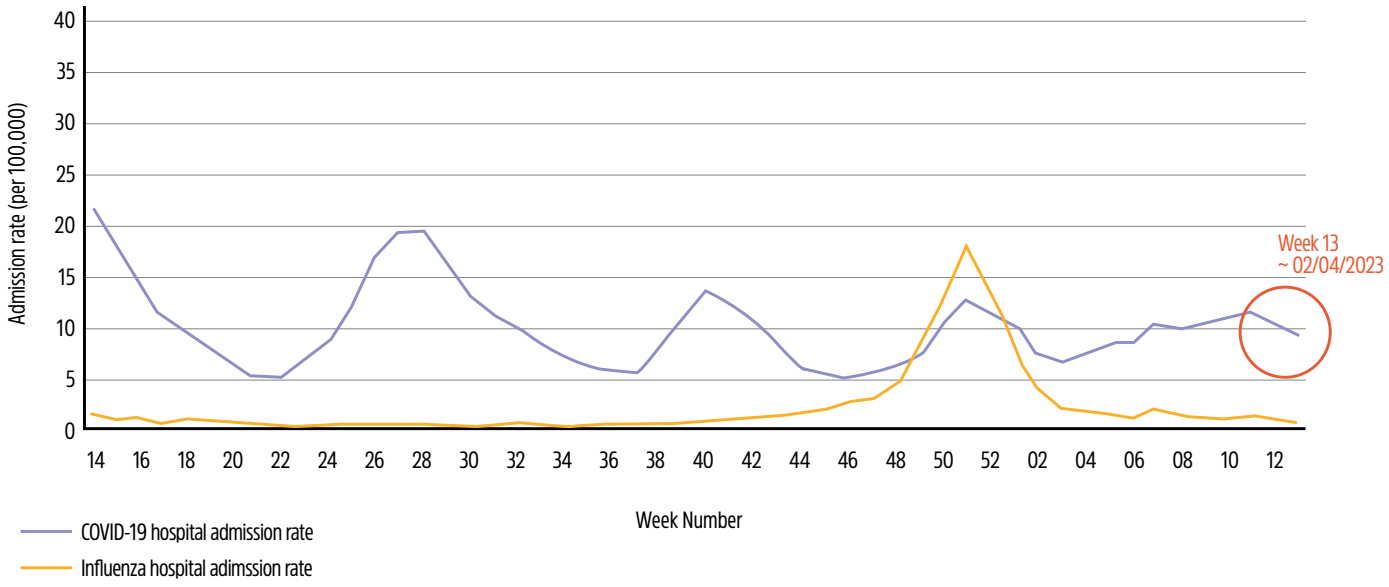
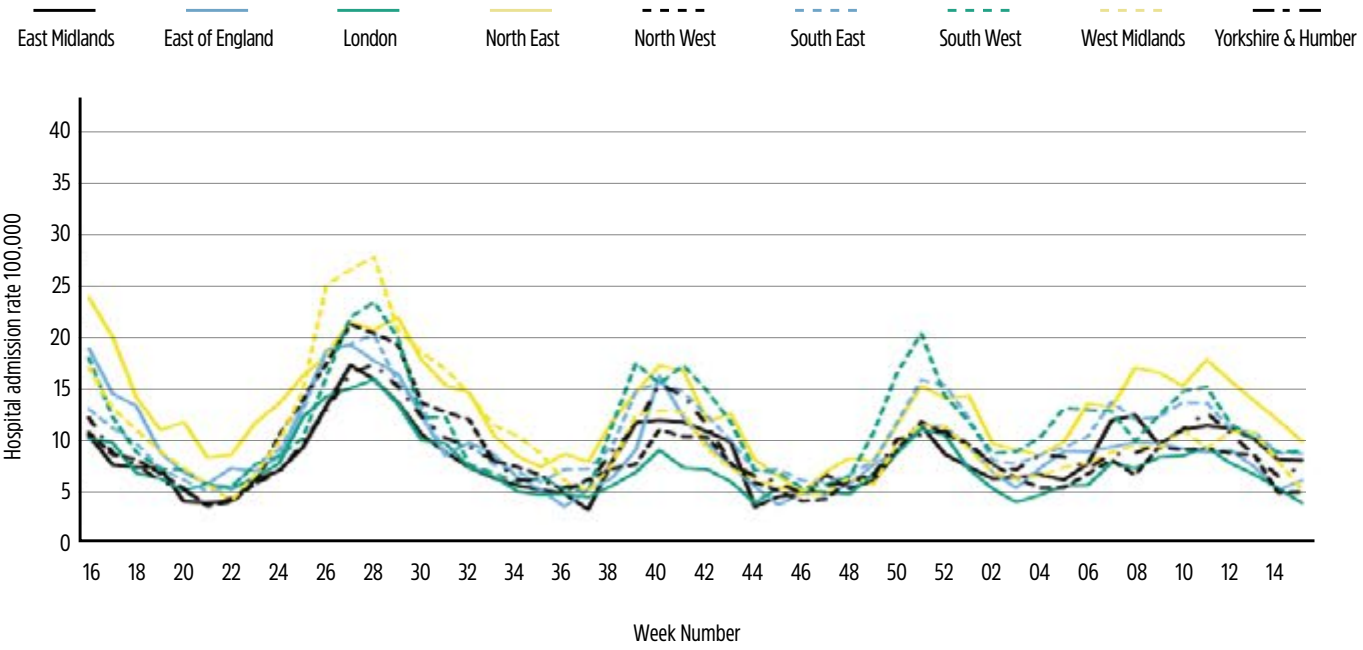


Figure 24. Weekly overall hospital admission rates of new COVID-19 and Influenza positive cases per 100,000 population reported through SARI Watch, England (COVID-19 hospital admission rate based on 88 NHS trusts for week 15/ Influenza hospital admission rate based on 21 sentinel NHS trusts for week 15)

Weekly hospital admission rate by UKHSA Centre for new COVID-19 positive cases.



(Source: UKHSA: Weekly national Influenza and COVID-19 surveillance report)

Figure 25. Weekly hospital admission rate by UKHSA centre for new COVID-19 positive cases reported through SARI Watch*

ISOLATION FACILITIES

There have been, for many years, concerns about the Trust's isolation facilities.

Like many other NHS trusts with older estate there is a general shortage of single rooms suitable for isolating patients with potentially contagious conditions. This is a long-standing issue, and there is no simple solution.

Ward C7 has had a positive impact on patient management, particularly those patients with difficult to treat infections and infectious diseases requiring specialist isolation facilities. The Trust can manage several patients at once with conditions requiring long term isolation, for example multidrug resistant tuberculosis. The ward also forms part of a network of high consequence infectious disease facilities across the UK which can be utilised as and when required.

Compliant isolation facilities on intensive care units across the Trust expanded on the opening of the ICU on the HRI site during December 2021 resulting in increased accessibility for patients requiring isolation and improving care for patients nursed in intensive care.

There remained concern with regards the adequate isolation of children especially those with airborne infections and during 2021-22, with IPC input and involvement, multi-disciplinary meetings were held and work commenced on a new paediatric inpatient, high dependency unit and outpatient facility. Improved isolation capacity and smaller bedded areas e.g. 2 bedded bays enable prudent management of paediatric patients and minimise the risk but not totally exclude the transmission of infections. Although the scheme was delayed by the COVID19 pandemic the new paediatric facilities opened in January 2023.

The Neonatal Intensive Care Unit (NICU), a tertiary level 3 unit, has had a number of incidents and outbreaks with the environment cited as being a contributory factor and significant work has been undertaken on the unit to mitigate risks. The 'blue room' although reduced by two cot spaces requires further work to reconfigure the space following a recommendation from the Department of Infection for this to be addressed as soon as is practicable. Although the reconfiguration has been approved, additional allocated funding has been secured a delay was incurred due to changes expected once the paediatric scheme was completed, allowing NICU to review parental accommodation and reconfigure the unit accordingly.

The lack of a decant facility and the flexibility with which to close a ward in the event of an outbreak is also an issue for the organisation and must be considered alongside isolation facilities.

ANTIMICROBIAL STEWARDSHIP

Ongoing emphasis is being placed nationally on the importance of antimicrobial stewardship as part of an infection prevention and control plan.

This is useful in reducing the development of C difficile infection, but is even more important in limiting the emergence of bacterial resistance. The Trust has for many years had a good record in antimicrobial stewardship. During 2022-23, Dr Debbie Wearmouth, Consultant Microbiologist and ICD was the clinical lead for antimicrobial stewardship.

The World Health Organisation created the Access, Watch and Reserve antibiotic categories to assist antimicrobial stewardship and to reduce antimicrobial resistance, although there is variation in categorisation across the UK where some antibiotics are in the Watch category rather than Access e.g. Cephalexin and Co-amoxiclav.

The three AWaRe categories divide antibiotics as follows:

- Reserve – antibiotics that need to be reserved for very complex infections with limited treatment options due to antimicrobial resistance
- Watch – broad spectrum antibiotics with higher potential for driving resistance
- Access – key antibiotics most of which are narrow spectrum and used as first-line treatment options.

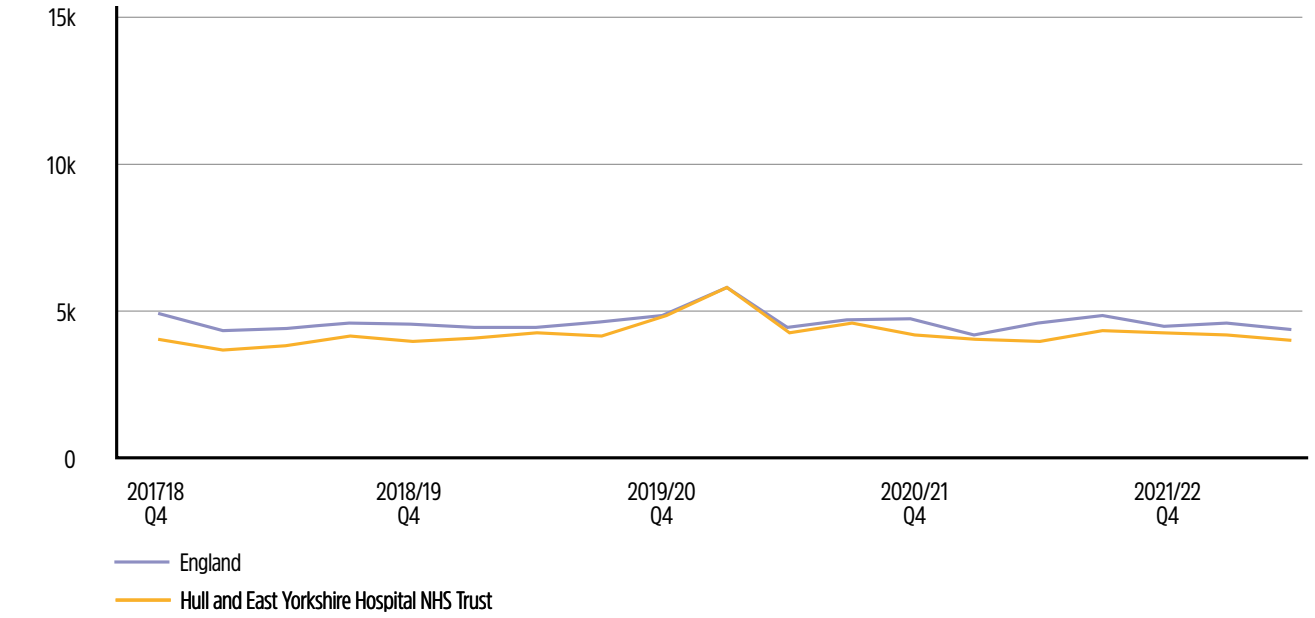


Figure 26. Total antibiotic prescribing DDDs per 1000 admissions; by quarter and trust

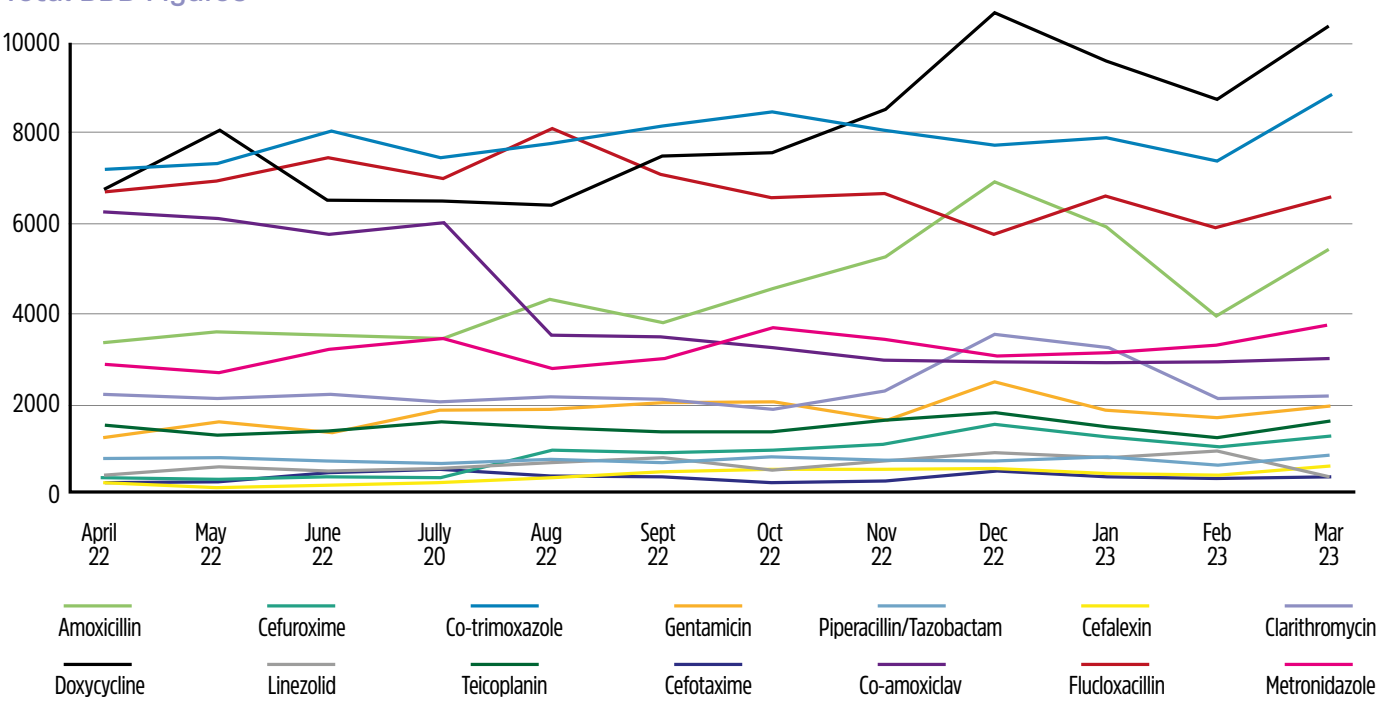
Total Antibiotic Consumption (March 2023)

Target: Total Antibiotic Consumption	
Total DDDs per 1000 Admissions - Baseline (Calendar Year 2018)	**4005.68**
Total DDDs per 1000 Admissions - Financial Year 2022/23, April to March	**4223.05**
% Change - Baseline Year vs Financial Year 2022/23, April to March	**+5.4%**

HUTH continues to use more antibiotics (per 1000 admissions) compared to the 2018 baseline year, at the end of March 2023 the increase was 5.4%

Figure 27. Trust Total Antibiotic Consumption by March 2023

Total DDD Figures



Folllowing introduction of MicroGuide and CAP guidance changes there had been a shift in the prescribing of a number of agents. Most notably is the decrease in co-amoxiclav prescribing and the increase in dozycyline.

Figure 28. Trust Total DDD Figures by March 2023

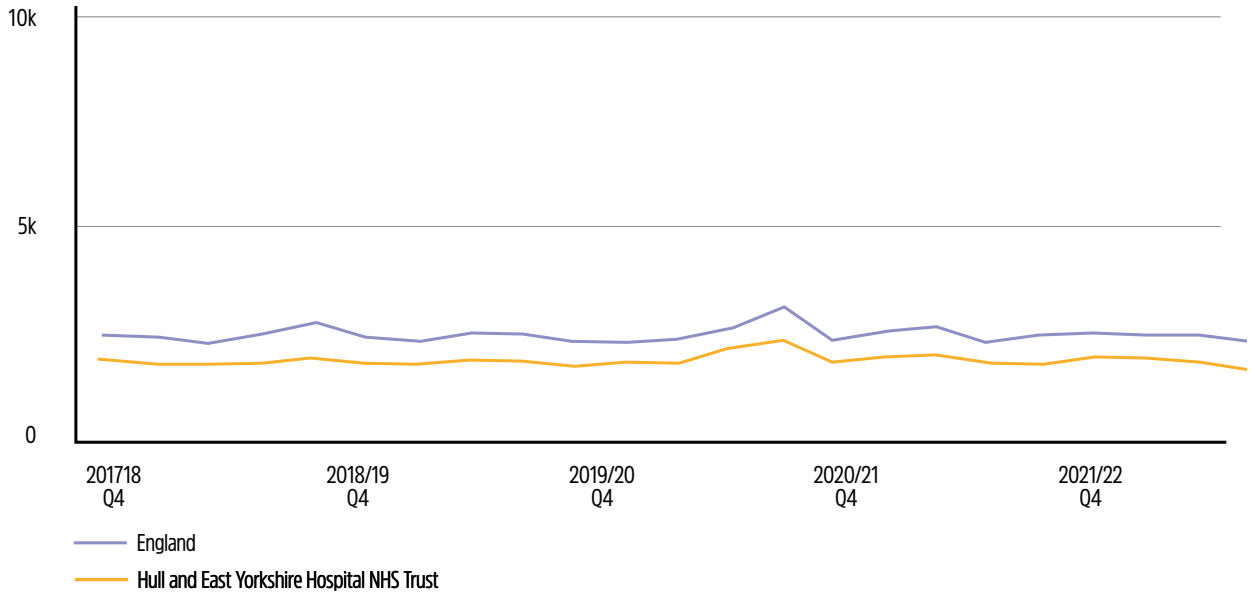


Figure 29. Antibiotic prescribing from the "Watch" and "Reserve" categories of the WHO essential Medicines List AWaRE index; DDDs per 1000 admissions by quarter and trust (Please note slight differences exist between what is reported on Fingertips/ Define and the Trust's our local data)

2022/23 National Contract (March 2023)

Target: 4.5% Reduction in Watch and Reserve (NHS Adapted LIST) Antibiotics from 2018 Calendar Year	
Total Watch and reserve DDDs per 1000 Admissions - Baseline (Calendar Year 2018)	**1731.43**
Total Watch and reserve DDDs per 1000 Admissions - Financial Year 2022/23, April to March	**1585.47**
% Change - Baseline Year vs Financial Year 2022/23, April to March	-8.4%

Broad spectrum antibiotic use has reduced over 22/23. Target reductions were met by the end of March 2023.

Figure 30. Performance against National Contract (2022/23)

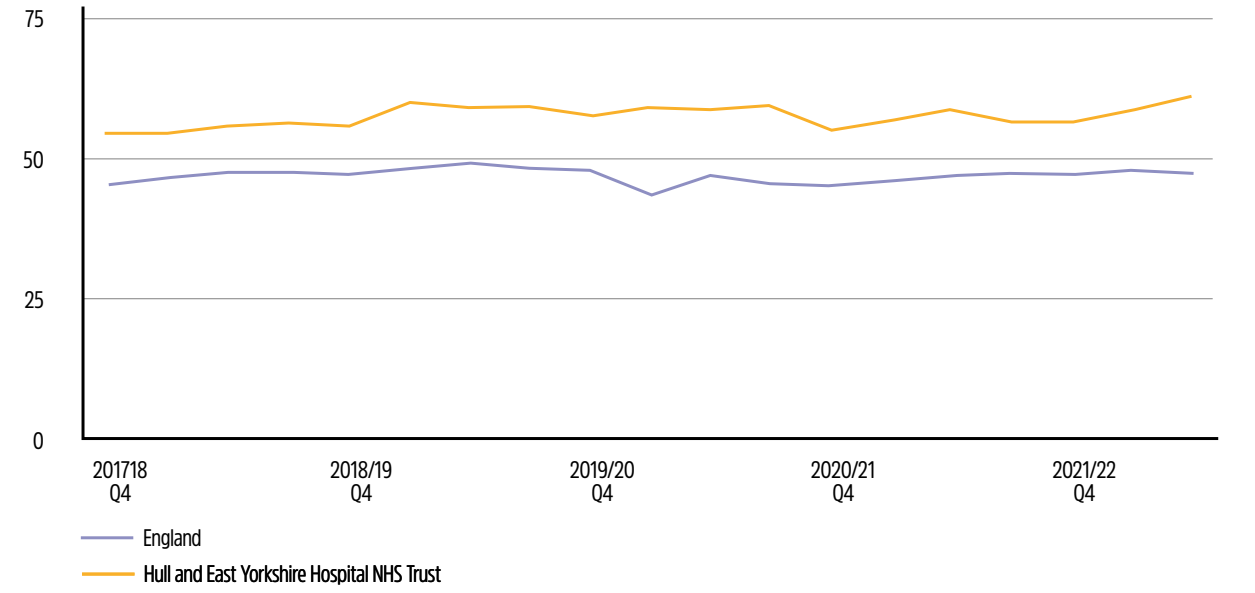


Figure 31. Proportion of total antibiotic prescribing from the "Access" category of the WHO Essential Medicines List AWaRe index; by quarter and acute trust

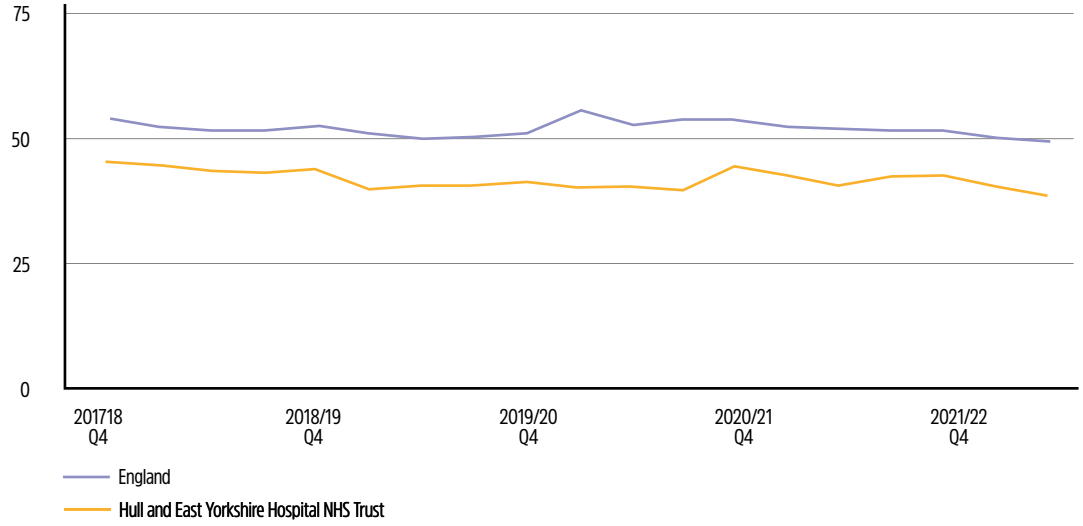


Figure 32. Proportion of total antibiotic prescribing from the “Watch” and “Reserve” categories of the WHO Essential Medicines List AWaRE index

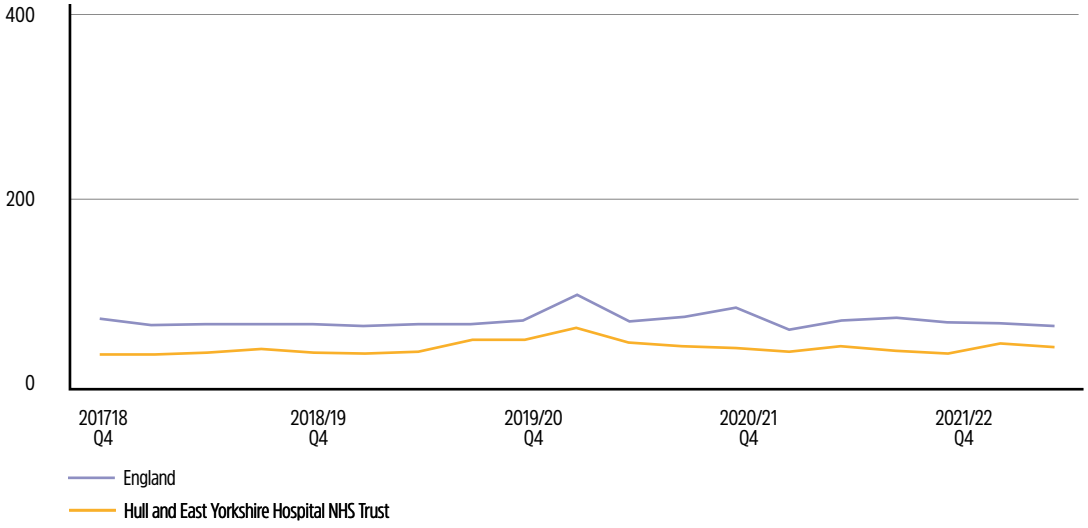


Figure 33. Carbapenem prescribing DDDs per 1000 admissions; by quarter and acute trust

The Antibiotic Control and Advisory Team (ACAT) continues to work on improving antibiotic usage within the Trust. In addition to an innovative antibiotic formulary (promoting less use of broad spectrum agents) ACAT has produced guidelines on empiric antibiotic prescribing, antibiotic 'streamlining', and surgical antibiotic prophylaxis. All this guidance is available both in hard copy and on Pattie. The Antibiotic Pattie page has been reviewed and improved so that each specialty has their own section. Closer links with the specialties concerned is integral to the development of the updates which will hopefully encourage guideline adherence. To support ACAT, a Trust Antibiotics Stewardship Task & Finish group was formed as a developmental SIRC meeting from May 2022 – this provided the impetus to convene a group integral to making positive change to embed antimicrobial stewardship. The task and finish group focused on a number of elements

A theme of CDI RCAs predominantly included non-compliance with Trust antimicrobial guidance resulting in lapses in practice and deemed potentially avoidable. To further support this observation, the Trust's Pharmacy Department completed HG audits focusing on prescribing as per Trust guidance and found in a third of cases prescribing was not in line with Trust guidance. During 2021-22, funding was secured to purchase the MicroGuide application, suitable for mobile device use, enabling clinical teams to access in real time Trust antibiotic guidelines, enabling greater compliance and improved antimicrobial stewardship. The app went live in July 2022 and the below chart provides an overview on its usage:

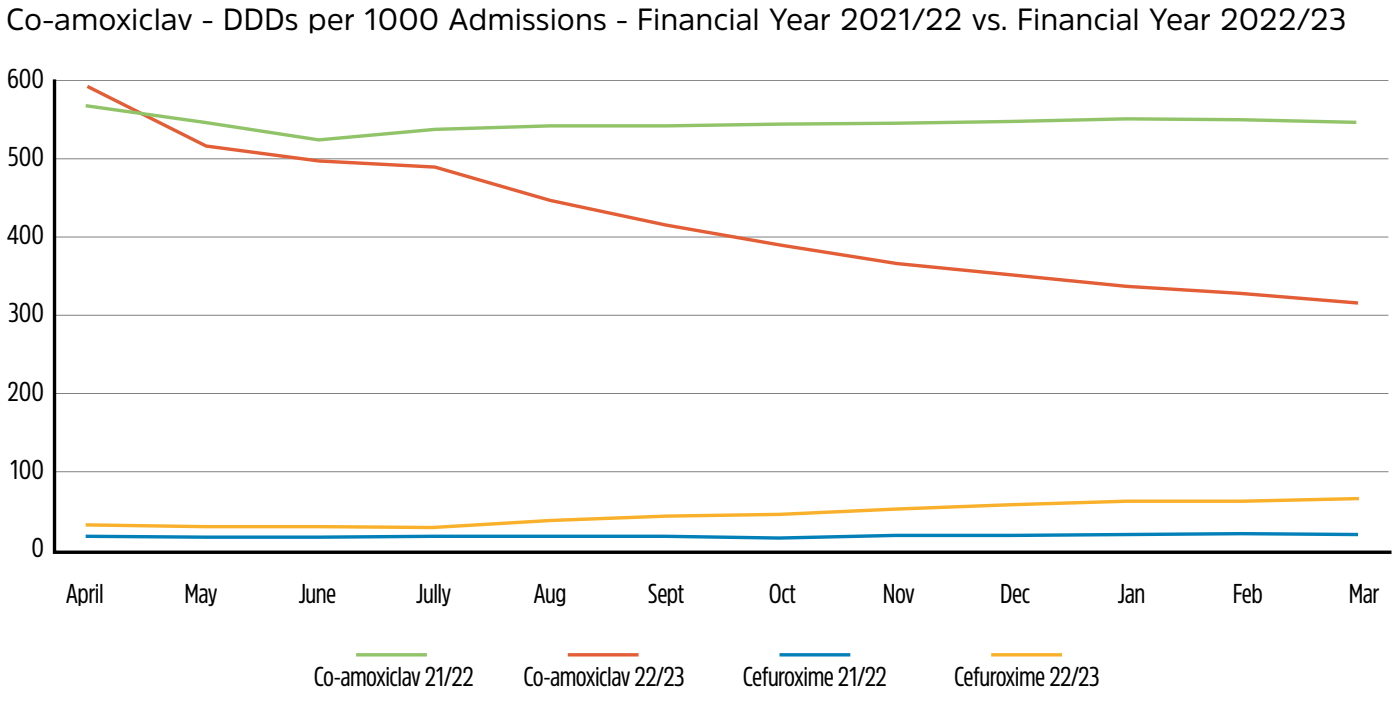
Category	Count	Additional Info, data by end of March 2023
Total Profiles	1,436	**This is the total number of profiles set up since HUTHT went live with MicroGuide, with new users downloading every month. The largest staff groups are Junior Doctors (662), Nurses (292), Consultants (157) and Pharmacists (102)**
Page Hits	**67,854**	**This is the total number of individual pages opened since August 2022, with monthly pages hits averaging at ~7,000. Adult anti-microbial guide makes up for the bulk of these page hits, with a total of 60,625 for the same time period (average of ~6,000 per month)**
Downloads	**4,425**	**The three guides have been downloaded a total of 4,425 times, with the busiest month being November 2022 (938). Again, the Adult antimicrobial guide accounts for the majority of this with 3406 downloads**
Most Opened Guide	**7,798**	**Lower Respiratory Tract Infections in the adult antimicrobial guide is the most accessed section, with CAP being the most accessed condition (3,686). CAP is also the most searched for page (1,580 searches)**

This has markedly improved access to HUTHT antimicrobial guidance. There has been a slight improvement in antibiotic prescribing as per guidance (45% compared to 36% a year ago) and overall prescribing as per guidance or with clinical justification has increased from 62% to 69%. However, all parameters are still below the audit target (90%) which is potentially unrealistic and requires further scrutiny/ explanation.

ACAT meets regularly to review antibiotic usage, and reports to IRC. ACAT and antibiotic pharmacy team have altered the reports that are reviewed at IRC and ACAT, tabling the updated reports throughout the financial year, these include quarterly Health Group reports looking at antibiotic consumption, performance against national contract, top five broad spectrum prescribed agents, overall usage and inpatient prescribing indication and duration reporting, antibiotic related incident reporting via DATIX and bi-annual specialty reports. Also inpatient antibiotic prescribing audits continued during 2022-23 focussing on prescribing as per guidance/ clinical justification replaced the monthly indication and duration audits and provides more qualitative data that allows for more targeted interventions. This audit has helped get the conversations started with the Health Groups/ speciality and hopefully better engagement and MDT working on antimicrobial stewardship alongside the AMS Task & Finish Group.

Electronic Prescribing and Medicines Administration (EPMA) has now been fully implemented across inpatient areas within the Trust with the exception of paediatric areas, obstetrics and ophthalmology and since its introduction to the remaining wards on the Hull Royal Infirmary site there has been a decrease in indication and more notably duration/ review date documentation on the drug chart. This will be an area for ongoing monitoring and additional reinforcement on the importance of appropriate documentation embedded within EPMA.

During 2022-23, a significant change was made to the Community Associated Pneumonia (CAP) antimicrobial prescribing guidance, moving from the use of Co-amoxiclav to Cefuroxime in severe cases (CURB65≥3). The rate of Cefuroxime use compared to the marked reduction in Co-amoxiclav prescriptions is evident in the graph below.



CAP guidamce was changed in August 22. In severe infections co-amoxiclav was changed to cefuroxime. The drop in DDDs for co-amoxiclav was 42% (from over 500 to 300 per 1000 admissions). Cefuroxime use increased but to the same degree as the co-amoxiclav reduction.

Figure 34. Trust data on Co-amoxiclav to Cefuroxime switch for severe CAP

During February 2023, UKHSA produced guidance on antimicrobial Intravenous-to-Oral

Switch (IVOS) which is an important antimicrobial stewardship intervention and one that has been included as a Quality Indicator within the Commissioning for Quality and Innovation (CQUIN) Indicators and will be a focus for Pharmacy and IPC during 2023-24.

Along with conventional antimicrobial stewardship, the benefit of an outpatient parenteral antimicrobial therapy (OPAT) service to manage the delivery of intravenous and complex oral antibiotics to patients who are medically stable, within an outpatient setting eliminates the need to either admit or keep in hospital patients whose only reason to stay in hospital is to receive IV / complex oral antibiotic therapy. All OPAT patients continue to have their medical condition and therapy closely supervised by a multidisciplinary team with a proven record that this service contributes to reducing patient's length of stay in hospital, promotes early discharges and improves patient experiences. It improves quality of life for patients and reduces the risk of hospital-acquired infection. Feedback from OPAT patients is overwhelmingly positive, citing the benefits of receiving treatment as an outpatient, the ability to return to work, and the care, support and expertise of the OPAT team. During 2021-22 the OPAT service worked in close unison with City Health Care Partnership (CHCP) in delivering an OPAT service from Marfleet Community Centre, this ended following a 6-month pilot and the OPAT service returned to delivering an OPAT service from the Trust. During 2022-23 the OPAT service moved from being based at CHH to a base at HRI.

SEPSIS

The Trust Sepsis service consists of 1PA of Infectious Diseases consultant time as the clinical lead for the service and 2 Sepsis specialist nurses.

An innovative wrap around review service for patients with Sepsis was designed aimed at prevention and safety netting in case of infection and commenced during 2022-23 having being delayed due to the COVID19 pandemic. A five-year Sepsis Strategy was developed in December 2021 with the aim of reducing sepsis mortality rates with key elements including audit & quality improvement projects, launch of a new sepsis pathway, training needs analysis and evidenced based educational package, prevention inclusive of outpatient follow up clinic. There are a number of quality improvements programmes inclusive of medical and nursing teams on sepsis throughout the Trust and a sepsis audit dashboard was launched to demonstrate compliance and highlighted areas of improvement inclusive of recognising sepsis in patients in ED and during an inpatient stay. A Sepsis Steering Group was formed during 2022-23 with key Trust representatives and focus on the above elements along with CQC recommendations.

DECONTAMINATION

The Trust Decontamination Committee convened and chaired by the Surgical Health Group covers decontamination in Sterile Services, Endoscopy, decontamination of medical devices and patient equipment and environmental cleaning.

The Committee has met quarterly and the Trust endoscopy users, sterile services department and theatre report into this group and during 2022-23, escalation of concerns has been reported via the IPCT and Surgical Health Group to OIRC.

A focus during 2022-23 has been the development of an asset register to document patient care equipment and the required decontamination including responsibility, process, frequency and traceability and this will form the basis of the committee's direction for 2023-24.

Central Sterile Services Department (CSSD) continues to meet the requirements of disinfection, assembly, packing, moist heat and gas plasma sterilisation of theatre trays and procedure packs and supplementary instruments in accordance with ISO 13485:2003 and ISO 9001:2008.

For moist heat and gas plasma sterilisation of theatre trays, procedure packs and supplementary instruments in accordance with Medical Devices Directive 93/42/EEC Annex V, Article 12 (Sterility Aspects Only).

Clinical teams complete DATIX reports should sterile equipment fall short of the required standards and investigated by CSSD accordingly.

During 2022-23, embedded support for CSSD, theatres and endoscopy by the Infection Prevention and Control team, in respect to surgical instrumentation, cleaning and disinfection and advice on quarantining instruments and scopes has continued.

WATER SAFETY

As per national guidance on water safety Health Technical Memorandum 0401 (HTM0401), during 2022-23, water s afety was monitored by the Water Safety Group (WSG), reporting to OIRC & SIRC, as and when required.

The Trust have a Water Safety Plan (WSP) which provides a risk-management approach to the safety of water and establishes good practices in local water usage, distribution and supply.

The Estates team continue a consistent and comprehensive regime of water testing especially in augmented care areas and areas managing immunocompromised patients. Any positive water samples culturing both Legionella and/ or Pseudomonas are reported by UKHSA to both the Estates team and key members of the Infection Prevention and Control Team with prompt action to reduce risks to patients, including escalation and control of infection incident meetings.

Flushing of infrequently used outlets, a requirement of HTM0401, on both Trust sites is now firmly established, with improved compliance now seen. The Estates department utilise a software database to record flushing. This improved the ease with which clinical staff recorded flushing in real time. The system creates compliance reports but will also escalate non-compliance through a pre-determined electronic cascade system. The system continues to be embedded by the Estates Department and respective Health Groups and is reliant on contemporaneous contact details of key team members and reliance on paper records is markedly reducing.

CLEANING SERVICES

Hull University Teaching Hospitals NHS Trust has a responsibility to provide and maintain a clean and appropriate environment for healthcare.

With a higher profile on improving cleanliness in hospitals this is now a key element of how each hospitals performance is judged and it is assessed in a number of ways which feature in the Care Quality Commission's (CQC) Essential Standards of Quality and Safety.

During 2022-23, Outsourced Client Solutions (OCS) has been responsible for providing cleaning services for Hull University Teaching Hospitals NHS Trust. The COVID-19 pandemic has brought challenges with regards cleaning services, especially during surges of infection. Enhanced cleaning with additional hours needed and an increased staffing resource over and above the existing Trust contract has been required, in addition an increase of post-infection (Amber) cleans have been required along with specialist cleans involving Hydrogen Peroxide Vapours (HPV).

During the financial year the IPCT attended operational meetings to share information with regards risk and/or issues related to respiratory infections, HCAIs and outbreaks but also to acquire assurance that hospital cleanliness remained a priority.

National Standards of Healthcare Cleanliness (2021) apply to all healthcare environments and replace the National specifications for cleanliness in the NHS 2007 (and amendments) published by the National Patient Safety Agency. To encourage continuous improvement they combine mandates, guidance, recommendations and good practice. The standards incorporate significant changes such as the "percentage scoring" system which was not clear to patients/visitors, replaced with cleanliness ratings from zero – 5, similar as seen in the hospitality industry. A zero star rating equates to "urgent improvement necessary" while a 5 star rating confirms the cleanliness in the area concerned as "very good". Environmental auditing remains a priority for both the Trust Facility Team, OCS and IPCT to ensure the Trust remains compliant with the standards. All clinical areas display 'Our Commitment to Cleanliness Charter' and cleaning ratings. Efficacy auditing is required if a ward / department scores 3 or below and during 2022-23 this occurred in two clinical areas with remedial action taken to improve the ratings.

During 2022-23, due to an increase in resistant infections affecting patients both at Hull Royal Infirmary and Castle Hill Hospital, additional specialist cleaning and decontamination processes were required. These processes involved the use of HPV and in some circumstances Ultraviolet (UV-C) and were delivered predominantly during 2022-23 by Inivos on an ad-hoc call out basis. However, the IPCT explored other companies capable of delivering a 'like for like' service and from January 2023, Sanondaf have been facilitating HPV decontamination across the Trust, again on an ad-hoc call out basis. There is a significant cost burden associated with this, regardless of provider which year on year has increased as per the following table.

Company Name	Dates	Cost
Inivos	From April 2022 – January 2023	£220,000
Sanondaf	From January 2023 – 5th May 2023	£60,325

At the time of writing this annual report an options appraisal paper has been drafted to scope acquiring a Trust HPV decontamination service, enabling reactive and proactive decontamination.

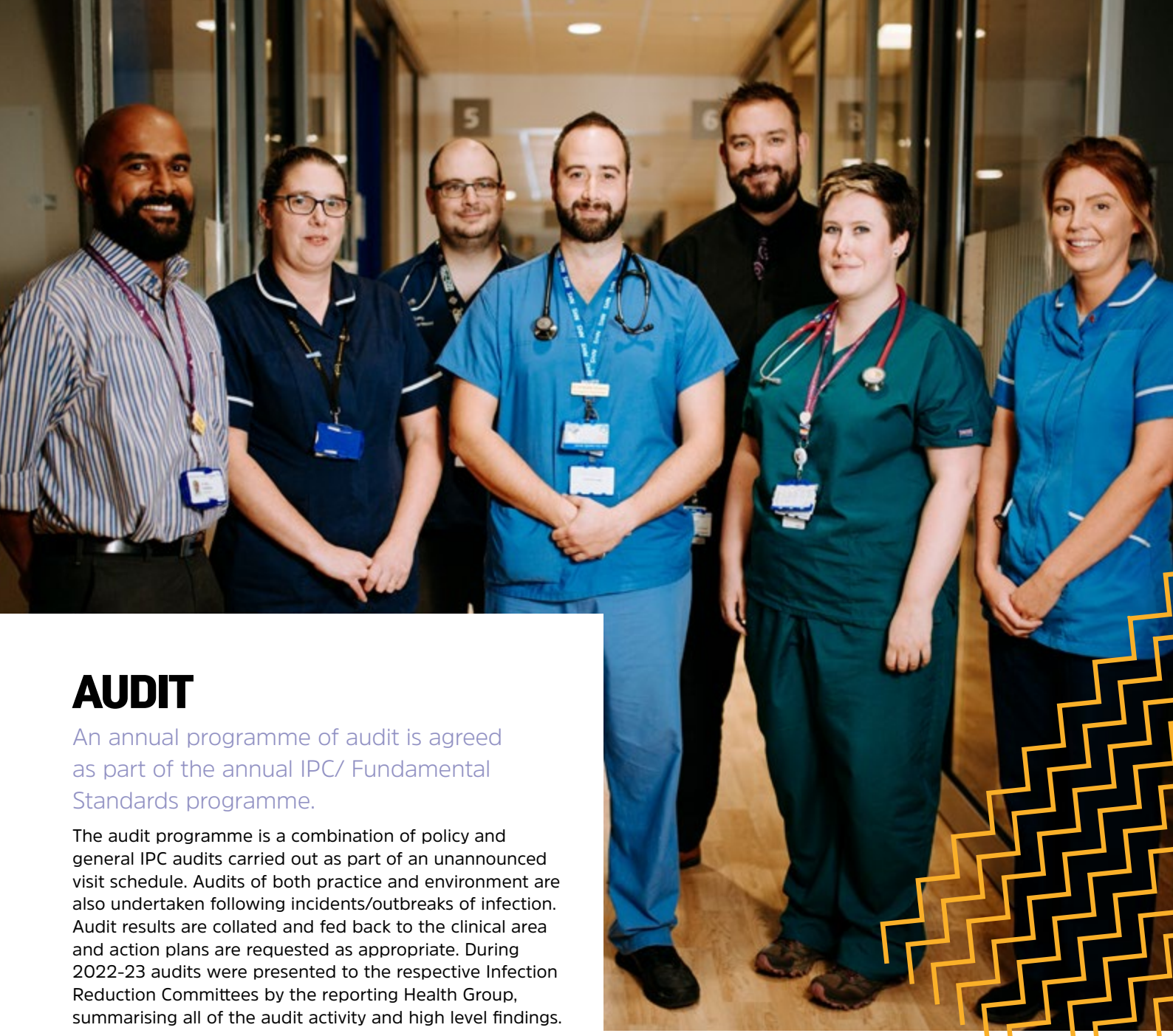
During 2022-23, Synergy Linen Management Services has been responsible for providing linen services for the Trust from the 1st August 2021. The IPCT continue to work closely with facilities and the linen contractor to ensure that the contract meets the requirements of the HTM 01-04 and reduces the risk of hospital linen being a source of infection transmission and that adequate safe linen supplies are maintained.

During 2022-23 ongoing construction work at both HRI and CHH, resulted in the need for prudent pest control by both the IPCT, Estates & Facilities teams and external pest control contractors and this will be monitored as ongoing construction continues into 2023-24.

PLACE INSPECTIONS

The annual PLACE programme was suspended in 2020 and 2021 and PLACE-Lite remained open for healthcare organisations to undertake assessments which the Trust completed and in 2022 the annual PLACE programme was reintroduced.

The 2022 PLACE assessments were undertaken at Castle Hill Hospital between 7th September and 12th October 2022 and at Hull Royal Infirmary between 18th October and 3rd November 2022 by a multidisciplinary Trust Team and trained patient assessors. The two pertinent PLACE inspection elements to include within the DIPC Annual Report are Cleanliness and Condition, Appearance and Maintenance. For Cleanliness the score is above the national average (98.00%) at both sites and above the cleanliness scores of regional peers, scoring 99.38% and for Condition, Appearance and Maintenance the organisational score is higher than the national average (95.79%) and in line with regional peers, scoring 98.91%.



AUDIT

An annual programme of audit is agreed as part of the annual IPC/ Fundamental Standards programme.

The audit programme is a combination of policy and general IPC audits carried out as part of an unannounced visit schedule. Audits of both practice and environment are also undertaken following incidents/outbreaks of infection. Audit results are collated and fed back to the clinical area and action plans are requested as appropriate. During 2022-23 audits were presented to the respective Infection Reduction Committees by the reporting Health Group, summarising all of the audit activity and high level findings.

During 2022-23, the IPCT focused on the timely completion of IPC Fundamental Standards audits and audit documentation with an updated audit form to reflect introduced electronic nursing records. Thematic audit analysis highlights an improvement in audit compliance and associated scoring with exceptions including lack of storage facilities resulting in cluttered environments, gaps in cleaning checklists especially at weekends/ bank holidays, lack of compliance with effective hand hygiene/use of PPE and gaps in electronic nurse documentation. Fundamental Standard audits overview as of March 2023 included (Appendix 7).

At ward / departmental level audit processes were reviewed to ensure ownership of and compliance with IPC practice. During 2022-23 updated audit format, audit schedule and process utilising MyAssurance was developed and rolled out along with a live dashboard, thereby allowing Health Groups and the IPCT to identify trends and required action to improve compliance and practice. It was noted that changes in audit processes were slow to embed at ward level but at year end an increase in compliance is reported.

POLICIES

The Trust has a programme for development, review and revision of core IPC policies as required by the Health and Social Care Act 2008 Code of Practice (2015).

All policies are available to staff on PATTIE and many are also available to the public on the main internet web page. During 2022-23, NHS England published the National Infection Prevention & Control Manual (NICPM), with the premise that generic IPC policies used by NHS Trusts, including HUTHT e.g. CP178 Standard Precautions Policy could be replaced by the national manual providing standardisation of key IPC policies. The NICPM is a live document, updated as evidence dictates. Alongside the manual a compendium of HCAI guidance and resources was updated and published by NHS England in February 2023, to complement and/or replace Trust HCAI specific policies, currently being scoped by the IPCT.

TRAINING AND EDUCATION

The Infection Prevention and Control (IPC) education framework has recently been published in March 2023 by NHS England.

It sets out a vision for design and delivery of IPC education and sets core requirements for clinical and non-clinical staff working in healthcare settings in 6 core standards:

Standard: 1.
IPC Practitioners must inform the development of IPC learning and practice development

Standard: 2.
Applying standard IPC Precautions (SICPs) and evidence-based practice for preventing HCAI associated with invasive devices and procedures will be incorporated into all health and social care related education programmes

Standard: 3.
Antimicrobial resistance (AMR) and Antimicrobial Stewardship (AMS) is an integral part of education programmes.

Standard: 4.
Transmission based IPC precautions (TBPs), screening programmes, Hierarchy of controls (HOC) and IPC risk assessment will be incorporated into relevant education programmes

Standard: 5.
IPC will be appropriately incorporated into all health and social care related education programmes in a contextually relevant approach. This will support the promotion of appropriate IPC in the delivery of care

Standard: 6.
Management, maintenance and planning of the built environment is incorporated into related education programmes.

The overall aim is to strengthen IPC knowledge, skills and behaviours, and to provide a standardised approach to IPC education. With clear individual objectives for IPC learning and development; strong IPC leadership at Board and Executive level; IPC training is developed with IPC experts; within the introduction of Levels 1, 2 & 3 (previously only known as level 1 & 2). Level 1 is for everyone working in health and social care setting; Level 2 is for all staff working directly with/ providing care to patients and / or who work in the patient environment; and Level 3 is for all staff who are responsible for an area of care.

The IPC team are currently undertaking a piece of work as part of the annual IPC work-plan, to update the training and delivery for IPC across the Trust for Nursing in the first instance and linking in with other professionals in relation to other disciplines, and developing teaching and education for these, this is being done through a trainee needs analysis.

The Trust is currently undertaking a Learning Needs Analysis Task and Finish Group (LNA) through education and development, IPC are linking in as part of this, to confirm the minimum requirement for IPC throughout the Trust – this work will be delivered in year 2023-24.

The Trust is also undertaking a Training Needs Analysis Task and Finish Group (TNA) through education and development for the Trust, reviewing what mandatory / statutory training is being undertaken currently and what training needs reviewing, such as IPC aligned to the new standards.

The IPC team have been delivering face to face training as well as Skills for Health continuing online through HEY24/7. The face to face training is currently aimed at non-registered staff new to the Trust and working in clinical areas, newly qualified nurses and apprentices. The IPCT have delivered to over 450 staff face to face since commencing in August 2022, the IPCT would like to see continued support for this through clinical unit managers encouraging their staff to attend. The IPCT have delivered an IPC link day last year and plan to arrange a link day for later this year. Members of the IPCT have further face to face training booked with ward Housekeepers and Hygienists planned for July and November 2023, and the IPCT are linking in with OCS in relation to the education of the new NHS cleaning standards. The overall plan is to continue to expand this work in the coming twelve months.

During 2022-23, training and educational opportunities were offered regionally and nationally by NHS England & UKHSA inclusive of IPC practices, tackling GNBSIs, CPE and antimicrobial stewardship. The National IPC Team funded places for the Rosalind Franklin Programme with the Senior Matron IPCT successfully completing the programme. Non-registered staff at the Trust also benefitted from a bespoke IPC course again funded by the national team, places were limited regionally but at least two non-registered staff completed the course and found the content helpful and clinically applicable.

OTHER ACHIEVEMENTS IN 2022-23

- The inclusion of a developmental SIRC alongside the existing meeting structure has provided the benefit of discussing pressing topics, providing the impetus to form task and finish groups to pursue improvements in systems, processes and ultimately patient care
- During 2022-23, the national IPC BAF was utilised by the IPCT and Quality & Assurance Team to prioritise work streams but the BAF was respiratory infections/ winter planning centric and therefore limited in its scope. On the 17th April 2023, an updated national IPC BAF was published, encompassing the criterion in the Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance, resulting in a new IPC BAF Task & Finish Group being formed co-opting key teams and services to provide evidence and assurance. Any gaps in evidence and assurance will be incorporated within the IPC Risk Register. Completed IPC BAF, although acknowledged as a 'live' document to be presented at Trust Board during 2023-24.
- During 2022-23, a multi-disciplinary group/ Think Tank worked alongside the Trust Operational Improvement Team on reviewing vascular access, initially PICC line placement and ongoing management this was driven by variation in standards and a rise in reported bacteraemia associated with vascular access devices. During the course of the year the group expanded and reviewed other vascular access devices including central lines with the understanding the Trust is the highest placer of vascular lines in the region. However, there is presently no single point of contact for vascular access, causing delays in placement of the most appropriate lines for the most appropriate use. This causes delays in patient discharge and an in increase in bed days. Concerns were also raised with regards competency of nurses and doctors to both insert and manage/ manipulate these devices. At the time of writing this report a business case to support this work is currently being collated which will provide a significant number of benefits including a reduction of bacteraemia associated with vascular access devices.
- During 2022-23 the Infection Prevention & Control team have been involved in local, regional and national IPC priorities via NHS England and UKHSA including supporting the development of the National Infection Prevention & Control Manual and the refresh of the Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance, supporting educational pathways and improvement initiatives along with presenting to regional and national peers.
- During 2022-23 the IPCT continued to work alongside the Health & Safety team to ensure Trust employees required to wear a filtering face piece (FFP3 facemask) were provided with adequate training and fit testing opportunities nationally commissioned and delivered free of charge by Ashfield Healthcare. The Trust were successful in achieving the highest percentage of staff fit tested from the Trust across England by year-end. Unfortunately, Ashfield Healthcare supporting Trusts with fit testing was time limited, ending on the 31st March 2023, subsequent solutions will need to be delivered to maintain standards but with a cost pressure.
- A Trust recommendation by NHS England in 2021 was to provide a robust digital platform with which the IPCT can function effectively, the current IPC database is on the Trust risk register and is not viable in its current state. During 2022-23 with the support of the Chief Nurse Information Officer, the IPCT drafted a business case to purchase ICNET and were successful. The implementation of ICNET is expected during 2023-24 but currently paused due to a delay in the roll out of the laboratory information management system (LIMS) shared with York and Scarborough Teaching Hospitals NHS Foundation Trust which is expected later in the year.

OTHER RISKS IN 2021-22

Mycobacteria chimaera

During 2022-23, the IPCT continued to work closely with the cardiac perfusion team to mitigate the risks associated with Mycobacterium chimaera. In 2016, following a worldwide rise in patients developing this infection following cardiac bypass surgery, the Medicines & Healthcare products Regulatory Agency (MHRA) published a medical device alert with regards cardiac perfusion machines and the risks associated with this organism. The issue was compounded in that the majority of cardiac perfusion machines were contaminated during manufacture which was only identified once a rise in cases was noted.

Since 2016, the Infectious Diseases team and IPCT have worked alongside the perfusion team and cardiac surgeons to safeguard patients, undertaken water sampling from the machines and acting on positive results, removing affected machines from use, following PHE and manufacturers guidance and if required contact tracing patients, alerting GPs and providing a follow up service to patients. Although improvements were made to the environment to facilitate safe physical decontamination and cleaning of the perfusion machines, during 2022-23 issues with Mycobacteria chimaera contamination continued. When required incident meetings have been held with the Surgical Health Group and relevant System Partners with 2022-23 providing the opportunity to explore other manufacturers of perfusion machines to mitigate the risk further.

Nationally, the risk of delaying cardiothoracic surgery now far outweighs the risk of developing Mycobacteria chimaera but until a change in national guidance is published the Trust will continue to respond accordingly when positive results are reported.

Pseudomonas aeruginosa

During 2022-23, cases of Pseudomonas Aeruginosa colonisation were detected in neonates nursed on the Neonatal Intensive Care Unit found on twice weekly screening. No bacteraemia cases have been detected on the unit since August 2018. Extensive investigation regarding a possible source related to the environment had previously taken place with no known source found. Measures to improve water safety and mitigate environmental contamination have previously taken place and all affected neonates are isolated until discharge.

Prudent communication with UKHSA and local System Partners has taken place as has ongoing screening. All samples are submitted to UKHSA for variable number tandem repeats (VNTR) profiling to enable links to be identified. This resulted in a cluster of cases on the unit being identified from June 2022 with a unique VNTR profile and linked to other isolates reported across the UK prompting UKHSA to investigate the possibility of a common source. Representatives of UKHSA and NHS England visited the unit on the 3rd February 2023 and commended the IPCT and NICU on managing this current cluster and being part of a larger outbreak management group. At the time of writing the report this remains an active investigation.

Environmental

During 2022-23, the IPCT have continued to support the annual Trust theatre maintenance programme and provide air sampling for conventional theatres both at HRI and CHH to assure the Trust of theatre air quality. In addition, air sampling of theatre environments has been provided as and when requested by the Estates & Facilities team.

During 2022-23, the IPCT have continued to support and advise on new build programmes, this is imperative from the outset of a scheme and historically focused on the clinical services utilising a new build / renovated site rather than IPCT but 2022-23 has seen an improvement in early liaison to ensure clinical environments are in line with national guidance, Infection control in the built environment (HBN 00-09).

Risk registers

During 2022-23, Trust risk registers have been reviewed to ensure IPC risks are captured and incorporated into the IPC Risk Register, updating with new risks and removing those which have been addressed. The IPC risk register is monitored via SIRC and OIRC. Risks identified following the Care Quality Commission (CQC) inspection and those highlighted when updating the IPC BAF will be included.

EXTERNAL INSPECTIONS/ VISITS

The Trust during 2022-23 at regular intervals were required to provide assurance to the CQC on a number of measures inclusive of IPC in the absence of a formal inspection regime.

The CQC announced in 2022 a return of regulatory inspections for Acute Trusts and from the 1st November 2022 the CQC commenced an inspection of the Trust with the subsequent report published on the 23rd March 2023. A summary of findings and recommendations associated with infection prevention & control include the development of systems to allow for the assessing the risk of, and preventing, detecting and controlling the spread of infections, including those that are health care associated. Services must ensure that staff adhere to infection prevention and control guidance and the environment is suitable to promote safe care and services must ensure a robust audit plan is in place and key audits are conducted including those relevant to infection prevention & control. An action plan to address these recommendations is in place and will be monitored by OIRC & SIRC.

Additional visits:

5th May 2022 – Follow up assurance visit by NHS England regional IPC team and System Partners

21st September 2022 – Visit by Andy Gardiner, Infection Prevention and Control & AMR Programmes Manager, Department of Health and Social Care & Suzie Singleton, Consultant Nurse Health Protection & IPC, Pan Regions National Lead UKHSA

3rd February 2023 – Visit to NICU by representatives from UKHSA and NHS England

SINGLE OVERSIGHT FRAMEWORK (SOF) INDICATORS 2022/23

Responsive

Indicator	Standard	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	22/23
Diagnostic Waiting Times: 6 Weeks	<=1%	36.80%	33.6%	36.1%	33%	34.8%	31.3%	28.2%	28%	34.6%	33.5%	28.4%	29.66%	
Referral to Treatment Incomplete pathway	92%	56.9%	59.8%	58.4%	58.2%	58.7%	57.9%	58.5%	59.2%	57.7%	59.3%	60.8%	61.86%	-
Referral to Treatment Incomplete 52+ Week Waiters	0	5032	4706	4928	5154	5377	5497	5510	5364	5238	4948	4638	4093	-
Referral to Treatment Incomplete 78+ Week Waiters	0	1323	1000	721	651	652	602	556	512	597	638	511	104	-
Referral to Treatment Incomplete 104+ Week Waiters	0	392	181	28	20	16	0	1	0	0	26	16	2	-
Proportion of patients not treated within 28 days of last minute cancellation	0	13	20	15	11	18	22	26	24	16	34	27	not yet published	-
A&E Waiting Times: Patients seen within 4 hours	95%	49.2%	48.9%	48.7%	47.3%	46.8%	44.3%	44.9%	41.8%	39.8%	47.2%	43.4%	44.9%	45.6
Ambulance turn around - number over 30 mins	0	21.7%	22.7%	22.7%	20.3%	21.7%	20.2%	22.3%	23%	18.8%	17.4%	19.8%	20.8%	-
Ambulance turn around - number over 60 mins	0	28.2%	29.9%	29.6%	34.4%	30.7%	44.6%	35.7%	35.2%	43.3%	23.2%	37.8%	29.8%	-
Stranded Patients (21 days)	reduction	194	180	205	189	214	256	234	213	175	238	243	228	-
Elective Admissions	-	876	1083	1064	1033	1016	1092	987	1250	950	986	1106	1175	12618
Outpatients: Followup Attendances	-	43627	48751	44289	43879	45014	44987	45052	51098	41132	49360	45686	49992	552867
Two Week Wait Standard	>=93%	83.1%	81.9%	81%	93.6%	91.5%	86.8%	93.1%	93.4%	91.9%	91.6%	93.4%	not yet published	89.21%
Breast Symptom Two Week Wait Standard	>=93%	32.7%	36.2%	46.8%	87.5%	93%	91.5%	89.4%	89.4%	82.2%	66.4%	87.2%	not yet published	72.94%
31 Day Standard	>=96%	85%	83.3%	83.9%	89.4%	84.3%	81%	80.1%	80.4%	85.2%	79.3%	83.4%	not yet published	83.21%
31 Day Subsequent Drug Standard	>=98%	96.3%	97.3%	98.3%	100%	100%	98.4%	97.2%	100%	100%	98.9%	99.1%	not yet published	98.68%
31 Day Subsequent Radiotherapy Standard	>=94%	59.1%	52.7%	57.7%	52.2%	50.8%	50%	41.3%	47.9%	44.3%	34.5%	53.9%	not yet published	49.49%
31 Day Subsequent Surgery Standard	>=94%	66.7%	72.4%	63.9%	70.2%	71%	66.7%	76.5%	70.8%	66.2%	69.2%	59.7%	not yet published	68.48%
Cancer: 62 Day Standard	>=85%	60%	58.2%	52.3%	59%	51%	49.7%	46.6%	52%	57.2%	51%	48.1%	not yet published	53.19%
Cancer: 62 Day Screening Standard	>=90%	77.3%	69.2%	58%	76.7%	61.3%	63.6%	56.2%	44.7%	75%	58%	47.2%	not yet published	62.47%
Cancer: 28 Day Faster Diagnosis	>=75%	73.5%	68.9%	75.4%	76.3%	77.9%	74.3%	72.4%	76.4%	72.6%	71.2%	80.5%	not yet published	74.49%

The Trust's position on 'responsive' remained affected in 2022/23, following national directives to cancel elective procedures and outpatient clinics in order to create capacity during the pandemic this created a back log which although improved still impacted on 2022/23 performance. Previous to the start of the pandemic, the Trust was on track to maintain 52-week breaches at two for the year, to maintain its waiting list volume to the required figure, to achieve the 2 week-wait standard for the year and achieve 2 out of 31-day cancer standards. The Trust continues to implement recovery plans in order to return to pre-pandemic levels.

Throughout the year, the Trust was not meeting the Emergency Department four-hour or ambulance handover targets. The Trust has not met the diagnostic waiting standard throughout the year and the reasons for this have been subject to detailed analysis and recovery planning. COVID-19 has affected all areas of performance, except cancer services which remained business as usual.

The 18-week referral to treatment (RTT) pathway is reported against the NHS Constitutional Standard of 92% and the Trust's position remained affected by Covid- 19 measures on clinical activity. Recovery plans and trajectories are in place in order to mitigate any risk in patient harm due to longer waits for treatment.

Safe

Indicator	Standard	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	22/23
Occurrence of any Never Event	0	1	1	0	1	2	1	0	0	1	0	0	0	7
VTE Risk Assessment	95%	-	-	81.5%	-	-	92.2%	-	-	91.8%	-	-	not yet published	88.5%
Patient Safety Alerts Outstanding (CAS)	0	1	1	0	0	0	0	0	0	0	0	not yet published	not yet published	2
MRSA Bacteraemias	0	1	1	0	0	2	0	0	1	0	1	0	not yet published	6
Clostridium Difficile	<=38 (22/23)	3	3	1	4	3	3	1	3	2	4	2	not yet published	29
Emergency C-section rate	<=12.1%	13.3%	21.6%	18.7%	20%	19%	22.7%	19.6%	22%	21.9%	19.5%	19%	22.8%	20.01%
Stroke - % of patients spending at least 90% of their time on a Stroke Ward (Best Practice Tarrif)	≥80%	72.84%	80.68%	75%	85.07%	83.56%	76%	77.63%	77.03%	80.3%	72.29%	73.68%	not yet published	77.55%
Stroke - % of patients admitted to a Stroke Ward within 4 hours via A&E	≥90%	57.5%	70.3%	61.8%	64.1%	67.6%	60.9%	71.9%	65.4%	63.9%	75%	66%	not yet published	65.8%
Stroke - TIA Service: % scanned within 1 hour (Best Practice Tariff)	improvement	48.15%	50%	40.48%	59.7%	45.21%	53.33%	43.42%	41.89%	43.94%	53.01%	40.35%	not yet published	47.33%
Stroke - TIA Service: % scanned within 12 hours (Best Practice Tarrif)	improvement	92.59%	84.09%	94.05%	91.04%	87.67%	93.33%	90.79%	97.30%	89.39%	93.98%	92.98%	not yet published	91.5%

The Trust has reported 7 Never Events this year; 5 were reported last financial year. A full investigation has taken place for each incident. The Trust has implemented more robust measures on its safer surgical checklist training, audit and policy.

The Trust was below the threshold for clostridium difficile cases and further information on infection prevention and control is given below. The Trust has maintained its position in responding to patient safety alerts throughout the year, except for April. This alert relates to 'Eliminating the risk of inadvertent connection to medical air via a flow meter'. The Trust failed to meet the stroke measures as reported in Best Practice Tariff.

Areas where further improvements are required: The Trust continues to work on its compliance with Venous Thromboembolism Episode (VTE – a blood clot) risk assessments and acknowledges that compliance needs to reach the required standard in this area. The Trust is also reviewing its emergency Caesarean Section rate – the Trust has set a stretch target to below 12.1% against a national standard to be below 15%.

Effective

Indicator	Standard	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	22/23
HSMR	< 100	140.9	104.83	108.53	118.28	130.91	122.32	122.34	104.32	124.05	108.56	not yet published	not yet published	116.7
HSMR Weekend	< 100	154.42	117.02	157.99	170.31	173.99	159.44	207.82	133.06	179.24	159.1	not yet published	not yet published	-
SHMI	< 100	114.41	113.39	112.34	112.12	110.51	109.94	109.65	108.31	not yet published	not yet published	not yet published	not yet published	108.31
Theatre Utilisation	85%	74.6%	85%	78.7%	85.4%	74.6%	82%	76.4%	87.1%	74%	76.6%	80.9%	79.2%	79.54%
30 Day Readmissions	<=8.1%	7.1%	7.9%	8.5%	8.6%	8.7%	8.6%	8.5%	8.3%	9%	8.1%	7	not yet published	8.21%

The Trust has in place a Mortality and Morbidity Committee, which is a multi-agency Committee across the Trust's Health Groups and Corporate functions including Quality Governance and the Medical Examiner Service and primary care colleagues. The Committee undertakes more detailed analysis of the factors affecting mortality and how improvements can be made against the end of life care and bereavement services. The Committee is improvement focused with presentations on key improvement work received from Health Group Medical Directors, the Quality Governance Team, and the Deputy Chief Medical Officer and from other key projects that take place as a result of actions agreed at this meeting.

The quarterly and annual Learning from Deaths Report are reviewed at the Mortality and Morbidity Committee, Quality Committee and Trust Board. Mortality and Learning from Deaths information is now also presented to the Health Group Specialty Governance Meetings, Health Group Governance Committees and work is ongoing to improve the information available to further enhance the discussions and learning at Mortality and Morbidity Meetings across all Specialties.

In 2021, the Mortality and Morbidity Committee established a Task and Finish Group to address the Trust's current Dr Foster Hospital Standardised Mortality Ratio (HSMR) outlier status as identified in the CQC Insight Report from May 2021 and to undertake some more in-depth mortality improvement work. The group is led by the Deputy Chief Medical Officer and is MDT with representation from Hull CCG and it continues to meet twice per month. The Task and Finish Group has undertaken a significant amount of work to fully understand the Trust's mortality status and how this can be improved, sustained with improved clinical outcome evidential. The Task and Finish Group has identified its priority clinical conditions to focus on initially as Sepsis, Pneumonia, Stroke, Lung Cancer. This work is ongoing.

Caring

Indicator	Standard	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	22/23
Inpatient Scores from Friends and Family Test - % positive	-	88.5%	85.5%	85.9%	85.5%	85.9%	85.2%	85.7%	86%	84.6%	85%	84.7%	not yet published	95.2%
A&E Scores from Friends and Family Test - % positive	-	64.2%	65.7%	66.3%	62.7%	67%	61.7%	64%	63.8%	62.3%	73.1%	69.8%	not yet published	73.3%
Maternity Scores from Friends and Family Test - % Positive	-	100%	100%	100.00%	Response rate too low	Response rate too low	Response rate too low	Response rate too low	Response rate too low	Response rate too low	Response rate too low	Response rate too low	not yet published	100%
Staff Surveys: FFT recommend the Trust as a place to work	-	-	-	not yet published	-	-	not yet published	-	-	not yet published	-	-	not yet published	not yet published
Staff Surveys: FFT recommend the Trust as a place for care/ treatment	-	-	-	not yet published	-	-	not yet published	-	-	not yet published	-	-	not yet published	51.7%
Written Complaints Rate	Reduction	1.20	1.48	1.39	1.05	1.25	1.07	1.37	1.28	0.97	1.34	1.33	1.22	1.25
Mixed Sex Accommodation Breaches	0	0	0	0	0	0	0	0	0	0	2			2

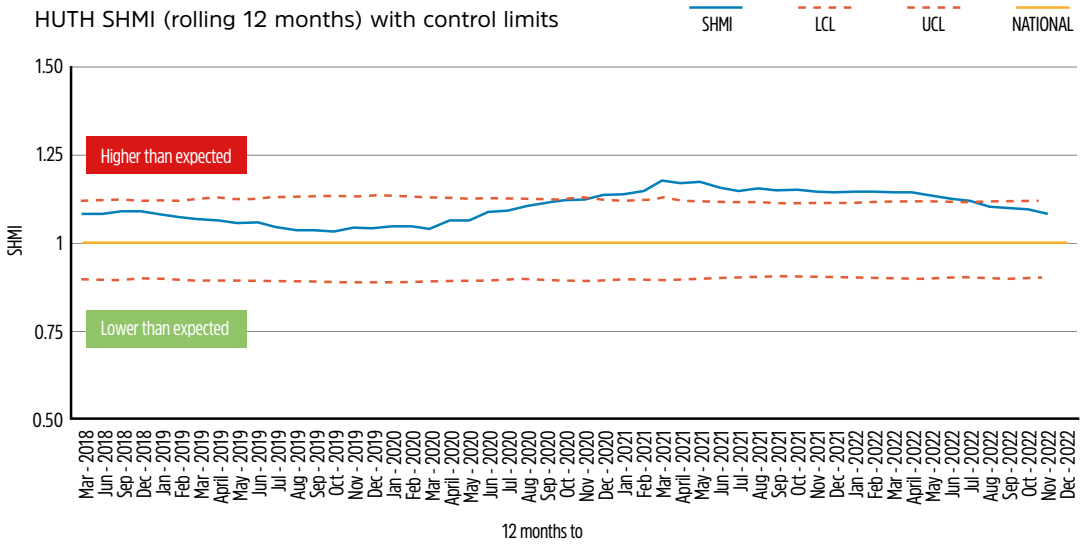
The Trust has in place a Mortality and Morbidity Committee, which is a multi-agency Committee across the Trust's Health Groups and Corporate functions including Quality Governance, the Medical Examiner Service and primary care colleagues. The Committee undertakes more detailed analysis of the factors affecting mortality and how improvements can be made against the end of life care and bereavement services. The Committee is improvement focused with presentations on key improvement work received from Health Group Medical Directors, the Quality Governance Team, and the Deputy Chief Medical Officer and from other key projects that take place as a result of actions agreed at this meeting.

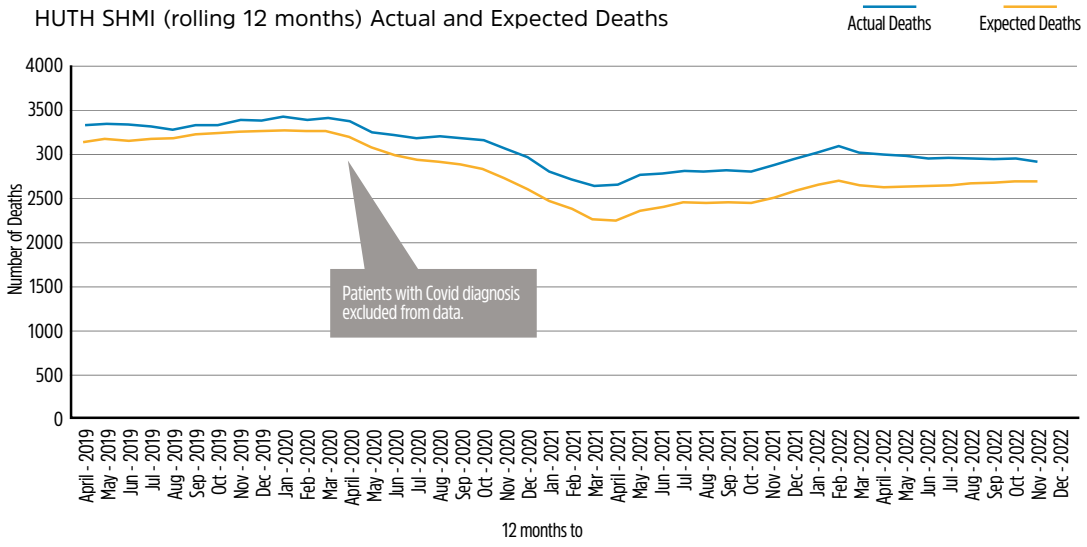
The quarterly and annual Learning from Deaths Report are reviewed at the Mortality and Morbidity Committee, Quality Committee and Trust Board. Mortality and Learning from Deaths information continues to be presented to the Health Group Governance Committees. Work continues to improve the structure and information available to further enhance the discussions and learning at Mortality and Morbidity Meetings across all Specialties, with improvements noted in Stroke, Cardiology and joint working between the Emergency Department and Medicine relating mortality and morbidity meetings and reviews.

In 2021, the Mortality and Morbidity Committee established a Task and Finish Group to address the Trust's current Dr Foster Hospital Standardised Mortality Ratio (HSMR) outlier status as identified in the CQC Insight Report from May 2021 and to undertake some more in-depth mortality improvement work. The group was led by the Deputy Chief Medical Officer with MDT with representation from primary care colleagues. It initially met fortnightly and as improvements progressed it changed its frequency to once per month to also make room for a fortnightly Sepsis Steering Group to focus on sepsis specific improvement work across the organisation. The Task and Finish Group has undertaken a significant amount of work to fully understand the Trust's mortality status and how this can be improved, sustained with improved clinical outcome evidential and continued to focus on the priority clinical conditions; Sepsis, Pneumonia and Stroke because these were the top 3 clinical conditions impacting on the Trust's HSMR and Summary Hospital-level Mortality Indicator (SHMI) outlier status. The SHMI is the ratio between observed and expected deaths (in and out of hospital). The Trust has achieved a consistent reduction in its SHMI outlier status and therefore, the Mortality and Morbidity Task and Finish Group has now stood down and returned the monitoring of mortality data and improvement work back to the Trust's Mortality and Morbidity Committee as business as usual.

HUTH SHMI Status between December 2021 and November 2022 (latest data available in line with NHS Digital)

The chart below demonstrates the reduction in the SHMI status, returning back to within control limits and as having 'expected' SHMI.

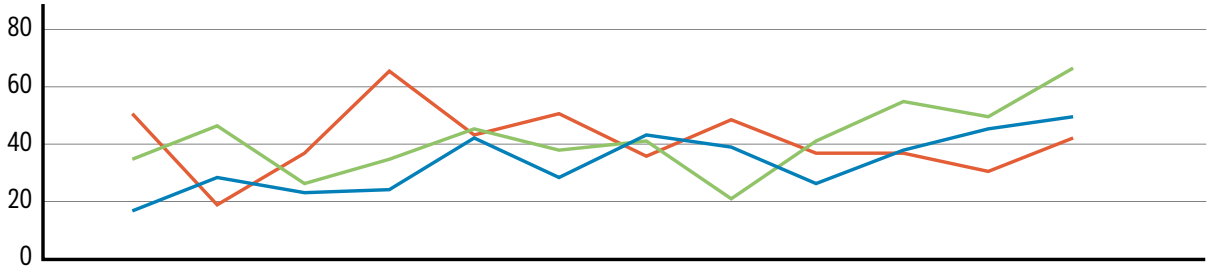




PATIENT EXPERIENCE

Complaints

Complaints Received



	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	Total
2020/21	17	29	24	25	42	29	44	39	27	38	46	50	410
2021/22	51	20	37	65	44	51	36	49	37	37	31	43	501
2022/23	35	47	27	35	46	38	41	22	41	55	50	67	504

This graph sets out comparative complaints data from April 2020 to March 2023. Complaint numbers over the past three years have increased, with the largest increase between 2020/21 and 2021/22 during the pandemic. The main reasons for the complaints are due to delays in treatment, cancellations and communication.

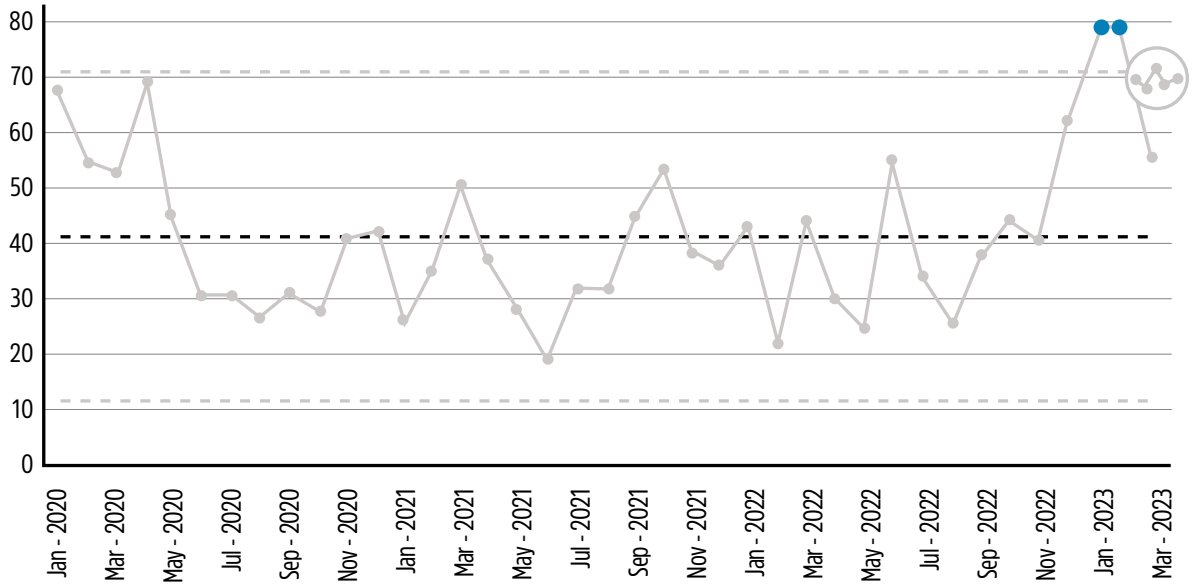
Complaints are not always reflective of activity in the month received and can often be about episodes of care that relate to several months, or even years previously.

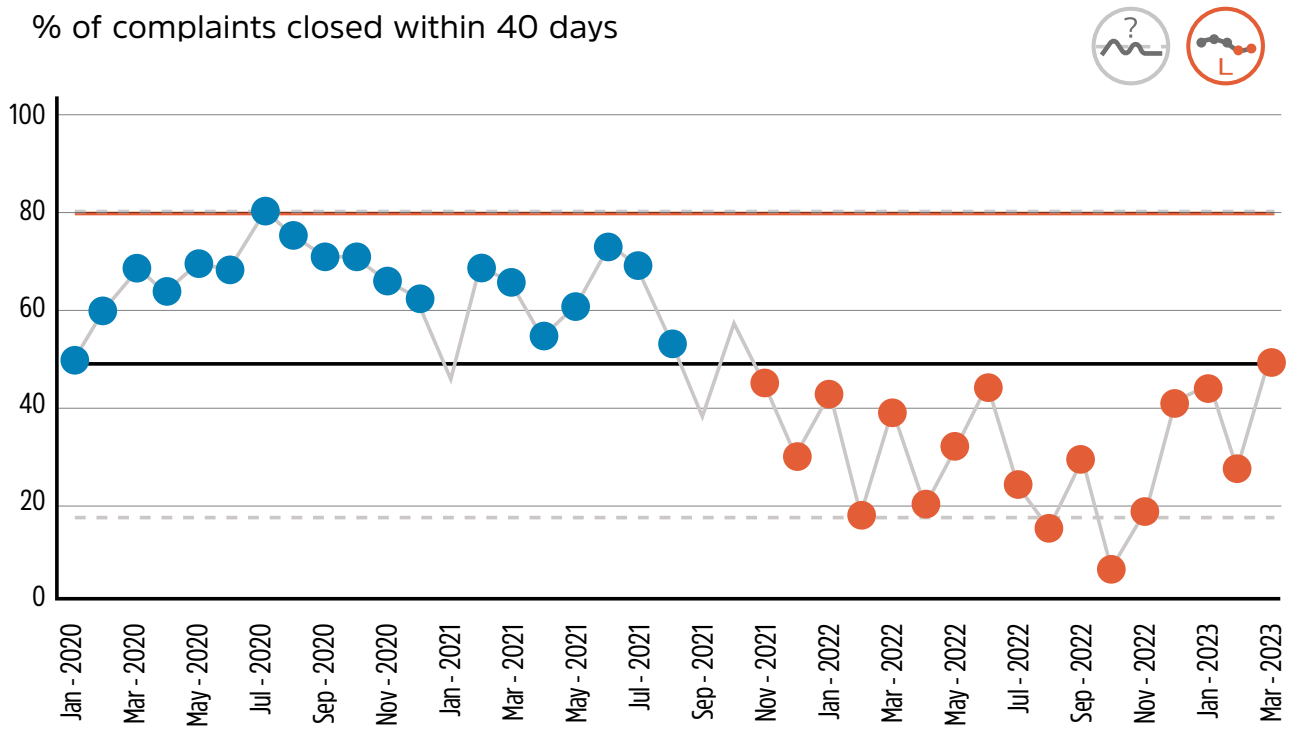
During 2022/23, 565 complaints were closed. The Trust works towards a gold standard complaint response time and aims to close complaints within 40 working days from when it was received. Unfortunately an average of 29% complaints were closed within 40 working days, this was due to resources within the Patient Experience Team, which has since been strengthened to deliver the required improvements in how the Trust responds to complaints. The complaints recovery plan was instigated in November and as you will see from the table and the charts below improvements in the closing of complaints within 40 days are noted. However, this is an ongoing area of improvement and a priority for the Quality Governance Team and the Health Groups.

Complaints closed within 40 working days (whole Trust):

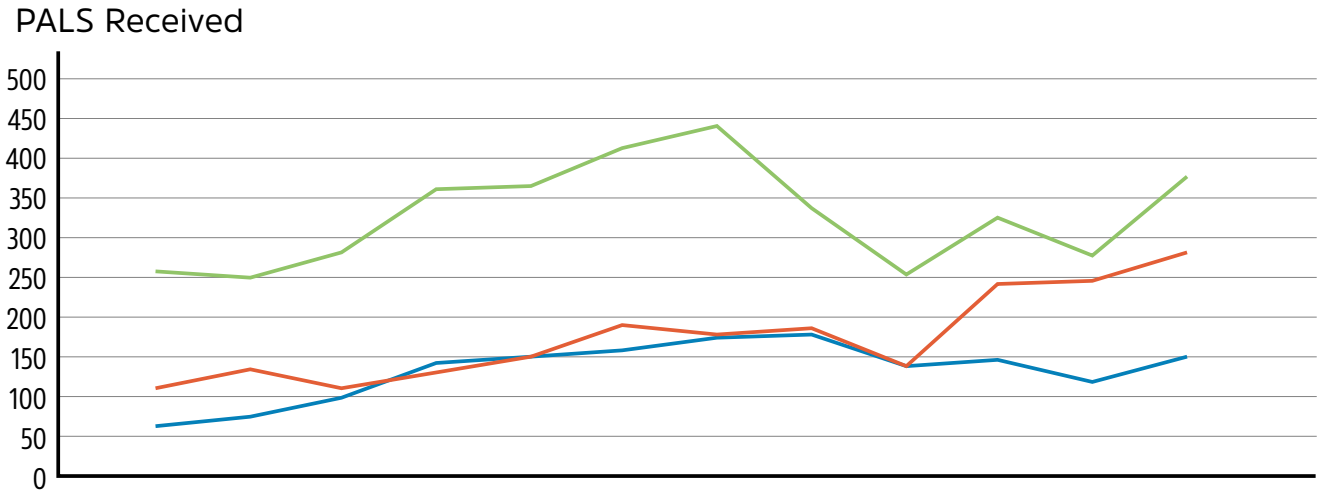
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	March	Average
20%	32%	44%	24%	15%	29%	7%	19%	41%	44%	27%	49%	**29%**

Number of complaints closed in month





Patient Advice and Liaison Service



	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	Total
2020/21	61	76	100	142	149	159	173	178	140	147	120	152	1597
2021/22	111	135	111	130	150	191	180	186	139	243	246	285	2107
2022/23	259	251	283	363	369	415	444	341	257	326	278	378	3964

The chart and table indicate that the total number of PALS concerns received by the Trust in the last three years continues to increase and has shown a 148% rise. This was to be expected as services were reinstated following the pandemic and the associated delays, waiting times and cancellations as an impact of the pandemic. However, the Health Groups and the Patient Experience Team are working to address concerns as part of the new early resolution process and are focusing on how we get it right first time for complainants. This improvement work has commenced in line with the implementation of the new Parliamentary and Health Service Ombudsman Complaint Standards.

Parliamentary and Health Service Ombudsman (PHSO)

During 2022/23, there were 8 complaints opened by the PHSO.

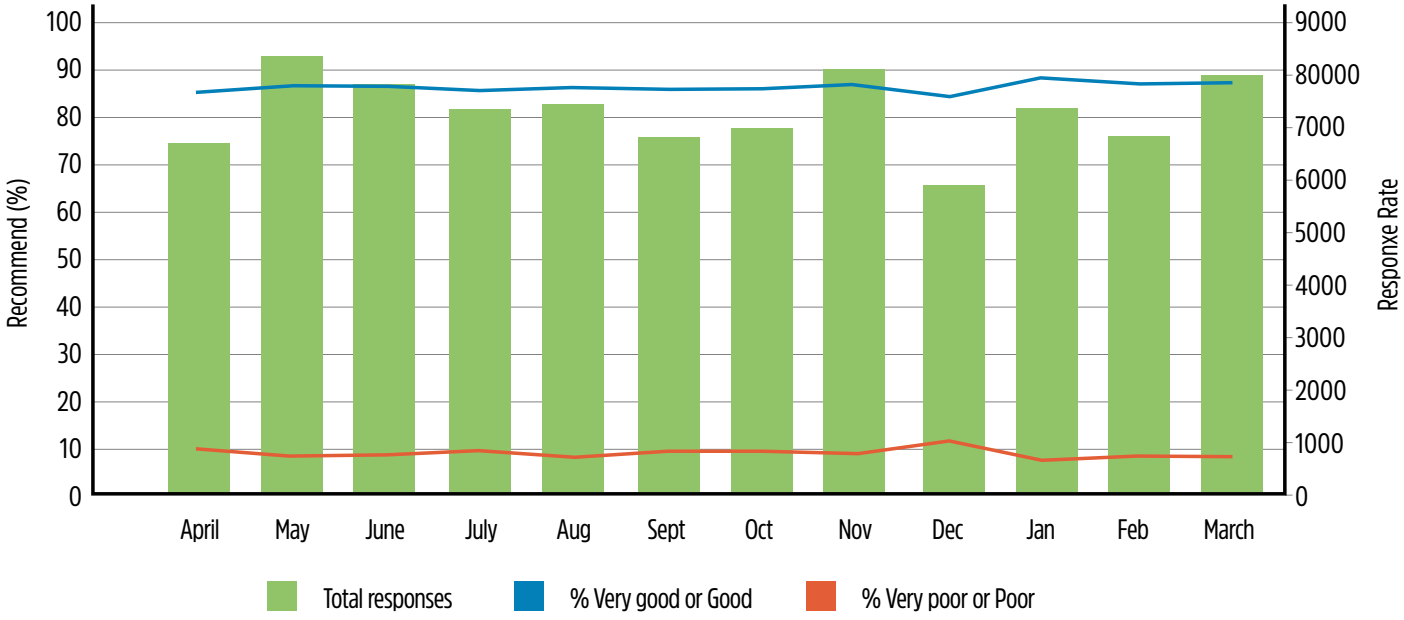
The PHSO closed 9 cases during this period, some of which had been opened in 2020-22. Of the 9 cases closed, 7 were not investigated. 1 case was upheld and 1 partly upheld and actions were recommended on these complaints, which have been shared with the complainant and the PHSO.

There are currently 9 cases still open by the PHSO, 5 of which are still under investigation, information has been received on 4 of the 9 cases to advise the PHSO will partly upheld 2 cases and 2 further cases will be upheld. Action plans are in preparation by the health groups and a financial remedy in the total sum of £3,250 has been awarded in these cases by the PHSO.

Actions identified on closed PHSO investigations includes a review of the continence policy. The Complex Rehabilitation Lead team have identified actions to produce a patient eligibility checklist to evidence the patient consultation/ discussions; produce a patient eligibility response letter template citing the commissioning policy criteria; produce MDT discussion record and for complaints to be reviewed via formal MDT discussion. These actions will be reported and monitored via the Trust's Patient Experience Sub-Committee. The Trust continues to work closely with the PHSO to learn from complaints and improve services.

Friends and Family Test 2022/2023

Trust Total Recommendation % v Response Rate



Hull University Teaching Hospitals NHS Trust offers patients the opportunity to feedback from all areas of the Trust. This includes inpatients, outpatients, Emergency Department, Day Surgery, paediatric services, Maternity services as well as specialist nurses, Bereavement services, Dementia Care radiology, audiology and Therapy Services.

The Trust has received 87,517 pieces of individual feedback between April 2022 and March 2023 from patients and their relatives. This is supporting the learning of lessons and making improvements to patient services throughout the Trust. All feedback is cascaded back through the Trust to wards and department and to the Trusts multi-disciplinary teams.

Patient results are classified as Very good, Good, neither good nor poor, Poor, Very poor or don't know.

- 86.57% of patients have said that they would be likely to recommend HUTH if they needed to receive care in the future
- 8.21% of patients have said that they would be unlikely to recommend HUTH

VOLUNTEER SERVICES

The Trust has 224 adult volunteers and 235 Young Health Champions volunteers, 8 Pat dogs in the Trust and is continuing to recruit every month.

The volunteers have dedicated 28,171 hours to the Trust between April 2022 and March 2023. Each shift for a volunteer is for a minimum of four hours. Volunteers can claim for their travelling expenses or a car-parking pass and are provided with a uniform.

The Voluntary Service's team continues to provide pastoral care to volunteers and check on them weekly if they are unwell or have not been able to volunteer. This contact is really appreciated by all volunteers, especially those who live alone or feel isolated.

New voluntary initiatives in the Trust such as the Activity Dementia Companions initiative currently consists of a pool of twenty seven volunteers who support the Dementia lead within the Trust visiting nine of our hospital wards supporting our Dementia patients and their families this role has been extremely valuable in the Trust in supporting this patient group and their loved ones. Pharmacy volunteers assist the Pharmacy team with day to day duties, enabling patients to get there medication on time on discharge. Ward communicator role, where a volunteer answers the ward or department telephone enabling patient's relatives to speak to someone on calling the wards or departments when checking on their family members.

The Trust is supporting 235 Young Health Champions aged sixteen and upwards across all hospital sites. Through the Young Health Champions volunteering programme, the Trust is offering opportunities to young people, some of whom have a learning disability, experience social difficulties, or are otherwise struggling to find employment. The voluntary service hub is now available to all young adults in the Trust for pastoral care, a place where the team can help with training modules, apprenticeship and university applications as well as a place to meet new people and find out more about what the NHS has to offer.

The Trust is engaging with over 40 Trusts learning and sharing best practice and helping to inspire the young people of the future.

QUALITY ACCOUNTS 2022/23

Each year the Trust publishes its Quality Accounts in line with NHS England requirements.

These contain the details of the quality and safety priorities for the previous year and how we performed against them. It also sets out what we aim to improve during the next financial year and how we aim to do it. The Quality Accounts are published on the Hull University Teaching Hospitals NHS Trust website by 30 June each year and this Annual Report should be read in conjunction with the Quality Accounts.

They can be accessed via https://www.hey.nhs.uk/about-us/corporate-documents/#quality-account

CARE QUALITY COMMISSION

Care Quality Commission Inspection

The Trust was inspected during 2022/23 by the Care Quality Commission.

The Care Quality Commission undertook an unannounced inspection Trust's Emergency Care, Medicine and Surgery (including Theaters) core services in November 2021 and undertook the Well-led assessment in December 2022. The report from the unannounced inspection was published in March 2023, it can be accessed via https://www.cqc.org.uk/provider/RWA

The Trust retained its overall rating of 'Requires Improvement'. Safe is rated as 'Inadequate' (due to an inadequate rating in safe for Surgery and the Emergency Department), responsive and well-led have dropped to 'Requires Improvement'; however, caring remained 'Good'.

OVERALL RATING:

REQUIRES IMPROVEMENT

Safe	Inadequate
Effective	Requires improvement
Caring	Good
Responsive	Requires improvement
Well-led	Requires improvement
Overall	Requires improvement

The following table details the ratings against each of the core services that take place at Hull Royal Infirmary:

	Safe	Effective	Caring	Responsive	Well led	Overall
Medical care (including older people's care)	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Services for children & young people	Requires improvement	Good	Good	Good	Good	Good
Critical care	Good	Good	Good	Good	Requires improvement	Good
End of life care	Good	Good	Good	Good	Good	Good
Surgery	Inadequate	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Urgent and emergency	Inadequate	Inadequate	Requires improvement	Inadequate	Inadequate	Inadequate
Maternity	Good	Good	Good	Good	Good	Good
Outpatients	Good	Not rated	Good	Requires improvement	Good	Good
Outpatients	Inadequate	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

The following table details the ratings against each of the core services that take place at Castle Hill Hospital:

	Safe	Effective	Caring	Responsive	Well led	Overall
Medical care (including older people's care)	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Critical care	Good	Good	Good	Good	Requires improvement	Good
End of life care	Good	Good	Good	Good	Good	Good
Surgery	Inadequate	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Outpatients	Good	Not rated	Good	Requires improvement	Good	Good
OVERALL	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

The CQC found areas of improvement including 51 'must do' actions (these are regulatory actions) in Trust-wide, Surgery, Medicine and the Emergency Department. In addition to this the CQC identified a further 16 'should do' actions in Surgery and the Emergency Department. The Trust has developed action plans to address the areas for improvement and continues to seek assurance and have oversight of the issues via the Safety Oversight Group which is now chaired by the Chief Executive with reporting to the Quality Committee, Executive Team, HUTH Quality Improvement Group (with the ICB) and to the CQC. An assurance programme of visits to the Emergency Department have been in place since November 2022 and Maternity was added to this programme in April 2023. A full programme of assurance work commenced from May 2023.

The CQC National Maternity Team undertook the Maternity Inspection on 15 March 2023 and concluded with the interviews with the key service leads on 17 March 2023 and Board Safety Champions on the 30 March 2023. The draft report is likely to be with the Trust in the summer.

EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE

The October 2022 meeting of the Trust Board received a report on the outcome of the Trust's self-assessment against the NHS core standards for EPRR.

A total of 64 EPRR core standards are applicable to the Trust as an acute provider. The Trust achieved full compliance against 58 of the 64 standards, and reported a 91% compliance rate, with an overall assessment of 'substantially compliant'. An EPRR action plan is in place to address areas where attention is required and to strengthen areas where the Trust is already compliant.

The Trust's annual assessment for 2022 of its preparedness in the event of a Chemical, Biological, Radiological or Nuclear (CBRN) incident resulted in a compliance rating of 'Prepared – Level 2' (Level 1 being well prepared and Level 4 being unprepared).

The Trust implemented a full incident command structure to respond to the Covid-19 pandemic in March 2020, and this was maintained throughout 2020-21 and 2021-22 to respond to the emerging variants. Infection prevention and control practices were adapted to reflect national guidance, which included staff and patient testing and use of Personal and Protective Equipment.

The Trust has participated in a series of national, regional and local exercises during the year aimed at testing the Trust's response to adverse weather conditions, flooding, cyber attacks, political protests, gas supplies threatened by international disputes, power outages and industrial action. The exercises have provided additional assurance and understanding of the resilience of the Trust to such events, whether occurring singly or as concurrent events.

An Industrial Action Planning Group was established in Spring 2023 to ensure effective planning for national, regional and local industrial action events. Planning included a table top exercise which assisted with testing the Trust's response to threatened and actual industrial action, identifying key issues and potential solutions. Lessons learned from actual events have been incorporated into planning for similar events in the future.

SUSTAINABILITY

As an NHS organisation, and as a spender of public funds, we have an obligation to work in a way that has a positive effect on the communities we serve.

Sustainability means spending public money well, the smart and efficient use of natural resources and building healthy, resilient communities. By making the most of social, environmental and economic assets we can improve health both in the immediate and long term even in the context of rising cost of natural resources. Demonstrating that we consider the social and environmental impacts ensures that the legal requirements in the Public Services (Social Value) Act (2012) are met.

GREEN PLAN

The Trust is aware of the significant impact it has on the environment and to the threat climate change poses to human health.

To this end the Trust declared a climate emergency in 2002/21 and last year the Trust board approved our green plan, titled Zero30, Becoming net zero by 2030.

This is an ambitious target and sets out a path to achieve this goal ahead of the NHS target. Hull has the second highest risk of flooding in urban area after London in England, rising sea levels in future years mean we must do all we can to mitigate climate change.

The Trust as a major employer in the local region has a responsibility to set an example in our response to climate change.

Our green plan includes objectives to:

- Reduce building emissions by 50% by 2028
- Reduce anaesthetic gas emissions by 50% by 2025
- 25% of Trust vehicles to be zero emissions by 2024
- A minimum of 10% of the award criteria for all procurement to be attributed to sustainability by 2022

The Trust has created its own website which gives further details on the Trusts objectives, a copy of the green plan

can be downloaded from the front page. www.zero30.uk.

WORK COMPLETED OVER THE LAST YEAR

The Trust completed the installation of its 5MW of solar PhotoVoltaic (PV) panels at the end of the previous financial year.

Over the course of the year the PV has exceeded forecasts and delivered over 4.7 million kWh of power, this has powered the Castle Hill Hospital (CHH) site from late spring until late autumn daytimes. Even during overcast days the PV is able to generate enough power to enable the whole of the CHH site to be supplied from the PV only.

The other work completed last year together with the PV using the £12.6M grant from the Public Sector Decarbonisation Scheme including air source heat pumps, insulation and LED lighting replacement have all helped to support the Trust goals to reduce carbon emissions.

Additional heat pumps have been installed, including the largest to date at over 450 kWh. This has been installed as a four pipe system increasing its efficiency by providing both heating and cooling simultaneously. This supplies a number of theatres, wards and office areas with all their heating and cooling requirements from a low carbon source.

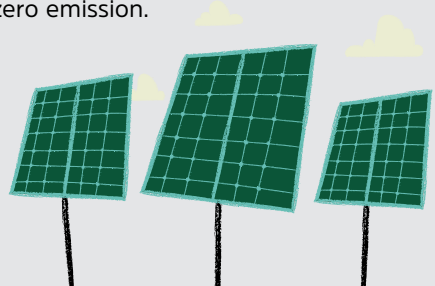
There has been a significant improvement and increase in the provision for active travel and cycle storage. Both main sites have had an additional 100 secure covered cycle storage facilities installed. These also include shower and changing facilities enabling staff more flexibility in how they choose to travel to work and enabling support of the Trust health and wellbeing agenda.

There have been a number of new park and ride options provided for staff in addition to the existing Hull park and ride service, these have been well received with over 12,000 journeys being completed across all services. The work the Trust has done around these options for staff has been recognised both locally and nationally as case studies.

Close working with both local councils has enabled a number of events to be run over the course of the year to promote and enable staff to try different types of cycles together with advice, information and low cost cycle locks.

Following winning the IHEEM award for Sustainable achievement in 2021, the Trust won the Health Business Awards Sustainable Hospital award in 2022 for the work it has done to reduce its carbon emissions and support sustainable development. The Trust was also shortlisted in the IHEEM sustainable achievement award as well as the HSJ awards in the category of towards net zero.

The EV chargers installed by the Trust last year have been well utilised by staff. The salary sacrifice scheme for car leases operated by the Trust now has over 61% of the vehicles as pure electric zero emission.



Our organisation evaluates the environmental and socio-economic opportunities during our procurement process, requesting and reviewing details from suppliers for environmental and carbon management systems, including external certifications and strategies, as part of the decision-making process.

The Trust has presented at a number of events and shared the knowledge learned over the last year particularly around the installation of solar PV, heat pumps and the reductions from Entonox.

The approach taken by the Trust around Entonox has gained a lot of interest and has been shared with many of the ICB areas with their organisations. The practices implemented has also been included in NHS guidance on reductions in anaesthetic gases and Nitrous Oxide in particular. The results from this are savings of over 3,500 tonnes from our emission in 2019/20.

This work has enabled us to make progress towards objectives set out in our green plan:

- Reduce building emissions by 50% by 2028
- Building emission have not seen a reduction in 2022/23
- A minimum of 10% of the award criteria for all procurement to be attributed to sustainability by 2022
- All tender documents have this in place
- 25% of Trust vehicles to be zero emissions by 2024
- 13% of Trust vehicles zero emissions by 2022/23
- Zero waste to landfill by 2025
- Zero waste sent to landfill in 2022/23
- Reduce anaesthetic gas emissions by 50% by 2025
- 48% reduction achieved by 2022/23
- Set and internal cost of carbon for all business cases *- Not yet in place*
- Create a fund for significant investment into net zero projects *- Not yet in place*

ADAPTATION

Climate change brings new challenges to our business both in direct effects to the healthcare estates, but also to patient health.

Examples of recent years include the effects of heat waves, extreme temperatures and prolonged periods of cold, floods, droughts etc. The organisation has identified the need for the development of a board-approved plan for future climate change risks affecting our area.

GREEN SPACE AND BIODIVERSITY

Currently the organisation does not have a formal approach to unlock the opportunity and benefits of natural capital within a healthcare environment in supporting the health and wellbeing of patient, staff and the community and to protect biodiversity.

However ad hoc work has been ongoing in the Trust, work has continued on the CHH woodland walk. This walk through the woodland at the South West corner of the CHH site first had a section approximately 150 meters to the folly. Over the last year this has been expanded and now runs almost half a mile. This gives staff the opportunity to get out into the tree belt and have a break from the office or clinical environment whilst on site. Getting out into nature and exposure to trees has been shown to have significant health benefits. The Tree walk will officially open early in the new financial year.

ENERGY

Last year the Trust experienced a significant increase in its cost of energy.

TThis was due to timing of contract renewals and increases seen in the energy markets. The cost of both gas and electricity more than doubled.

During the 2021/22 financial year the Trust was fortunate to be successful in receiving a Public Sector Decarbonisation Scheme grant for £12.6M, without this investment into the Trust estate infrastructure and energy generation the impact of the price increases would have been even more significant. The solar PV farm generated over 4.7 million kWh during the year saving the Trust over £1.5M.

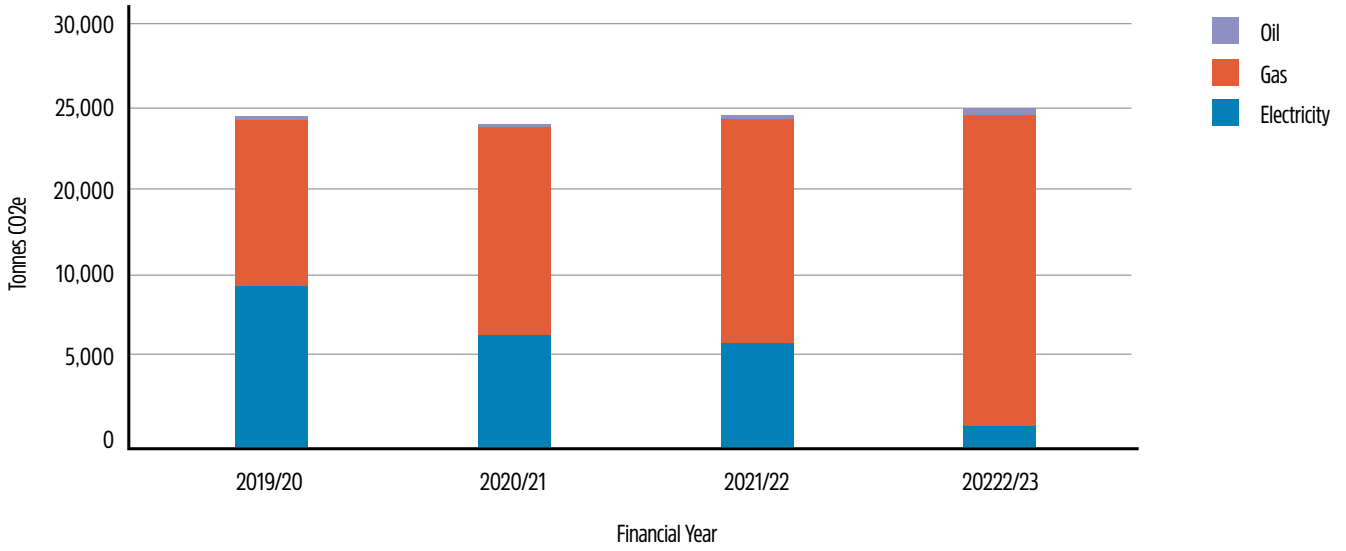
As can be seen from the figures the addition of a CHP at CHH has resulted in an increase in the amount of gas consumed but in combination with the solar PV a significant reduction in the amount of electricity purchased.

Carbon emissions have increased slightly this year. This is mainly due to the additional CHP installed at CHH site. The reductions from the improvements to the buildings have been somewhat offset with the additional buildings that have been built and made operational in the last year to help the Trust improve the delivery of patient care. There are plans in place for 2022/23 to reduce the amount of gas consumed and bring the emissions down.

Note: well to tank emissions have been included in these figures.

Energy Consumption	2019/20	2020/21	2021/22	2022/23
Electricity Use (kWh)	28,530,717	25,137,847	19,176,384	7,003,724
Gas Use (kWh)	72,996,079	79,769,461	90,028,622	108,782,621
Oil Use (kWh)	657,859	689,436	300,565	1,202,659
Total kHh	102,184,655	105,596,744	109,504,571	116,989,004

Carbon Emissions from Energy CO2e



WATER

There has been an increase in the consumption of water at the Trust, this has been from a combination of increased water use from construction together with a number of leaks across the Trust.

The leaks were found and repaired during the year, due to the monitoring of the water usage at the Trust leaks can now be detected effectively and enables the process of finding and repairing to start much sooner than without the active monitoring. Although consumption has increased the cost of the utility has also increased during the last year.

Water Consumption	2019/20	2020/21	2021/22	2021/23
Mains m3	348,674	309,451	327,438	336,579
Waste water m3	278,939	247,561	288,149	269,263

WASTE

The Trust produced at total of 3,028 tonnes of waste during 2022/23.

There has been shift in the categories of waste produced at the Trust. The largest shift being in the amount of domestic waste being sent to incineration at energy from waste plants. This has also seen an increase in volume up from 787 to 1,177 tonnes. This is something the Trust is keen to address and improve upon. The total percentage of non-healthcare waste being sent to recycling has fallen from 34% to 30%

Education of staff has been carried out by the waste monitoring team which was formed at the end of the 2019/20 financial year. They continue to educate and advise staff on the correct disposal routes. This education has changed the split in the disposal routes of the waste generated from clinical areas, greater percentages now being sent into the alternative and offensive disposal routes.

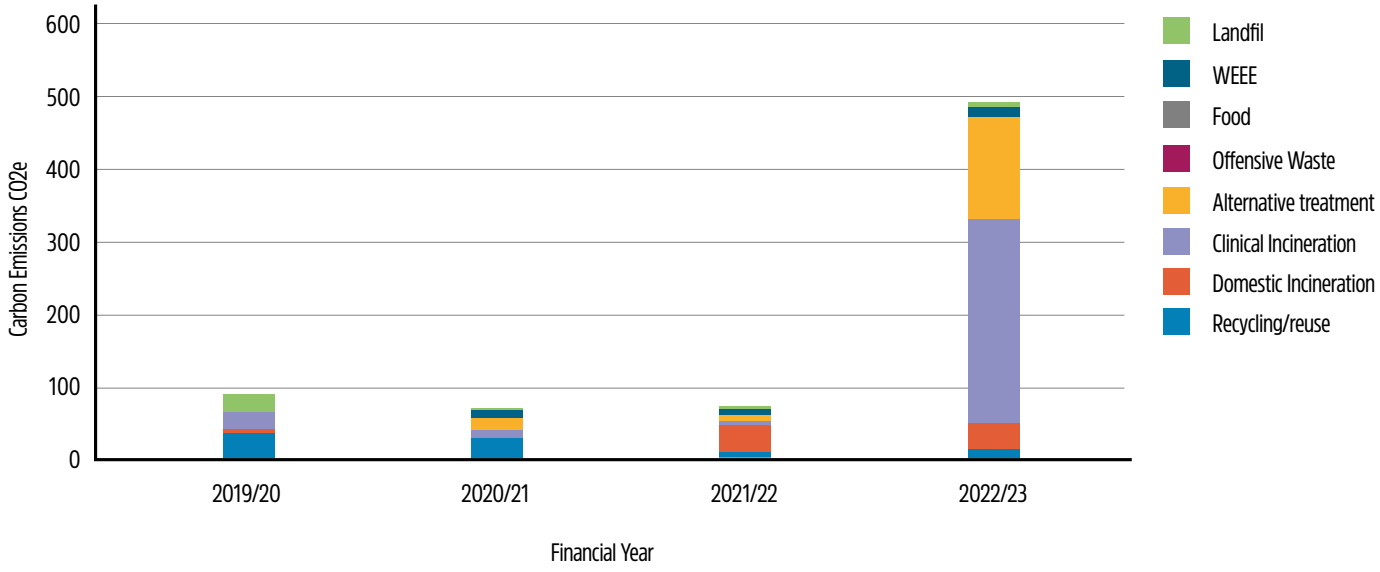
Last year's report waste figures contained an error reporting a lower figure than was actually produced. This was corrected in the Trust Estates Reporting Information Centre (ERIC) return but only after publication of the Trust annual report. The revised figures have been updated in the table and graphs below. The waste sent to recycling in 2019/20 and 2020/21 though it was processed through an off-site Materials Recovery Facility (MRF) some of the non recyclable content was sent to energy from waste plants. Accurate figures for this were not available.

The Trust is working to increase the detail and accuracy in the volumes and types of waste disposed of to better inform plans and reduce the environmental impact.

Due to a change in the factors for carbon emissions set out by NHS E for clinical waste incineration and alternative treatment this has resulted in a significant increase in emissions from these waste types. Previously Gov.uk factors of greenhouse gas reported were used, NHS E factors are 359.29 kg/t CO2e for alternative treatment waste and 901.29 kg/t CO2e for clinical incineration. This has resulted in a significant increase in the level of emissions.

Waste Tonnes	2019/20	2020/21	2021/22	2021/23
Recycling / reuse (tonnes)	1,615	1,254	432.11	548.32
Domestic Incineration (tonnes)	127	-	787	1,177
Clinical Incineration (tonnes)	1,208	304	369.55	343.32
Alternative treatment (tonnes)	-	694	336.76	353.32
Offensive waste (tonnes)	-	221	528	598.95
Food (tonnes)	-	20	25.58	33.05
WEEE (tonnes)	-	32	32	8.42
Landfill (tonnes)	45	7	6.87	-
Total Waste (tonnes)	2,995	2,532	2,517.87	3,062.38

Carbon Emissions from Waste CO2e



TRANSPORT

The Trust has been recording transport mileage and emissions for a number of years, however numerous different measurements have been used.

We are working to increase the detail and accuracy of our reporting so have included this year the quantity of fossil fuels used in the form of petrol and diesel as well as the total fleet mileage. These fossil fuels are included in the emissions figure from total mileage. We also recorded the mileage from third party providers. These are organisation who carry out services for us such at patient transport and movement of equipment and surgical instruments.

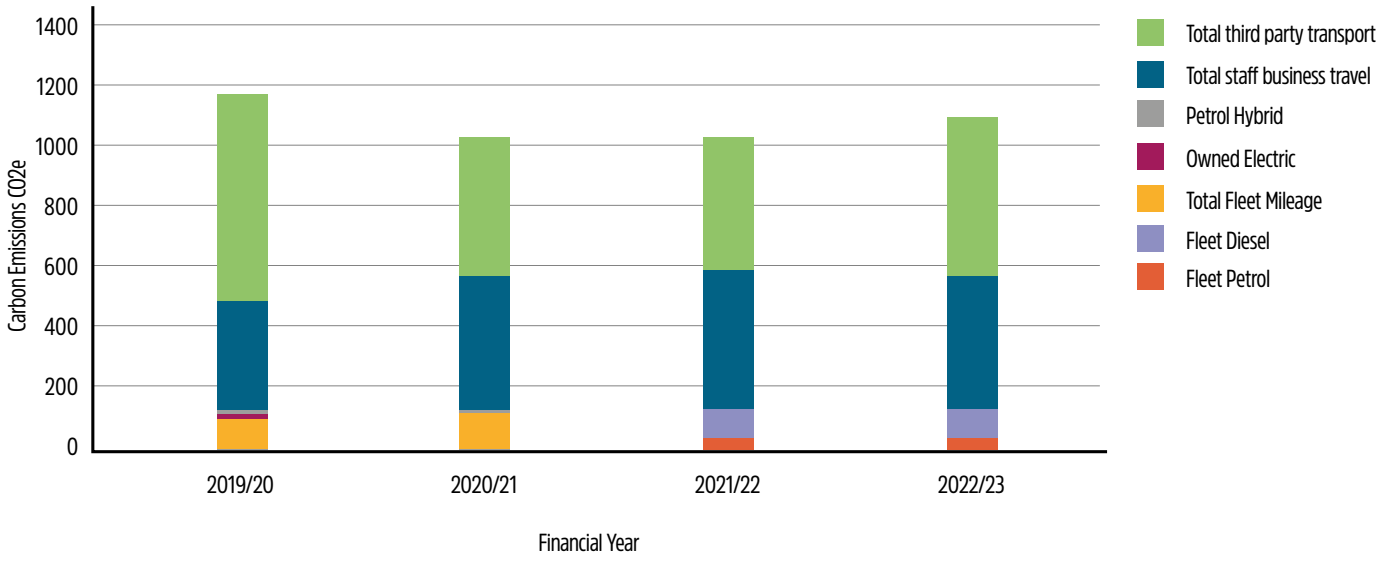
Our largest sources of emissions continue to be our scope three activities in the form of staff business mileage and third party providers. Our staff travel continues to be remain in a similar range, however our third party providers has had a significant increase of 22%. This is due to an increase in patient movements to reduce waiting times and provide access to services together with an increase in equipment and materials.

Our Trust fleet emissions have reduced in part due to the reduction in mileage as well as the improved average efficiency of the national emissions factors. As we report more detail in the figures going forwards we will be able to more accurately account for our actual fleet usage. The Trust percentage of electric vehicles has remained static for a number of years due to supply and suitability of vehicles though this will start to shift in the coming year.

Note: well to tank emissions have been included in these figures. Total fleet has been replaced with the fuel type data for 2021/22 and 2022/23.

Trust Transport Mileage	2019/20	2020/21	2021/22	2022/23
Fleet Petrol (litres)	-	-	10,031	8,030.9
Fleet Diesel (litres)	-	-	26,416	25,160
Total Fleet Mileage (miles)	246,237	254,081	265,298	247,687
Total Staff Business Travel (miles)	1,316,176	1,584,615	1,692,937	1,612,742
Owned Electric (miles)	26,829	25,777	26,854	36,750
Petrol Hybrid (miles)	-	75,185	66,765	68,829
Total Third Party Transport (miles)	1,695,367	1,187,363	1,135,356	1,463,727

Carbon Emissions from Transport CO2e



ANAESTHETIC GASES

Acute Trusts are the largest contributors to anaesthetic gas use within the NHS.

These gases have a significant impact on the environment many times higher than carbon dioxide (CO2). One, desflurane has a global warming potential of over 3,000 times that of CO2 so me must ensure we use these gases responsibly. Use of these gases is important for the care we provide to our patients but there are opportunities to manage its use to ensure we use it as effectively as possible and to look for techniques and technologies that allow us to reduce the environmental impact while not compromising patient care.

As can be seen in the table below we have seen a second year of reduction in our emissions from anaesthetic gases. The work implemented in the use and reduction in leakage of Entonox which started mid last financial year has continued and shown a continued reduction. Our emissions from Entonox in maternity are now less than 900 tonnes per year from a peak of over 4,400 in 2019/20 reducing emissions by over 3,500 tonnes per year. When compared to the number of births per year this now places the Trust as one of the lowest CO2e emissions per birth in England.

We saw a small increase in sevoflurane this year, this was a return back to pre covid levels combined with the removal of desflurane meaning a switch from one high emissions drug to the preferred lower emissions drug.

From the 31st March 2021 the Trust stopped purchasing desflurane, the remaining product was registered as a sign out drug. The data shows the remaining product being used up within the Trust. All remaining stock was used within the year. Currently returning of product results in its release to atmosphere as it cannot be resold.

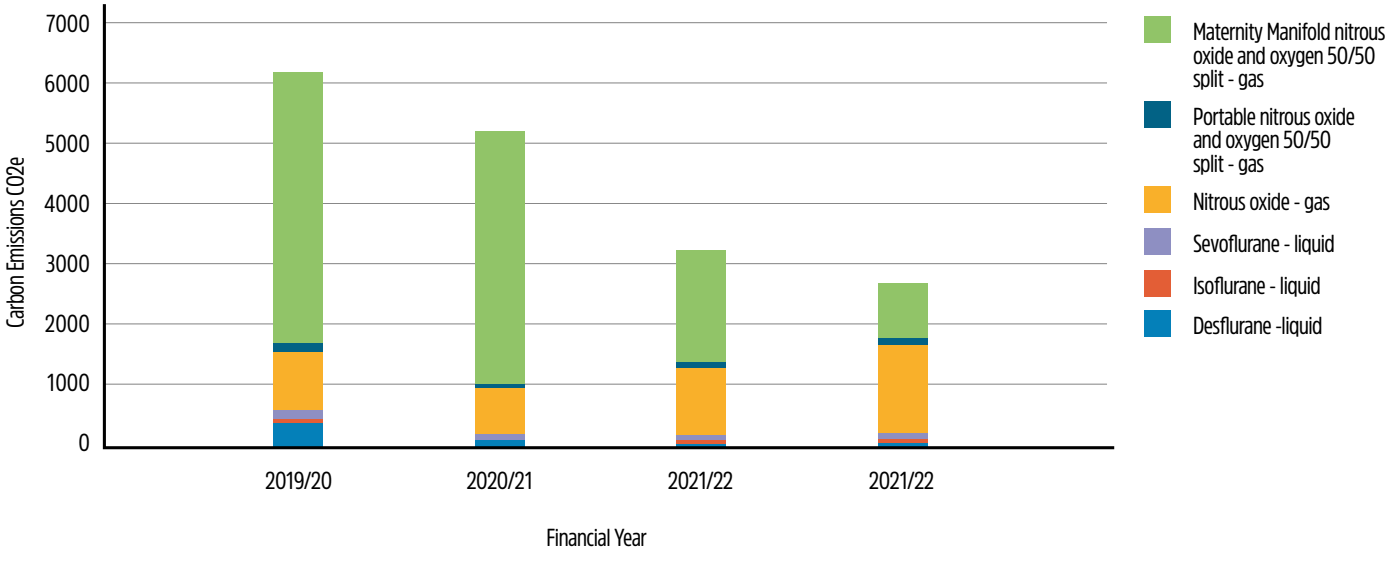
The Trust has commenced work on the usage of nitrous oxide, this is now our highest source of emissions from anaesthetic gases. In addition we saw an increased usage of 36% in the last financial year. From the work done to establish usage around the Trust we do not believe this is clinical usage but instead from leakage. A plan is in place to decommission the nitrous manifolds around the Trust moving to a mobile nitrous supply for those few areas that still require it. Longer term the Trust will look to phase out nitrous in the majority of locations.

The reductions in usage from anaesthetic gases has not only reduced emissions but has also saved the Trust over £110,000 per annum compared to our usage in 2018/19.

There is more work to do but the Trust has made great progress towards lowering its emissions from anaesthetic gases. The engagement and support of both the anaesthetic teams, support services and midwives have been instrumental in bringing about these changes.

Anaesthetic Gases Volume	2019/20	2020/21	2021/22	2022/23
Desflurane - liquid (litres)	112	39	19	6
Isoflurane - liquid (litres)	72	11	53	50
Sevoflurane - Gas (litres)	701	322	550	644
Nitrous oxide - gas (litres)	1,735,200	1,312,200	1,962,000	2,682,000
Portable nitrous oxide and Oxygen 50/50 split gas (litres)	492,800	331,100	426,300	414,400
Maternity Manifold nitrous oxide and Oxygen 50/50 split gas (litres)	15,960,000	14,640,000	6,645,000	3,130,000

Carbon Emissions from Anaesthetic gases CO2e



ELIMINATING MIXED-SEX ACCOMMODATION (EMSA)

Declaration Of Compliance 2022/23

Hull University Teaching Hospitals NHS Trust is able to confirm that mixed sex accommodation has been virtually eliminated in all of its hospitals.

Every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. Hull University Teaching Hospitals NHS Trust is committed to providing every patient with same gender accommodation to help safeguard their privacy and dignity when they are often at their most vulnerable.

The Trust is able to confirm that mixed gender accommodation has been virtually eliminated in the Trust. There has been one breach in 2022/23, but on the whole patients who are admitted to any of our hospitals will only share the room where they sleep with people of the same gender. In addition, same gender toilets and bathing facilities will be as close to their bed area as possible.

Wards within the Trust are grouped according to their clinical specialties. This allows patients with similar conditions to be cared for in one area with staff that are experienced in this type of care. This means that men and women may be on the same ward but will not share sleeping, bathing or toilet facilities.

There are some exceptions to this. Sharing with people of the opposite gender will happen sometimes. This will only happen by exception and will be based on clinical need in areas such as intensive/critical care units, emergency care areas and some high observation bays. In these instances, every effort will be made to rectify the situation as soon as is reasonably practicable and staff will take extra care to ensure that the privacy and dignity of patients and service users is maintained.

How well are we doing in meeting these standards?

The Trust has made physical changes to many inpatient accommodation areas to provide privacy screening/partitioning and additional toilet and bathing facilities.

Toilet and bathroom signage has also been improved and this work continues. New ward accommodation that has been built in the last 12 months has maintained single-sex standards.

The Trust is required to report any breaches of the Eliminating Mixed Sex Accommodation (EMSA) standards to its commissioners. The Trust can be subject to a financial penalty of £250 for each of these breaches. In 2022/23, there was one breach of the standards, this was on ward C27 due to unavailability of beds. The patient was moved the next day as a priority.

The Trust has not received any contacts through its Patient Advice and Liaison Service (PALS) or any formal complaints relating to mixed sex accommodation concerns during 2022/23.

Information For Patients And Service Users

‘Same gender-accommodation’ means:

- The **room where your bed is** will only have patients of the same gender as you, and;
- Your **toilet and bathroom** will be just for your gender, and will be close to your bed area

It is possible that there will be both male and female patients on the ward but, apart from a few exceptions for clinically-justifiable reasons such as in intensive care or high dependency areas, they will not share your sleeping area. You may have to cross a ward corridor to reach your bathroom, but you will not have to walk through sleeping areas that are designated for people of the opposite gender to you. You may share some communal space, such as day rooms or dining rooms, and it is very likely that you will see both men and women patients as you move around the hospital (e.g. on your way to X-ray or the operating theatre).

Also, it is most likely that visitors of the opposite gender will come into the room where your bed is, and this may include patients visiting one other. It is almost certain that both male and female nurses, doctors and other staff will come into your bed space/area.

If you need help to use the toilet or take a bath that requires special equipment to help secure your care and safety (e.g. you need a hoist or special bath), then you may be taken to a “unisex” bathroom used by both men and women, but a member of staff will be with you, and other patients will not be in the bathroom at the same time as you.

The NHS and Hull University Teaching Hospitals NHS Trust will not turn patients away just because a “right-gender” bed is not immediately available for them. The patient’s clinical need(s) will always take precedence.

What do I do if I think I am in mixed sex accommodation?

If you think you are in mixed accommodation and shouldn’t be then please speak with the nurse in charge of the ward or area. This will be taken extremely seriously by staff and action will be taken to explain the reasons behind this and assurance will be provided that you will be moved to a same gender area/bay as soon as is reasonably practicable.

The Trust also wants to know about your experiences. Please contact the Patient Advice and Liaison Service (PALS) on telephone 01482 623065 or via email at: hyp-tr.pals.mailbox@nhs.net if you have any comments or concerns about single gender accommodation. Thank you.

Signed:

May 2023

Sean Lyons,
Chairman

Chris Long,
Chief Executive

GREAT FUTURE

Despite the many challenges of 2022/23 it has been a positive year for Quality Improvement at HUTH.

QUALITY IMPROVEMENT FRAMEWORK

The Trust has become a Quality, Service, Improvement and Redesign (QSIR) Faculty ensuring we have to create a fair and just culture where learning and continuous quality improvement (CQI) are at the heart of our approach to providing care.

QSIR training has now been embedded across the organisation, we have equipped colleagues with the skills to undertake quality improvement projects.

Clinical and non-clinical staff have undertaken the programme and have implemented a number of key initiatives such as:

- Working with NHS England and NHS Improvement (NHSE/I)
- Delivering a 'train the trainer' model so the QSIR programme is self-sustaining.
- Holding joint celebration and learning events.

URGENT AND EMERGENCY CARE IMPROVEMENT WORK

There are a number of improvement actions in place following the CQC inspection in October 2023, these include:

- Implementation of a new Ground Floor model to improve flow
- Implementation of a dedicated Mental Health Assessment area
- Review of digital records in ED to simplify training for staff and to ensure staff have greater visibility

EQUALITY, INCLUSION AND DIVERSITY

Equality Objectives 2022-26

The Trust's equality objectives 2022-26 are:

- To work with our partners and stakeholders to improve health outcomes by developing a better understanding of the local variations in access to and experience of treatment by the Trust.
- To build an inclusive, positive environment for all staff, free from discrimination.
- To ensure our leaders have the capacity and capability to support, empower and enable staff.

RESEARCH DEVELOPMENT AND INNOVATION

The ambitious HUTH R&I Strategy seeks the creation of a well-led 'research active and aware' workforce enabling high quality care for every patient through research opportunities.

To achieve this, it is fundamental that there are mechanisms to increase our capacity and capability for research in order to recruit and retain remarkable staff and high-quality researchers and develop the research potential further in all professional groups, service users and carers.

The number of patients receiving NHS services provided or sub-contracted by Hull University Teaching Hospitals NHS Trust in 2022/23 that were recruited during that period to participate in research approved by a research ethics committee or Health Research Authority was 7,771.

CLINICAL RESEARCH NETWORK

National Institute for Health Research portfolio:

7,260 participants were recruited into 165 National Institute Health Research (NIHR) portfolio adopted studies. Specifically, we would like to highlight the following:

- Participant recruitment for 2022-23 is 68% above the target set by our clinical research network (Yorkshire and Humber) representing notable value for money and impact on the local community.
- Our overall portfolio recruitment for 2022-23 ranked the Trust third in Yorkshire and Humber behind only Leeds and Bradford in terms of Teaching Hospital performance.
- The Trusts commercial activity is also ranked third highest in the network with 40 studies, showing a commitment to delivering the CRN 'Managed Recovery' for the Life Sciences Industry post-pandemic.
- Respiratory Diseases was the top recruiting specialty in the Trust's portfolio with the 'Hull Lung Health' and a broad range of interventional drug studies.
- The Trust continues to deliver a broad research portfolio with 165 active and open portfolio studies – again, ranked third highest in the network.
- Notable activity areas to highlight include; Gastroenterology and Haematology (ranked 2nd across Yorkshire and Humber), Diabetes, Renal, Paediatrics and Hepatology (ranked 3rd across Yorkshire and Humber), Cancer, Trauma and Emergencies (ranked 4th across Yorkshire and Humber).

We feel sure that the ongoing delivery of our Research and Innovation Strategy (and continued pursuit of this throughout the pandemic) has contributed to this notably strong performance in 2022-23. In particular, we are also aware of the significance of the step-wise increase in Trust-led research undertaken nationally, which is providing the catalyst for the Trust's planned expansion of research capability and capacity. This commitment to research and innovation is underlined by our Trust Strategy with 'Ground breaking research' one of the four cornerstones setting the agenda for our annual objectives and every support is given to our operational teams to ensure that they are delivered. Each cornerstone is part of a wider story about what we stand for and what that will mean in years to come for our Trust, the people we care for and the whole community.

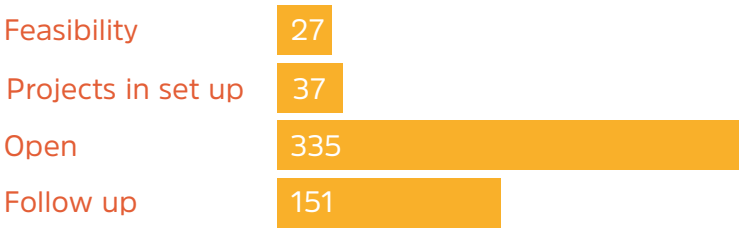
R&D SUMMARY DASHBOARD 2022-23

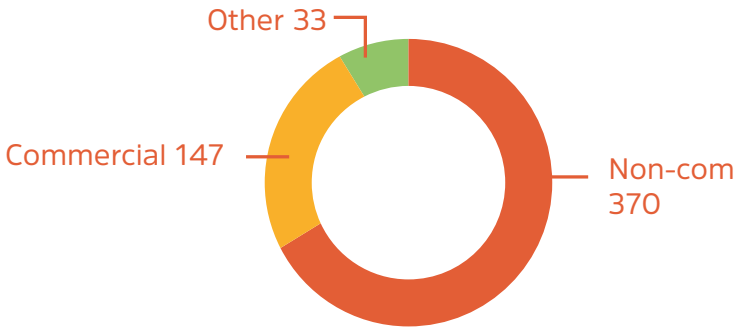
7772 patients were recruited in **2022/23**

Top 5 Contributors

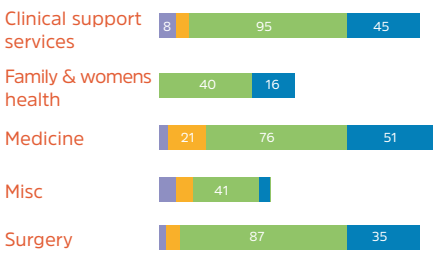
- Respiratory **4.74K**
- (Blank) **632**
- Gastro **343**
- Vascular **272**
- Infectious Diseases **242**

550 Projects are currently being assessed for feasibility,set up, open, or in follow up.

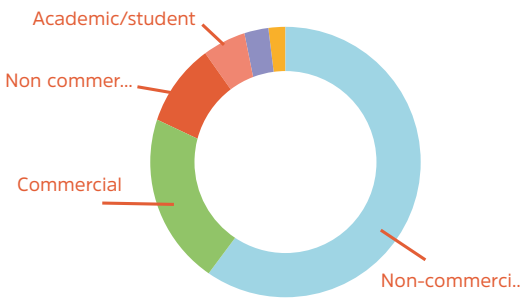




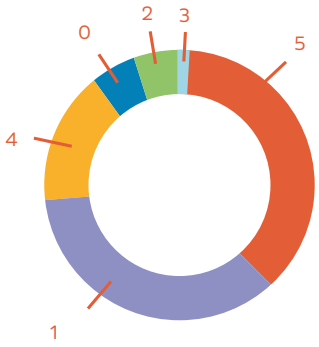
What is the status of our projects by clinical area?



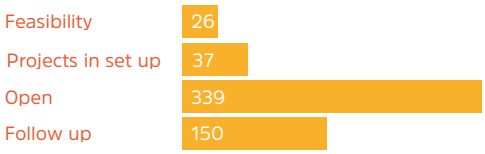
What is the split of our projects by type?



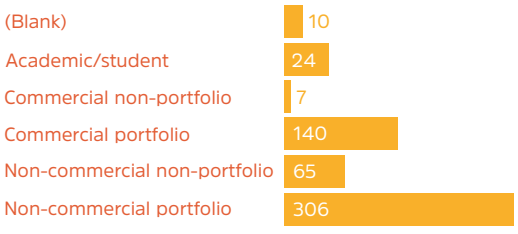
What is the split of our projects by IRAS category?



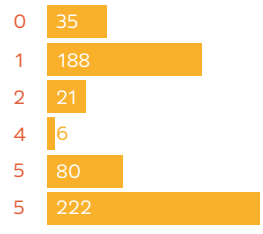
Project status



Project Type



IRAS Category



CELEBRATING RESEARCH SUCCESS IN 2022-23

- ## Renal Research leads national trial:

The STOP ACEi Trial led by Professor Sunil Bhandari, is a long awaited landmark RCT trial funded by the NIHR and sponsored by Hull University Teaching Hospitals NHS Trust that completed in 2022-23. It was performed in 37 UK hospitals and has shown that in advanced and progressive chronic kidney disease that stopping Ace inhibitors or angiotensin receptor blockers does not lead to any benefit in kidney function, such as delaying the need for dialysis or transplantation, and could deprive patients of the cardiovascular benefits of these drugs.

- ## Success for HUTH's Academic Vascular Research Unit:

Our Vascular Research unit, led by Prof Ian Chetter, had tremendous success at the Vascular Societies' Annual Scientific Meeting, (Brighton 23rd – 25th November 2022) showcasing some of their fantastic work. Amongst several successes- Ross Lathan won the VERN Dragons' Den Prize 2022 and was awarded £3000 towards his project on: Prevention of Surgical Site Infection: an international pan specialty survey of practice.

- ## Paediatric Research Team successful recruitment to vaccine study:

The team were extremely proud to be running the Trust's first paediatric commercially funded RSV vaccine trial in 2022-23 and exceeded target recruitment. RSV (Respiratory Syncytial Virus) is one of the leading causes of hospitalisation in all infants worldwide. It affects 90% of children before the age of two. This study evaluated the effectiveness of nirsevimab, a monoclonal antibody vaccination. RSV often causes only mild illnesses, like a cold. Yet, for some babies, it can lead to more severe lung problems such as bronchiolitis and pneumonia. The team surpassed the recruitment target of 50, and managed to enrol 59 infants to the trial. They finished the year 3rd in the recruitment tables for the region, against some of the large children's hospitals. ensuring opportunities for children to benefit from research is maximised. The future aim is to provide every child/baby the opportunity to participate in clinical research and by doing so contribute to improving the diagnosis, treatment and outcomes for themselves and others.

- ## Participant in Research Experience Survey:

Every year, the NIHR Clinical Research Network asks thousands of research participants to share their experiences of taking part in research. The Participant in Research Experience Survey (PRES), aims to put participant experience at the heart of research delivery. Responses from our research participants demonstrate improvements year on year, and this year's responses to date are no exception. 98% of our HUTH research participants feel that they are fully prepared for their research experience by HUTH research staff and feel valued when taking part in HUTH research.100% of our HUTH research participants feel they are always treated with courtesy and respect by HUTH research staff and 96% of our HUTH research participants would take part in further research trials.

PROGRESS ON KEY STRATEGIC PRIORITIES IN 2022-23

- ## Significantly increasing Trust-led research undertaken nationally:

As our research activity and workforce capacity incrementally expand, our success in securing externally funded grant income from the NIHR continues. We can now boast to lead multi-centre national research in the areas of Vascular Surgery, Gastroenterology (IBD and Hepatology), Renal, Orthopaedics, Respiratory, Infection and Haematology and Cardiothoracic Surgery and Rehabilitation.

- ## Establishing research programmes with the potential to positively impact our key performance and quality indicators:

HUTH is currently supporting the set-up of the 'Born and Bred in' (BABi) study which originates from the work of Bradford Teaching Hospitals Trust. The BABi study is a data linkage birth cohort study supporting the review of to the health and wellbeing of families across our region. This study offers fantastic potential to; assess the determinants of childhood and adult disease, assess the impact of migration, explore the influences of pregnancy and childbirth on subsequent health and generate further research work that has the potential to improve health for some of the most disadvantaged within our society. External support funding has been secured for this initial work and discussions are ongoing with maternity services and external partners (UoH and Hull City Council) about how we can maximise the benefits of this cohort work.

- ## Exploiting our research potential:

A concerted effort by our local partners (Hull York Medical School and University of Hull) to bring together all key stakeholders to embed a pipeline of PET-CT research is gathering momentum with one study with an international commercial company in the final stages of setup.

- ## Increasing research capacity in our workforce

The Trust continued to work towards securing additional research capability and capacity. Areas supported by additional funding in 2022-23 include; Surgery, Imaging, Pathology, Pharmacy Paediatrics and Reproductive Health.

- ## Research Workforce Strategy

In 2022-23, the 4 RDI funded Clinical Research Fellows continue to work on the delivery of research programmes (including endometriosis, wound management and cardiothoracic rehabilitation). 5 nursing staff have had successful applications to PG Cert Research Courses that commenced in September. The UoH/HYMS HUTH PhD Scholarship programme currently supports 4 applicants with projects commencing in the areas of ultrasound services, plastic surgery/infection and wound management, physiotherapy and liver disease.

- ## Research communications and engagement strategy

A monthly meeting of the RDI and Communication Teams has been established to ensure our website and newsletter content is regularly reviewed and to share successes and achievements. The RDI newsletter was launched in November and a number of participant engagement videos are available on our website: Research, Development and Innovation – Hull University Teaching Hospitals NHS Trust and Research Stories – Hull University Teaching Hospitals NHS Trust. An annual 'Research Celebration Event' has been established providing a platform to showcase the fantastic research undertaken across the Trust, the University of Hull and Hull York Medical School.

- ## Exploiting our innovation potential:

As part of joint University of Hull (UoH) and Trust initiative, Aarthi Rajendran, commenced in post as 'Health Innovation Manager' in April 2022. Aarthi is crucial in identifying our collective innovation assets as well as pulling together the prioritisation of innovation projects that would harness the academic and clinical synergies of our partnerships. Projects and themes emerging over the last year include; 3D anatomical printing, virtual wards, rehabilitation, use of AI in clinical radiology and simulation training and mobile healthcare technology solutions.

- ## Proactive Partnerships:

Northern Lincolnshire and Goole (NLaG) – in parallel to the provision of plans to ensure HUTH and NLAG clinical pathways and synergies are realised, the RDI Teams at both organisations have commenced informal dialogue about how we might pool resources, expand research programmes across both sites (increasing inclusion opportunities for patients in research) and streamline governance pathways. This work will also be critical to our respective and joint influence within the research and innovation strategies of the emerging Humber and North Yorkshire ICS.

- ## University of Hull/Hull York Medical School

The Trust continues to support the UoH/HYMS implementation of the 'Clinical Sciences Centre' that aims to provide a platform within the HYMS faculty of Health Sciences for the HUTH clinical researchers and healthcare professionals and the opportunities to work with scientists and healthcare researchers of the University of Hull from a range of disciplines to address some of the major challenges in clinical medicine. Within this infrastructure, a forum for peer-to peer discussions across clinical and academic researchers has been established to further nurture cross and inter institutional collaboration, explore all potential opportunities, develop co-ordinated strategic business cases for further resource-manpower investment, discuss and agree on strategic approaches on the clinical research priorities of the partner institutions, as well as reflecting on, and promoting, our collective outputs and achievements.

- ## Patient Finder (IQVIA)

Working with IT colleagues and the commercial company IQVIA, the RDI Office have been working on a 'Patient Finder' initiative to explore the use of their research services and trial matching solutions to optimise research as a treatment option for many more patients in our Trust. As well as saving valuable hours of pre-screening that is currently done manually, this will allow us to ensure everyone eligible for certain studies have the opportunity to consider participation.

- ## Donate For Research Initiative (DRI)

The RDI Office continues to work with the DRI to support the use of otherwise surplus tissue and bio-samples to researchers globally in the academic or commercial sector. It is hoped this will be a vehicle to increase the understanding of research in frontline clinical staff as well as communicating how patients can support research as part of their routine clinical pathways. To date, two projects (ENT, Haematology) have been facilitated with several more across interested specialties planned in 2023-24.

- ## BAME and Research Ready Communities initiatives –

Work led by Jenny Ubi is looking at how best we can provide opportunities to engage BAME and socially deprived communities in research participation. Working alongside the NIHR Ethnic Minority Research Inclusion (EMRI) colleagues, Jenny continues to make a real impact in this area and is working closely with the commercial research companies to ensure BAME representation is increased.

NHS
Hull University Teaching Hospitals
NHS Trust

ACCOUNTABILITY REPORT

ANNUAL REPORT 2021/22

CORPORATE GOVERNANCE REPORT

DIRECTORS REPORT

Sean Lyons has been the Chair of the Trust in 2022/23 and is also the joint Chair with Northern Lincolnshire and Goole Hospitals NHS Foundation Trust. Sean commenced as Chair in February 2022.

The Trust Board comprises the Chairman, five voting Non-Executive Directors, 2 non-voting Non-Executive Directors, 5 voting directors and 4 non-voting directors. The directors with voting rights are the Chief Executive, Interim Chief Nurse, Chief Financial Officer, Chief Medical Officer and Chief Operating Officer.

The 3 non-voting members of the Executive Team are the Director of Workforce and OD, the Director of Strategy and Planning the Director of Quality Governance and the Joint Chief Information Office.

Four Board members have a clinically related background. These are the Chief Nurse, the Chief Medical Officer, 1 Non-Executive Director and 1 Associate Non-Executive Director.

TERMS OF OFFICE OF NON-EXECUTIVE DIRECTORS

The Non-Executive Directors were appointed to the Board by NHS England/Improvement.

Non-Executive Directors can be appoint for a maximum of 3 terms (up to 9 years). There is one exception as the Trust is a NHS organisation with a significant teaching commitment it appoints one Non-Executive Director from the University of Hull.

Terms of office, Non-Executive Directors

Name	Title	Term 1	Term 2	Term 3
Sean Lyons	Chair	1 February 2022 and end on 31 January 2025		
Stuart Hall	Vice Chair/ NED	01.01.15 to 31.12.16 Extended to 30.06.17	01.07.17 to 30.09.19	01.10.19 to 30.09.23 (takes to 8 yrs 8 mths)
Tracey Christmas	NED/SID	06.07.15 to 31.07.17	06.07.17 to 30.09.18 Extended to 30.09.19	01.10.19 to 30.09.21 (takes to 6 yrs 2 mths) Extended 31.07.23
Tony Curry	A/NED NED	01.04.19 to 31.03.21 01.10.19 to 30.09.21 (takes to 2 years)	01.10.21 to 30.09.23 (takes to 4 years)	
Mike Robson	NED	01.04.20 – 31.03.22 (takes to 2 years)	01.04.22 – 31.03.25 (takes to 4 years)	
Una McLeod	NED	01.04.20 – 31.03.21 (takes to 1 year)	01.04.21 – 31.03.23 (takes to 3 years)	01.04.23 – 31.08.24 Extended 01.02.23
Linda Jackson	A/NED	01.04.20 – 31.03.22 (takes to 2 years)	01.02.22 – 31.01.24	
Ashok Pathak	A/NED	01.04.21 – 31.03.23 (takes to 2 years)	01.04.23 – 31.03.25	
David Hughes	NED	02.02.22 – 01.02.24 (takes to 2 years)	Left the organisation – 28.02.23	

The Biographies of the Chairman and Chief Executive together with other Board members are set out on the following pages.

CHAIRMAN AND NON-EXECUTIVE DIRECTORS

Mr Sean Lyons, Chairman (Joint Chair with NLAG)

Sean joined us from Lincolnshire CCG, where he was Chairman until 2021.

Prior to this he was Chairman at Sherwood Forest Hospitals NHS Foundation Trust steering the organisation out of special measures and helping to oversee improvements to its CQC rating.

Sean left school before A-levels and went straight into an apprenticeship in the steel industry which he says was hugely enjoyable and gave him a real appreciation for the shop floor .He went on to complete a degree in Mechanical Engineering and an MBA and then made a move to British Steel Stainless in Sheffield. This company merged with a Swedish company and Sean worked his way up to Senior Vice President before a return to Scunthorpe where he took up a Director post running the plates and sections businesses, ultimately becoming Director of the Scunthorpe Steelworks in 2007. He retired from the steel industry in 2011 and then in 2013 made the move to the NHS. Sean is also Chairman of the West Nottinghamshire college in Mansfield, a role he will continue with.

Mr Stuart Hall, Vice Chair

He has spent a large part of his career working with FTSE 100 company, Santander.

A fellow of the Chartered Institute of Bankers, Stuart is experienced in a range of areas from governance and HR to strategy development, and a Director of a Community Interest Company. He has experience as a Director of Community Interest Companies specialising in vocational training and end of life care.

Mrs Tracey Christmas

Tracey was appointed in July 2015.

Tracey has extensive knowledge of both the public and private sectors, predominantly in finance and corporate services roles. Tracey is a Finance Business Partner for the Ministry of Justice / National Offender Management Service working within the Yorkshire Region at HMP Full Sutton and HMP Hatfield. She is also a past president of the ACCA Women's Society and International Assembly UK Representative, and is currently an elected representative for Yorkshire and the North East on the ACCA's Strategy Implementation Committee. Tracey has previously served as a Non Executive Director of Eastern Hull NHS Primary Care Trust.

Mr Tony Curry

Tony was appointed in April 2019 and has held senior appointments in higher education, financial services and manufacturing and also as a director with PricewaterhouseCoopers.

He has over 40 years' information technology experience working in the UK and internationally. Over the past decade he has had a particular focus on strategy and transformation programmes which exploit the advances in mobile and self-service technologies.

Dr David Hughes

Dr David Hughes was employed by the Trust in February 2022 as a Non-Executive Director and Quality Committee Chair.

Prior to this Dr David Hughes was the Medical Director at Sheffield Teaching Hospitals NHS Trust. Dr Hughes, who is a nationally renowned Consultant Histopathologist, was the Deputy Medical Director at Sheffield from 2013 and prior to that he was Associate Medical Director for Cancer for many years. David began his Consultant career in 1998 before moving to STH in 2005. Dr Hughes is a specialist sarcoma pathologist who trained in Sheffield, Edinburgh and San Antonio, Texas and has worked as a consultant in the sarcoma teams at the Royal Orthopaedic Hospital, Birmingham, the Robert Jones and Agnes Hunt Orthopaedic Hospital as well as Sheffield Teaching Hospitals. David left the organisation on 28 February 2023.

Professor Una MacLeod

Una was appointed in 2020. She is Dean of the Hull York Medical School, and during 2020 is Interim Dean of the Faculty of Health Sciences at the University of Hull.

She trained in Medicine in Glasgow and then worked as Senior Lecturer in General Practice and Primary Care and as a GP Principal in the city before joining Hull York Medical School in 2010 as Professor of Primary Care Medicine. She became Dean of Hull York Medical School in 2017 and does GP sessions at James Alexander Family Practice, Bransholme Health Centre in Hull. She is a national leader in the area of cancer and early diagnosis research. Her interests in cancer research and primary care and her passion for reducing health inequalities has led her to receive grants from Cancer Research UK, Yorkshire Cancer Research and the Department of Health Policy Research Unit programme, as well as contributing to policy development.

Mike Robson

An experienced Finance Director with over 15 years in the NHS at director level including several periods as Acting Chief Executive.

Mike is now working as a self-employed Management Consultant specialising in change management and providing expertise and flexible support to organisations particularly in the health, social care and public sectors. Mike is also a Trustee/Non-Executive Director for the Hull Truck Theatre and provides freelance coaching to a small number of individuals. He previously worked in various financial roles in the private sector including 5 years at director level.

Linda Jackson

Linda Jackson is from Cleethorpes and studied hotel, catering and institutional management at Grimsby College before graduating with a Diploma in Management from the University of Reading.

Her career in facilities management began in London where she secured a position of trainee manager for ISS Facility Services who provide facilities services across the NHS.

Linda quickly worked her way up the ranks to hold positions including regional director providing facilities services across NHS organisations in the capital and became board director at the age of 38. In her last 10 years in the private sector she undertook a transformational change role responsible for implementing the company's new business and initiatives nationally within the NHS.

Linda is also the Vice-Chair at North Lincolnshire and Goole Hospitals Foundation Trust.

Dr Ashok Pathak

Dr Pathak is an Orthopaedic Surgeon who retired from the National Health Service after 34 years' service, having worked primarily for the Hull and East Yorkshire Hospitals Trust.

Previously he was the Chairman of the Negotiating Committee for the British Medical Association. Dr Pathak was involved with the International Doctors Forum and was a Trustee of BMA Charities. In addition he was an overseas doctor's mentor for many years, involved in the recruitment and retention of overseas doctors with the Trust.

Currently, Dr Pathak is a member of Her Majesty's Court Service in the capacity of Medically Qualified Tribunal Member.

He is a former first-class cricketer who played at County level in India (Ranji Trophy) and was an expert cricket analyst for the World Cup in 1996. Currently, he is a Trustee of Cricket Beyond Boundaries, a charity which supports the development of underprivileged cricketers from India.

He was also a Governor at Hymers College and is currently an Ambassador for Hymers College.

Dr Pathak was awarded an MBE in 2010 for his lifetime contribution to medicine in Yorkshire and India.

EXECUTIVE TEAM

Mr Christopher Long, Chief Executive

Chris served for 12 years in the Army as an infantry officer before coming into NHS management in 1991.

He worked in a variety of roles before being appointed Chief Executive of one of the first primary care trusts (PCTs) in 2002. He moved to Hull PCT as Chief Executive in 2004, where he stayed until PCTs were abolished in 2013. Following a brief spell in NHS England he was appointed as Chief Executive of our Trust in October 2014.

Dr Makani Purva, Chief Medical Officer

Professor Makani Purva is Chief Medical Officer, Consultant Anaesthetist and Director of Simulation at the Hull Institute of Learning and Simulation.

Mrs Ellen Ryabov, Chief Operating Officer

Ellen was appointed in December 2020 and has worked at Board level in various NHS organisations on both a permanent and interim basis for the last 15 years.

Having previously worked as Chief Operating Officer with the Trust for 3 years, Ellen returned to the Trust in an interim capacity January 2019, initially as Director of Operations in the Medicine Health Group and now as the Chief Operating Officer. Prior to her time with the Trust Ellen spent 2 years at Sheffield Teaching Hospitals NHS Foundation Trust, latterly as their Interim Chief Operating Officer. Her previous substantive NHS role was Chief Operating Officer at Heart of England NHS Foundation Trust, and prior to that she worked in London and the South East.

Ellen has worked in the NHS for over 30 years, starting her career as a Finance Trainee in the Scottish Health Service, following which she moved from finance into acute operational management where she has remained throughout her career

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Mr Lee Bond, Chief Financial Officer

Lee was appointed in March 2013. In 2020 Lee was appointed as Joint Chief Financial Officer for HUTH and Northern Lincolnshire and Goole NHS Foundation Trust.

Prior to this he was a Director of Business Delivery within Hull University Teaching Hospitals NHS Trust and before that, Director of Finance at Central Manchester University Hospitals NHS Foundation Trust.

His previous financial posts include Sherwood Forest Hospitals NHS Foundation Trust and Sheffield Children's NHS Foundation Trust.

Mrs Jo Ledger, Interim Chief Nurse

Jo was appointed Interim Chief Nurse in March 2022 and her substantive role is Deputy Chief Nurse.

Jo has worked in the Trust for over 20 years in a variety of nursing roles.

DIRECTORS

Mr Simon Nearney, Director of Workforce

Simon joined the Trust in September 2012 from his previous post as Director of Human Resources at Leicestershire County Council.

He has held several senior Human Resources and Organisational Development management roles in large public sector organisations.

Simon has a track record of transforming services, leading major organisational change programmes and improving the customer experience.

DIRECTORS

Mrs Michelle Cady (Kemp), Director of Strategy and Planning

Michelle started her career in Queen Alexandra's Royal Army Nursing corps before joining the NHS and working in a number of hospitals throughout the UK in clinical and leadership roles.

Since joining the Trust in 2016, Michelle has worked as an Operations Director and Deputy Chief Operating Officer before being seconded to the role of Director of Strategy and Planning in January 2021. Michelle left the Trust on 31 March 2023.

Mrs Suzanne Rostron, Director of Quality Governance

Suzanne returned to the Trust in March 2021, having left the Deputy Director role in 2012.

When Suzanne initially left she set up her own business and undertook work for the CQC as a specialist adviser for Well Led, gaining a wide range of experience from other organisations. More recently Suzanne has specialised in working with challenged organisations to successfully drive improvement. This included the position of Executive Director of Quality Governance at the Isle of Wight NHS Trust and as an Improvement Director with NHSEI.

Mr Duncan Taylor, Director of Estates and Facilities

Duncan was appointed in July 2013. Before that he was Director of Estates Development covering the Infrastructure and Development Directorate.

He has worked for Hull University Teaching Hospitals NHS Trust since 1985, and has been closely involved in the majority of the capital projects across the Trust from small upgrades up to the major projects at Castle Hill Hospital.

He is the Project Director for the Tower Block Encapsulation and Emergency Department Upgrade. He has a passion for the redesign of health care facilities and the use of innovative products and design techniques to improve the facilities and experience for patients, visitors and staff.

Shauna McMahon, Joint Chief Information Officer

Shauna joined the Trust 1st April 2022 as Joint Chief Information Officer with Northern Lincolnshire and Goole Hospitals Foundation Trust.

Shauna managed the Information, IT Management Team and Digital Services. Shauna has 20 years' experience in leading change and transformation in the healthcare sector within providers, commissioners and health authorities in both the UK and Canada. Piror to her appointment she worked at South, Central and West Commissioning Support Unit (CSU) in Bristol where she was a Partner in Digital Transformation Consulting. At the CSU she was involved in work to develop digital programmes at a health system level. She was also CIO at Frimley NHS Foundation Trust where she modernised the infrastructure to create a foundation that would support both clinical and administration work. In Canada she spent several years managing large operational departments in a regional health authority. Director of Quality Governance at the Isle of Wight NHS Trust and as an Improvement Director with NHSEI.

STATEMENT OF DIRECTORS RESPONSIBILITIES

Name	Job Title	Key areas of responsibility
Chris Long	Chief Executive	Accountable Officer
Lee Bond	Joint Chief Financial Officer	• Financial Management • Estates, Facilities and Development
Jo Ledger	Chief Nurse/Interim Chief Nurse	• Professional lead for nursing and midwifery Patient Experience • Safeguarding
Makani Purva	Chief Medical Officer	• Professional lead for medical staff
Ellen Ryabov	Chief Operating Officer	• Performance • Clinical Service delivery
Michelle Cady	Director of Strategy and Planning	• Operational and business planning Trust Strategy • Improvement • Emergency Preparedness
Simon Nearney	Director of Workforce and Organisational Development	• Human Resources (Policy and HR delivery) Learning and Organisational Development Occupational Health • Communications and Engagement Employee Service Centre
Suzanne Rostron	Director of Quality Governance	• Quality Governance Corporate Governance Patient Safety Compliance • CQC
Shauna McMahon	Joint Chief Information Officer	• Information • IT • Digital Services

STATEMENT OF NON-EXECUTIVE DIRECTOR'S ROLES

Name	Title	Committee Membership	Other Trust Roles
Sean Lyons	Chair		
Stuart Hall	Vice Chair/ NED	Remuneration	• Lead for RTT • Deputy Lead ICS
Tracey Christmas	NED/SID	Remuneration Audit (Chair) Performance and Finance	• Speaking Up/Whistleblowing Champion • Transition child/adult lead • Champion for Safeguarding
Tony Curry	A/NED NED	Remuneration Performance and Finance Charitable Funds (Chair)	• Lead for Digital & IT • Non-Executive Champion for Scan4Safety
Mike Robson	NED	Remuneration Audit Performance and Finance (Chair) Charitable Funds Committee	• Non-Executive Champion for GIRFT
Una McLeod	NED	Remuneration Quality Workforce, Education and Culture Committee (Chair)	• Lead for Hull University partnership • Champion for End of Life Care
Linda Jackson	A/NED	Attends: Remuneration Quality	
Ashok Pathak	A/NED	Attends: Remuneration Quality	
David Hughes	NED	Quality (Chair) Remuneration	

TRUST BOARD MEETINGS

The Trust Board met on 10 occasions during 2022/23, including an extraordinary Trust Board meeting in June 2021 to approve the annual report and accounts.

A record of attendance is kept for each Board meeting and the table below sets out the attendance of Board members during the year.

Attendance 2022/23

Name	10/5	16/06	12/07	03/08	13/09	11/10	08/11	14/2	14/03	30/03	Total
Sean Lyons	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	10/10
S Hall	✔	✔	✔	✔	✔	✔	✔	✘	✘	✘	7/10
T Christmas	✔	✔	✔	✘	✘	✔	✔	✔	✘	✘	6/10
T Curry	✔	✘	✔	✔	✔	✔	✔	✔	✔	✔	9/10
U MacLeod	✘	✔	✔	✔	✔	✔	✔	✔	✔	✘	8/10
M Robson	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	10/10
L Jackson	✘	✘	✘	✔	✘	✔	✔	✔	✔	✔	6/10
A Pathak	✘	✔	✔	✔	✔	✘	✔	✔	✔	✘	7/10
D Hughes	✔	✔	✘	✔	✔	✔	✔	✔			7/8
C Long	✔	✔	✔	✔	✘	✔	✔	✔	✔	✔	9/10
L Bond	✔	✔	✔	✔	✔	✘	✔	✔	✔	✔	9/10
M Purva	✔	✘	✔	✔	✔	✔	✔	✔	✔	✔	9/10
J Ledger	✔	✔	✔	✔	✘	✔	✔	✔	✘	✔	8/10
S Nearney	✔	✔	✔	✔	✔	✔	✔	✘	✘	✔	8/10
E Ryabov	✔	✔	✘	✔	✔	✘	✔	✔	✘	✔	7/10
M Cady	✔	✔	✔	✔	✔	✘	✔	✔	✔	✔	9/10
S Rostron	✔	✔	✔	✔	✔	✔	✔	✔	✔	✘	9/10
S McMahon	✔	✘	✔	✔	✔	✔	✔	✔	✔	✔	9/10
R Thompson	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	10/10

BOARD COMMITTEES

The Trust Board has established a number of committees to support it in discharging its responsibilities.

These are an Audit Committee, Quality Committee, Performance and Finance Committee, Remuneration Committee, and a Workforce, Education and Culture Committee. The Trust also has a constituted Charitable Funds Committee. The Audit and Remuneration Committees are statutory requirements and the work of the committees is detailed below.

Further detail on the work of the Quality Committee and Performance and Finance Committee can be found in the Annual Governance Statement within this annual report.

AUDIT COMMITTEE

The Audit Committee comprises of 3 Non-Executive Directors.

Other individuals attend the meeting but are not members of the Committee. These are Internal Audit (RSM), External Audit (Mazars), the Chief Financial Officer, the Deputy Director of Finance and the Director of Quality Governance.

The Audit Committee provides assurance on the Trust's systems of internal control, integrated governance and risk management. A tracking system of agreed actions is in place and the internal auditors follow up recommendations to provide assurance to the Audit Committee that the issues raised have been addressed. There were 5 meetings of the Audit Committee in 2022/23 which included 1 extraordinary meeting to consider the Annual Accounts and Report. All meetings were quorate.

Members	Attendance
T Christmas (Chair)	4/5
M Robson	5/5
T Curry	4/5

The Committee reviewed relevant disclosure statements in particular the draft Governance Statement, financial Accounts and the Quality Accounts.

The internal audit programme for 2022/23 was informed by the Trust's own risk and assurance framework, discussion with a wide range of officers and the broader context of the NHS. It was developed around the Trust's strategic objectives and its business-critical systems and was risk based. A Director of Audit Opinion and Annual Report 2022/23 gave an overall opinion of positive assurance with an amber/green rating, which is that the Trust has an adequate and effective framework for risk management, governance and internal control and that the internal auditors' work has identified further enhancements that can be made.

The Trust's internal auditors issued the following audits with positive assurance opinions in 2022/23:

- Quality and Safety Improvement (Substantial Assurance)
- Freedom to Speak Up (Substantial Assurance)
- Performance Management Framework – Deep Dive (Reasonable Assurance)
- Learning from Deaths and Mortality (Reasonable Assurance)

Two partial assurance opinions were also issued in 2022/23:

- Safeguarding (Partial/Minimal)
- Cyber Security (Partial/Minimal)

Minutes and other updates from the work of the Quality Committee and Remuneration Committees were considered by the Audit Committee, as well as routine receipt of the minutes from all other Trust Board Committees, which contributed to the overall view of governance and internal control. No concerns of gaps in the Trust's internal control framework were identified through this review work.

Work to prevent or counter fraud continued and reports were received throughout the year. The Committee reviewed the Board Assurance Framework processes as well as other documents in respect of risk. These included losses and special payments, debts, the Trust's Registers of Declared Interests and for Gifts, Hospitality and Sponsorship, legal fees, credit card expenditure and Trust Board expenses. The Audit Committee also regularly reviewed the Trust's Speaking Up arrangements, including whistleblowing and the Freedom to Speak Up Guardian, as well as other ways the Trust supports staff to raise concerns.

REMUNERATION COMMITTEE

The Board's Remuneration and Terms of Service Committee is responsible for setting the pay and conditions for the voting Executive Directors (Chiefs) and the Directors who report to the Chief Executive/Chairman.

The Remuneration Committee met 3 times during 202/23. The Committee was quorate at all meetings. Membership of the Committee comprises the Trust Chairman and all Non-Executive Directors. The Chief Executive, Director of Workforce and Organisational Development, the Associate Non-Executive Director and the Head of Corporate Affairs also attend the Committee. Non-Executive Director members' attendance is detailed below:

Name	May 2022	August 2022	November 2022	Total
Sean Lyons	✔	✔	✔	3/3
Stuart Hall	✔	✔	✔	3/3
Mike Robson	✔	✔	✔	3/3
David Huges	✔	✘	✔	2/3
Tracey Christmas	✘	✔	✘	1/3
Tony Curry	✔	✔	✔	3/3
Una Macleod	✔	✘	✘	1/3

The Trust complies with current NHS Improvement guidance on pay for Very Senior Managers. Executive Directors are employed on contracts of service and are substantive employees of the Trust. Their contracts are open ended and can be terminated by the Trust by up to 6 months' notice.

The new VSM guidance issued in 2015 and updated in 2017 requires NHS Trusts to include in relevant remuneration package an element of earn-back pay i.e. a requirement to meet agreed performance objectives. The Chief Executive Officer, the Chief Medical Officer and the Chief Financial Officer have this requirement built in to their remuneration packages as their salary packages fall in to this guidance.

Other Executive Directors in post during the year did not have a component of performance related pay as their salary agreements pre-date this guidance or fall below the salary threshold where this is applied.

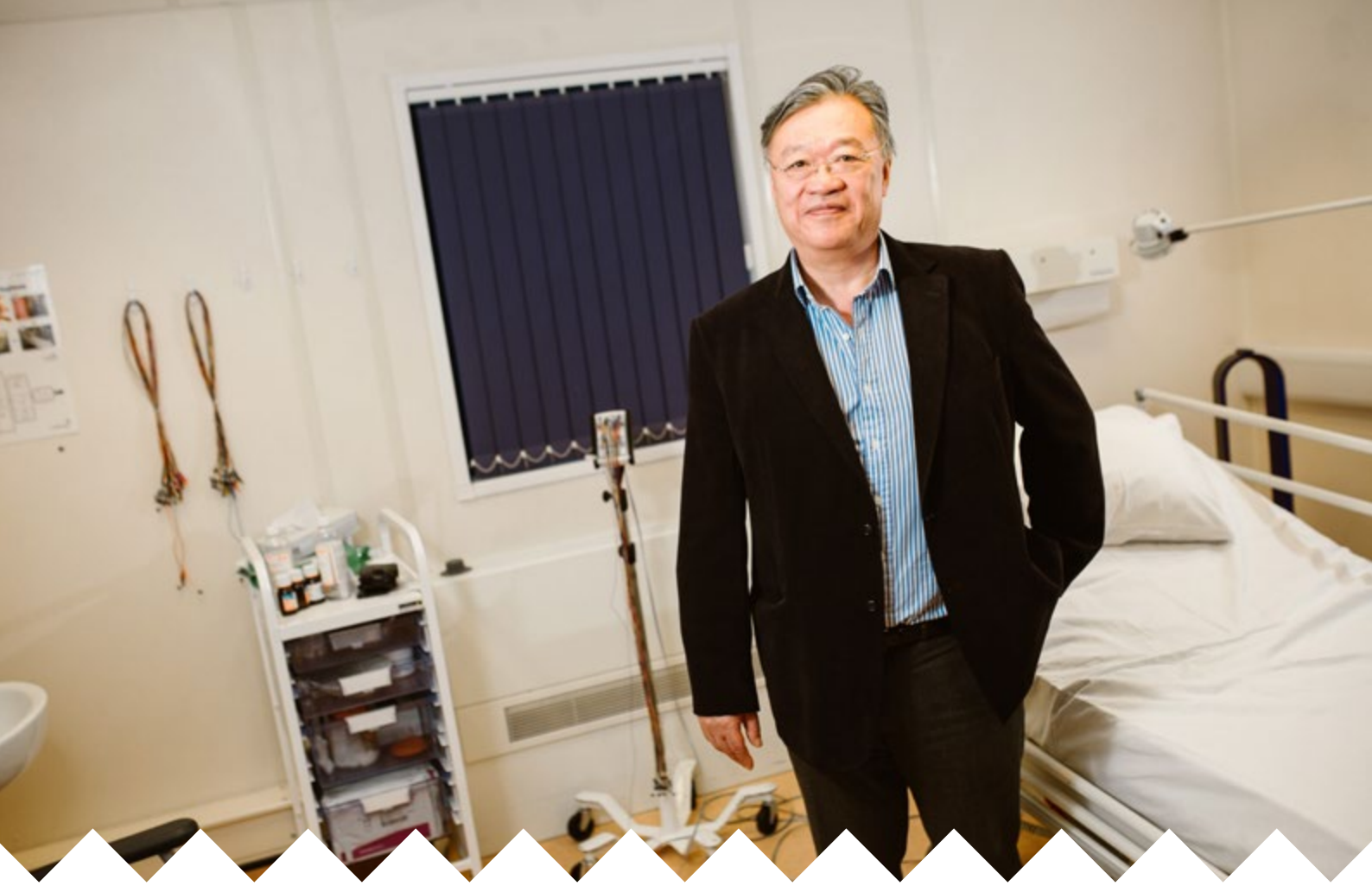
Key items discussed by the Committee during the year included annual performance reviews for Executive Directors, information on the top earners in the Trust and sector salary benchmarking. The recruitment process and salary package of the Group Model Joint Chief Executive post was also received. A Remuneration Committee summary of issues of internal control is received every 6 months at the Audit Committee for consideration.

Details of the remuneration, including salary and pension entitlements of the Directors is set out in the Accounts appended to this report.

Details of company directorships which may conflict with management responsibilities

None of the Trust Board hold company directorships that may conflict with management responsibilities.

The Trust publishes the declared interests of its Trust Board members on its website, in the 'About Us' section.



PERSONAL DATA RELATED INCIDENTS

The Trust has Information Governance arrangements in place to ensure that information is handled in a secure and confidential manner.

It covers personal information relating to service users and employees and corporate information, for example finance and accounting records.

The Information Governance Data Security and Protection Toolkit (DSP Toolkit) is part of the Department of Health and Social Care's commitment to ensuring the highest standards of information governance. It allows organisations to measure their compliance against legislation and central guidance and helps identify any areas of partial or non-compliance. It remains Department of Health and Social Care policy that all organisations that process NHS patient information provide assurance, via the DSP Toolkit and is fundamental to the data protection and data security both within the organisations and between organisations.

The Trust's Data Security and Protection Toolkit Assessment for 2021/22 was published as: Approaching Standards, and The DSP Toolkit was audited and assessed as achieving Moderate Assurance with no standards rated as 'Unsatisfactory' . The submission date for the DSP Toolkit is 30th June 2023 and the 2022/23 result and audit result will only be available after this date.

The Trust is required to score all Information Governance Data Security and Protection Breaches using the DSP Incident Reporting Guidelines and Assessment Scoring Grid. Any breach that is scored above the threshold is required to be reported via the DSP Toolkit Incident Reporting Tool which sends an automatic notification to the ICO and also to the NHS Digital (now part of NHS England) Data Security Centre where appropriate. The Information Governance Data Security and Protection Breaches requiring reporting to the ICO via the DSP Toolkit during 2022/2023 are detailed below:

The Trust has reported 2 Data Security and Protection Breaches in 2022/2023 to the ICO as classified in the DSP Toolkit Incident Reporting Guidelines. The ICO closed all 1 cases, and no further recommendations were made. One case is still being worked through in liaison with the ICO. None have resulted in regulatory action being taken against the Trust at this stage.

Incident Description	ICO Response	Nature of Incident	People Affected	Subjects Informed
A member of staff accessed their family member's electronic patient record to find out the results of a recent biopsy and then contacted the clinical team dealing with the patient's care to chase follow-up appointments/treatment	No further action	Data Breach	Patient	Yes
A staff member accessed their ex-partner's patient record while the ex-partner was undergoing treatment with the trust. The details of the treatment and diagnosis were shared wider.	No further action	Unauthorised Access/ Disclosure	Patient / Staff	Yes

The table below shows a breakdown of all IG incidents that have been reported each month by Health Group and Corporate Function. The highest reporting months were May 2022 and January 2023.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Corporate Functions	6	9	6	6	7	5	6	5	3	10	5	5	73
Clinical Support - Health Group	2	1	2	2	2	3	1	1	1	4	3	2	24
Emergency Medicine - Health Group	1	7	4	2	1	1	3	2	2	3	3	1	30
Family and Women's Health - Health Group	1	2	5	4	6	5	4	5	4	6	5	9	56
Medicine - Health Group	3	5	4	3	3	5	7	2	10	5	3	8	58
Surgery - Health Group	1	7	3	3	6	7	1	3	2	4	5	4	46
Total	14	31	24	20	25	26	22	18	22	32	24	29	287

The Trust's Caldicott Guardian takes an active role in reviewing issues including incidents involving medical records, such as inappropriate access to medical records. The Caldicott Guardian is a key part of the information governance structure, together with the Trust's Senior Information Risk Officer (SIRO) and Data Protection Officer (DPO), to ensure that investigation processes have been robust and outcomes clearly identified.

DIRECTORS' DISCLOSURE

Each Director knows of no information which would be relevant to the auditors for the purposes of their audit report and of which the auditors are not aware, and has taken all the steps that he/she ought to have taken to make himself/herself aware of any such information and to establish that the auditors are aware of it.

BETTER
BRIGHTER
GREENER
FAIRER

NHS
Hull University
Teaching Hospitals
NHS Trust

STATEMENT OF ACCOUNTABLE OFFICER'S RESPONSIBILITIES

The Accountable Officer has overall responsibility for the financial statements.

The statements are prepared through the Chief Financial Officer's office. The Audit Committee is updated on the progress in preparing the Accounts. The Chief Financial Officer prepared a report to the Audit Committee in April 2022 to discuss and review the Trust's status as a going concern.

The Audit Committee approved the Chief Financial Officer's recommendation that the Accounts should be prepared on a going concern basis.

As Accountable Officer I confirm that, as far as I am aware, there are no relevant Audit information of which the Trust's auditors are unaware and I have taken all the steps that I should take to make myself aware of any relevant audit information and to establish that the Trust's auditors are aware of that information.

I confirm that the annual report and accounts as a whole is fair balanced and understandable and that I take personal responsibility for the annual report and accounts and the judgements required for determining that it is fair, balanced and understandable.

Chris Long, Chief Executive

Remarkable people.
Extraordinary place.

ANNUAL GOVERNANCE STATEMENT

SCOPE OF RESPONSIBILITY

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS 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 NHS 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 Trust Accountable Officer Memorandum.

THE PURPOSE OF THE SYSTEM OF INTERNAL CONTROL

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives;

It can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Hull University Teaching Hospitals NHS 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 Hull University Teaching Hospitals NHS Trust for the year ended 31 March 2023 and up to the date of approval of the annual report and accounts.

CAPACITY TO HANDLE RISK

The Trust Board approved the Risk Management Strategy 2022-2025 in March 2022 and sets the Risk Management Policy for the organisation.

This Policy describes the organisation's approach to risk and risk management. It defines the leadership roles within the Trust for risk management. In addition, staff across the Trust receive risk management training, in order to identify and report risks. The Trust has a well-established process for entering risks onto its risk register and the regular review of risks, which is described below. The Trust also strengthened its approach to escalating risks at corporate level and the way in which this informs the strategic risk managed by the Trust Board. This is also described in more detail on the following pages.

THE RISK AND CONTROL FRAMEWORK

The system of internal control is designed to manage risk to a reasonable level.

All risks that are entered on the Trust risk management system are assigned an inherent, current and target risk rating. Controls are identified to mitigate the level of risk and where there are gaps in the controls, action plans are developed. Risks are identified and reviewed on an ongoing basis across Health Groups and corporate services. Risks are identified from a number of different sources, including day to day operational working practices and trends arising from incidents, complaints and regulatory compliance. Line managers are responsible for on-going investigation and assessment of risks and the central Risk Team are available to support.

At Trust Board level, the Board assesses its performance and discusses associated risks at each meeting, through the presentation of the Performance Report, which includes NHS Improvement Single Operating Framework metrics. An exception report on these measures is discussed in more detail at the Board's Performance and Finance Committee and the more detailed quality issues at the Board's Quality Committee. The positive assurance and gaps in assurance are captured in the Board Assurance Framework, reviewed quarterly by the Trust Board and its committees. The Trust Board undertook and agreed a self-assessment against the (formerly) Monitor (now NHS Improvement) licence requirements, which are now mirrored for non-Foundation Trusts, and did not report any principal risks to compliance with these requirements.

There is a mechanism for Health Groups and corporate services to escalate risks. New high level risks are notified to the Health Group triumvirates or corporate service management teams to be dealt with immediately whilst lower level risks are discussed at the Health Group/ Corporate team meetings. The Executive Management Committee reviews the highest rated risks and agrees which of these form corporate risks for the Corporate Risk Register, which is taken into account in the Board Assurance Framework. These come via recommendation from the regular review of high-rated operational risks by the Trust's Operational Risk and Compliance Sub-committee (clinical risks) and the Non-Clinical Quality Sub-committee, recognising that risks from across the Trust have the ability to impact directly on patient care and on maintaining the Trust's statutory compliance.

There are a number of mechanisms in place, which are designed to prevent or minimise the potential of risks occurring. The Trust's incident reporting system records near misses as well as actual incidents. In mid-August 2022, the National Patient Safety Team (NHSE/I) published the Patient Incident Response Framework (PSIRF), which replaces the Serious Incident Framework (SIF, 2015). The PSIRF is a contractual requirement under the NHS Standard Contract and as such is mandatory for services provided under that contract. Organisations are expected to transition to PSIRF by September 2023.

The Trust has been preparing for the transition to PSIRF since the original introductory framework was published in March 2020 that was implemented by 'early adopter' sites. The shared learning from these early adopter sites and restructure of quality governance, implementing a dedicated patient safety team, risk team and continuous quality improvement team, enabled the Trust to begin its formal transition to PSIRF from the 1 April 2023. This is in advance of the mandated September 2023 national transition dates for all trusts and was supported and approved by the ICB.

The Trust's Mortality and Morbidity Committee has overseen the formulation and implementation of a Learning from Deaths policy, which includes a two-tier clinical case note review to identify patient deaths that have any flags for failure or impacts of care that could have been avoided. The Trust has developed a themes and trends report from this, reported to the Trust Board and the Quality Committee on a quarterly basis. The Quality Committee has also kept oversight of compliance with the national guidance requirements on Learning from Deaths and is satisfied that the Trust has made sufficient progress towards requirements to date.

The Trust's updated intranet site contains information to support staff in managing risks across the scope of the Trust's business. The Trust's formal communication systems (e-news, intranet, daily updates and team brief cascade) are used to remind staff of their responsibilities such as reporting incidents and concerns, and sharing learning when specific initiatives or incidents have occurred. These communications include the conclusion of anti-fraud investigations and the consequences arising from information governance incidents investigations during the year.

A fundamental nursing standards audit process is in place, which audits practice on each ward and is aligned to the Care Quality Commission's Key Lines of Enquiry. This gives a rating to each ward and identifies areas of potential risk; each area of risk identified requires an action plan from the ward sister/manager to address. The ward-level reporting also takes into account issues arising from complaints and patient experience, staffing numbers and types of reported incidents.

A framework is in place for managing and controlling risks to data security. There is a Senior Information Risk Owner at Director level and a network of information risk owners across the organisation. Information Governance training is a mandatory requirement for all staff to complete. The Trust provides its submission to the Data Security and Protection Toolkit annually and the Audit Committee and the Trust Board are keeping oversight of the Trust's risk position in relation to systems security and systems resilience.

The Trust continues to review current systems and processes to ensure that it can demonstrate the best standards in research governance and delivery. The Trust adheres to National Institute for Health Research (NIHR) systems to manage the studies in proportion to risk; a full update on compliance, successes and risks in research was received by the Trust Board in May 2022.

Principal risks to compliance with the NHS provider licence conditions

The following section provides oversight of the Trust's risk identification and categorisation process, concluding with a section as to any principal risks to compliance with the NHS provider licence conditions, particularly the effectiveness of governance structures, responsibilities of directors and sub-committees, reporting lines and accountabilities to and from the Trust Board, submission of timely and assurance information to assess compliance with the licence conditions or any associated with the oversight the Board has on Trust performance.

All Trust risks are categorised using the same risk matrix and framework based on the likelihood of the risk occurring and the severity of impact, with the highest risk having a score of 25 (almost certain and catastrophic) and the lowest risk of 1 (rare and negligible). The Trust uses a web based incident reporting and risk management system (Datix) and has a 'bottom up' approach to identifying risks.

1 - Each Health Group and corporate service area identify and enter risks on to their own operational risk registers; risks are required to be managed and mitigated at local level as far as possible

2 – The high-rated operational risks from each area are reviewed by the Trust's two operational risk management committees: the Operational Risk and Compliance Sub-committee reviews clinical risks and the Non-Clinical Quality Sub-committee reviews non-clinical risks. The Committees escalate any high-rated risk that they feel cannot be managed within an individual health group or corporate service and represent a corporate risk across the organisation.

3 – The Trust's Executive Management Committee review the recommendations from the operational risk committees and agree what represent the Trust's corporate risk register

4 – The corporate risks are considered and linked to the Board Assurance Framework, which details the key risk areas that could prevent the Trust from achieving its strategic aims. This consideration of corporate risk helps the Trust Board identify the corporate risk burden being carried by the Trust and whether this impacts on achieving the Trust's strategic goals.

OPERATIONAL RISK REGISTER:

There were 187 operational risks on the risk register at the end of March 2023.

Operational Risks by HG and Current Risk Rating	High	Moderate	Low	Very Low	Total
Corporate Functions	7	28	5	0	40
Clinical Support - Health Group	14	24	6	0	44
Emergency Medicine - Health Group	5	2	0	0	7
Family and Women's Health - Health Group	8	31	4	0	43
Medicine - Health Group	7	8	1	0	16
Surgery - Health Group	6	24	4	2	36
Trustwide	1	0	0	0	1
Total	48	117	20	2	187

There has been an overall increase in the number of risks on the operational risk register as a result of risks closing and new ones being opened.

This movement in the overall risks demonstrates that the Trust continues to undertake regular reviews at Health Group level and is indicative of an active risk management process in respect of reviewing and closing mitigated risks.

COVID RISK REGISTER:

At the end of March 2023 there were 23 risks on the operational risk register relating to the Covid-19 pandemic.

Following review most are to be closed due to changes in guidance and / or relevance. Remaining risks will be transferred to the relevant Operational or Corporate Risk Registers with Infection Prevention and Control oversight.

CORPORATE RISK REGISTER:

The Corporate Risk Register was last reviewed in March 2023 at the Non-Clinical Quality Sub-committee (NCQSC) and February at the Operational Risk and Compliance Sub-committee (ORCSC).

A high level overview of all high-rated corporate risks and all other open corporate risks are presented to ORCSC on a quarterly basis. Each meeting the ORCSC is asked to review and accept the risks on the Corporate Risk Register and determine if there are any other risks which need to be included or escalated to the Executive Management Committee.

The Trust's Corporate Risk Register has seen a decrease in the number of risks through the use of the escalation processes established between the Health Groups, ORCSC and NCQSC.

There were 11 corporate risks on the risk register at the end of March 2023, as follows:

Risks on the Corporate Risk Register by HG	High	Moderate	Total
Clinical Support - Health Group	1	0	1
Emergency Medicine - Health Group	2	0	2
Family and Women's Health - Health Group	2	0	2
Trustwide	2	4	6
Total	7	4	11

The highest risk was ED Crowding which was rated at 5 x 5 = 25 on the corporate risk register.

The risks that could threaten achievement of the Trust's strategic objectives are set out in the Board Assurance Framework, which is reviewed by the Trust Board throughout the year. It is also reviewed by the Trust Board Committees at each meeting in relation to the risks linked with that Committee's terms of reference and also by the Audit Committee as a governance mechanism. The Board Assurance Framework includes an assessment of the source and level of assurance received as well as gaps in assurance. Any increase or decrease in a risk score is agreed by the whole Board. There were ten risks on the Board Assurance Framework at the start of 2022/23 against Trust's ten strategic aims from the Trust Strategy.

The highest-rated risks at the end of 2022/23 on the Board Assurance Framework related to the Trust's quality, the underlying financial position and staffing. In respect of any principal risks to compliance with the NHS provider licence conditions, particularly the effectiveness of governance structures, responsibilities of directors and sub-committees, reporting lines and accountabilities to and from the Trust Board, submission of timely and assurance information to assess compliance with the licence conditions or any associated with the oversight the Board has on Trust performance,

The Board's assessment was as follows: at the end of the year, whilst all risk areas on the Board Assurance Framework received some positive assurance throughout the year, 2 risk areas made sufficient progress to reach the target risk ratings, which was the Trust's ability to meet its financial plan in 2022/23 and its partnership work with the ICS and ICB. A number of risks have remained static in year and the high quality care risk has been increased due to urgent concerns raised by the CQC during and after inspecting the Trust in October 2022. This rate of progress can be expected to some extent, as the Trust will only be able to mitigate some aspects of each risk within one year.

In 2022/23 as part of this strategic approach to risk management through the Board Assurance Framework, the Trust Board included its approach to risk appetite in the Board Development Session in April 2022. The Board Development Framework includes each of the Board Assurance Risks to allow for a deep dive and strategic discussion by the Trust Board, which has informed the assurance requirements for future reports and the Trust Board and Committee cycle of business.

As noted above, the Trust Board has received positive assurance against the Board Assurance Framework and Internal Audit carried out an extensive review of the Board Assurance Framework in 2021/22 and substantial assurance was reported with one good practice action being raised; this was immediately implemented. In 2022 a Risk Maturity Assessment was carried out and positive feedback received. The Trust was assessed as a developing organisation in its Risk Maturity.

The Trust Board, this year and for the last 3 years, has undertaken a self-assessment against all NHS provider licence requirements.

The Trust has a People Strategy in place, which provides the blueprint for the Trust's assessment of its short-, medium- and long-term workforce plans and organisational development requirements, as the Trust plans not only to fill workforce numbers, but to continuously improve the working environment and culture of the Trust, as part of retention. The Trust's People Strategy and Workforce Development Plan detail the Trust's approach to tackling staffing and skills shortages, and good progress, including increases in staffing figures in some key areas, has been seen in 2022/23, as well as the Trust investing in new roles such as nursing associate training posts, nursing apprentices, Physicians Associates and Advanced Care Practitioners.

The Trust continues its work on staff engagement and developing staff culture around the values identified by our staff around two years ago. The People Strategy, and the work strands underneath it, are included on the Board Assurance Framework and the level of corporate risk relates to workforce. The Workforce, Education and Culture Committee as a Board Committee takes forward strategic oversight of the People Strategy.

The Trust complies with the Developing Workforce Safeguards recommendations using existing staffing data to make an assessment of staffing levels in each health group and against vacancies, which are reviewed annually as part of operational planning for capacity and demand in respect of clinical services and the staffing requirements that make up an effective service. Workforce metrics are received and reviewed on behalf of the Trust Board by the Workforce, Education and Culture Committee and the Trust is working towards embedding the additional requirements of the Developing Workforce Safeguards. The Workforce, Education and Culture Committee examines variable pay to understand short-term workforce pressures, recruitment plans and current vacancy levels.

The trust is fully compliant with the registration requirements of the Care Quality Commission. However, the Trust was inspected during November and December 2022. This included the core services Urgent and Emergency Care, Medical Care and Surgery, alongside a Well led inspection. Whilst the Trust remained 'Requires Improvement' overall, as it has been since 2014, deterioration was found in all elements inspected. Urgent and Emergency Care was rated 'Inadequate' (previously 'requires improvement') and both Surgery and Medical Care were rated 'Requires improvement' (previously 'good'). The Well-led for Trust-wide was also rated 'Requires improvement'.

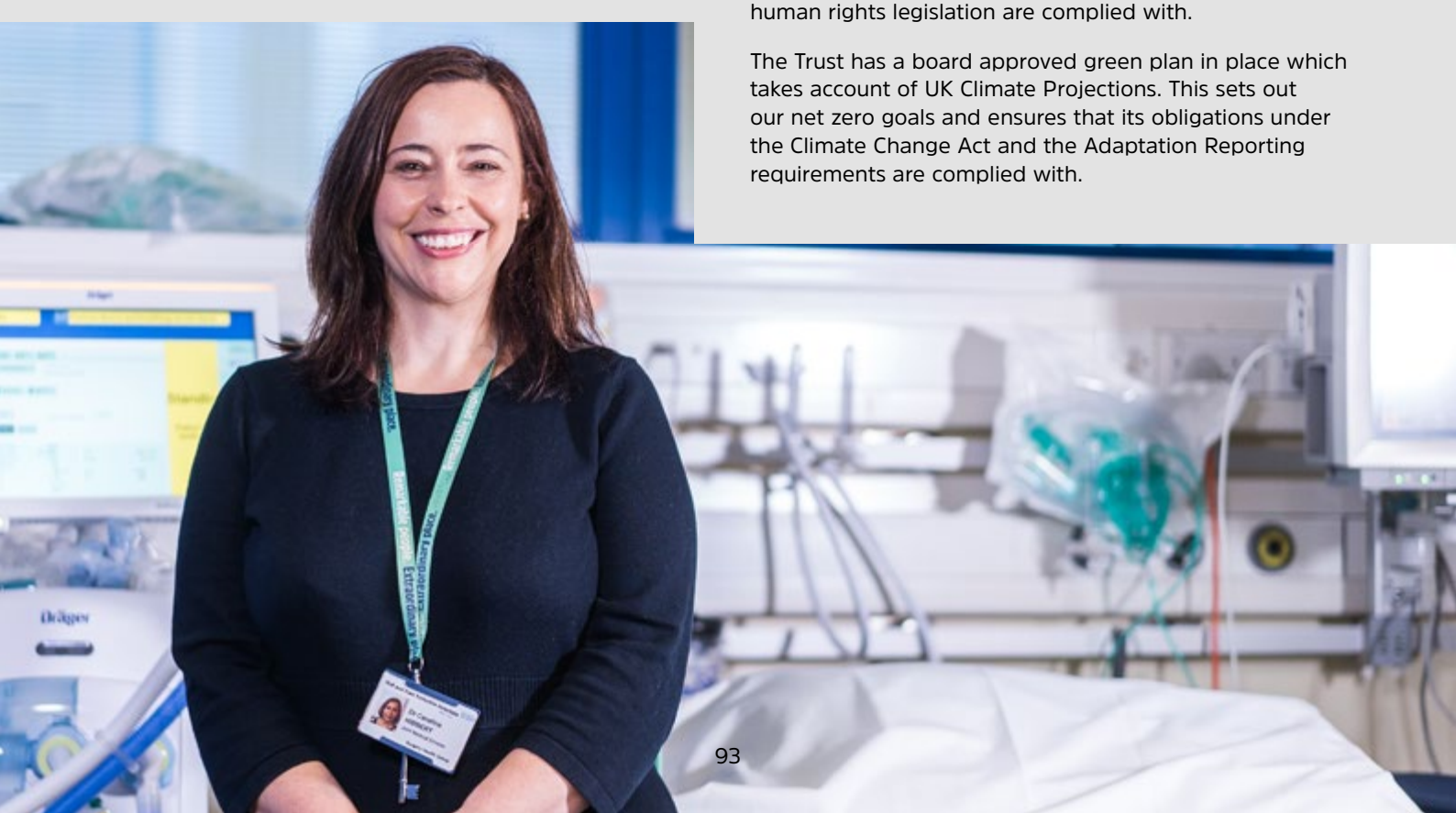
Towards the end of the financial year, the Trust's maternity services were inspected by the national team looking at the safe and well-led domains. Whilst the report is unlikely to be published until the summer, at the end of April 2023 the Trust received conditions on its registration under the Section 31 of the Health and Social Care Act. This will be reported on in greater detail in the annual governance statement for 23/24.

The trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the Trust with reference to the guidance) within the past twelve months as required by the 'Managing Conflicts of Interest in the NHS' guidance.

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

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

The Trust has a board approved green plan in place which takes account of UK Climate Projections. This sets out our net zero goals and ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.



REVIEW OF ECONOMY, EFFICIENCY AND EFFECTIVENESS OF THE USE OF RESOURCES

The Performance and Finance Committee have Board-level oversight of the economic, efficient and effective use of resources.

This is discharged through the monthly review of performance against budget and against financial plan, progress towards identifying and achieving cash-releasing efficiency savings, income against plan, performance and activity delivery against plan, cash management and budgetary management. The Performance and Finance Committee reports to the Trust Board, including escalation of any areas of concern. Further detail on the work of the Performance and Finance Committee is contained in the 'review of effectiveness' section below.

INFORMATION GOVERNANCE

The Trust has reported 2 Data Security and Protection Breaches in 2022/2023 to the ICO as classified in the DSP Toolkit Incident Reporting Guidelines.

The ICO closed all 1 cases, and no further recommendations were made. One case is still being worked through in liaison with the ICO. None have resulted in regulatory action being taken against the Trust at this stage.

ANNUAL QUALITY ACCOUNT

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.

The Patient Safety and Clinical Effectiveness Committee agreed that the proposed priorities for 2023/24 will be:

1) Mortality & Morbidity – **EFFECTIVE AND LEARNING**
2) Mental Health Triage in the Emergency Department – **FOCUSED**
3) Learning from Incidents – **PATIENT SAFETY**
4) Medication Error – **SAFE CARE**
5) Sepsis – **SAFE CARE**

The 2023/24 Quality and Safety Priorities will be aligned to the Trust's Quality Strategy priorities. The Quality Accounts, and the process that accompanies them is a key tool for delivering the Quality Strategy as well as maintaining stakeholder involvement. The Quality and Safety Priorities will be delivered using the Continuous Quality Improvement Framework and progress will be reported to the Patient Safety and Clinical Effectiveness Sub-committee, Patient Experience Sub-committee and to the Quality Committee. The Trust will continue to share quality improvement outcomes at its internal Celebration Events in addition to poster presentations and national and international events.

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 NHS trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in 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, the Audit Committee, the Quality Committee and the Performance and Finance Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

THE BOARD

The Trust Board is accountable for all aspects of the performance of the Trust.

The Trust Board met in public on 7 occasions during 2022/23 and was quorate at all meetings. The attendance of each individual Board member is set out in this Annual Report and on each Trust Board agenda. The Trust Board works towards an annual work plan including statutory and mandatory requirements. Arrangements for the discharge of statutory functions by the Trust Board have been checked for irregularities and were found to be legally compliant.

The Board has six committees which support it in discharging its responsibilities. In addition to the statutory requirement for an Audit Committee and a Remuneration and Terms of Service Committee, the Board has a Performance and Finance Committee, a Quality Committee and a Workforce, Education and Culture Committee. A Charitable Funds Committee is in place for the management of funds held on trust. All Board committees are chaired by a Non-Executive Director and have Non-Executive Director majority membership. An attendance record is kept for the Board and each of its committees.

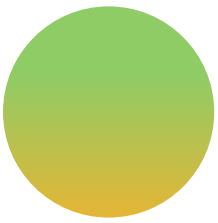
THE AUDIT COMMITTEE INCLUDING INTERNAL AUDIT

The Audit Committee met five times during 2022/23, which is the required number as set by its Terms of Reference and was quorate for all meetings.

IIts workplan for 2022/23 was received at its first meeting of the financial year and was also reviewed at each meeting during the year to ensure it remained relevant and current. The first part of the Audit Committee agenda is comprised of standing items which include a review of the minutes from the Trust Board's Committees for any governance or internal control issues that require further examination by the Audit Committee. There are standing agenda sections for the internal auditor including counter-fraud, followed by the external auditor. Other agenda items are scheduled at regular intervals during the year and these include the preparation and submission of the Annual Accounts and Quality Accounts, Going Concern status, review of the Board Assurance Framework, Board members' expenses, use of Trust's credit cards, legal fees, off payroll expenses, effectiveness of clinical audit, claims management, losses and special payments register and debts above £50,000.

The internal audit programme for 2022/23 was informed by the Trust's own risk and assurance framework, discussion with a wide range of officers and the broader context of the NHS. It was developed around the Trust's strategic objectives and its business-critical systems and was risk based. The Head of Audit Opinion and Annual Report 2022/23 gave an overall opinion of positive assurance with an amber/green rating as follows:

RATING: AMBER/GREEN



The organisation has an adequate and effective framework for risk management, governance and internal control.

However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective.

The Head of Audit Opinion suggests that the Trust should consider reporting on the partial /minimal assurance reports referred to in the Internal Audit Annual Report together with progress made since undertaking the audit. Areas of partial/minimal assurance include; Safeguarding and Cyber Security.

The Trust's Counter-Fraud service, undertaken as part of the internal audit contract, did not raise any issues of internal control or gaps in assurance in 2022/23.

The Audit Committee has not escalated any serious gaps in control during the year.

BOARD COMMITTEES WITH A ROLE OF RISK MANAGEMENT INCLUDING CLINICAL AUDIT

The Performance and Finance Committee met on 10 occasions which is in line with its Terms of Reference.

All meetings were quorate. The focus of each meeting was on the detailed Performance exception report, specifically the Trust's underlying performance against the key NHS Constitution standards and the Trust's financial plan, which are standing agenda items discussed at each meeting. Other substantive agenda items have also been the financial position of the Trust, particularly the financial performance of the Trust's health groups and their contribution to the Trust's underlying run-rate issues. The Committee has also monitored capital expenditure in line with plan. The Non-Executive Chair of the meeting provided a briefing to the Board each meeting on these areas.

The Quality Committee met on 12 occasions in line with its Terms of Reference. It was agreed that the January and August meetings would be removed due to operational pressures in January and annual leave in August, but these meetings were stood up due to the response to the CQC report. CQC actions were reviewed at every meeting after the inspection. Key issues discussed related to the launch of the Patient Safety Investigation Framework, the Quality Improvement Programme, compliance with the Learning from Deaths national requirements, Research and Innovation and Mental Health patient updates. The Committee received annual reports relating to serious incidents and safeguarding as well as Risk Strategy and Quality Strategy annual updates. The Quality Committee has focussed on lessons learned and supporting the development of a learning culture and safety culture. Each meeting also received a report from each of the Quality Committee Sub-Committees which included any point of escalation. The Board was advised of any escalation issues following each meeting by the Non-Executive Quality Committee Chair.

The Remuneration Committee met 5 times during 2022/23, which included detailed discussions regarding the Group Model with Northern Lincolnshire and Goole NHS Foundation Trust, talent and succession planning and senior management recruitment processes. The Committee was quorate for all meetings. Agenda items included annual performance reviews, information on the top earners in the Trust and minutes from the Trust Pay Terms and Conditions Group.

OTHER REVIEW AND ASSURANCE MECHANISMS

The Board has previously agreed a framework for Board Development and has chosen to invest additional Trust Board time in development.

The Trust Board held five development sessions during the year. The Board Development Framework and work plan are now published with every public Trust Board agenda and papers for openness and transparency of the topics and development time of the Trust Board.

Quality governance arrangements are in place, managed through a team of Quality Governance specialists, which include clinical audit (delivering an annual clinical audit plan), operational and corporate risk management (with support provided in to each Health Group and corporate services from a central team), compliance (including CQC, ward standards and support to safeguarding), claims and safety. The Trust has in place the Quality Strategy and plan, which has detailed projects to improve quality of care in identified areas within the Trust. These are identified through internal compliance and quality checks, internal audit reports, CQC inspection reports and other internal processes. The Quality Committee monitors and provides assurance to the Trust Board.

The Trust's quality governance arrangements culminate annually in the formulation, approval and publication of the Trust's Quality Accounts.

A Quality Report is received at each Board meeting. The report is divided into sections, which set out patient safety matters, the Patient Safety Incident Reporting Framework, patient experience matters, incident reporting including Serious Incidents and Never Events, levels of harm caused to patients and actions being taken. Patient Falls, pressure damage, mortality, CQUINs are also included as well as a section for Quality Improvement. The Workforce, Education and Culture committee receive a Nursing and Midwifery staffing report and any issues are escalated to the Trust Board. The report includes the Trust's fill rates (number of nurses in post and hours of care delivery compared with planned levels) and the Trust's plans in nursing recruitment. I am pleased that the significant efforts from the Trust have paid off in nursing recruitment during this year. The Trust also won Best UK Employer 2022 at the Nursing Times Workforce Awards in November 2022.

In 2022/23, the Trust declared 7 Never Events. This is a significant concern for the Trust and requires further work on the Trust's safety culture. The Trust aims to improve even further this safety culture in the forthcoming year, which the implementation of PSIRF and a dedicated Human Factors Hub will support with.

QUALITY, SERVICE IMPROVEMENT AND REDESIGN

There have been 4 QSIR cohorts since the launch and a further 3 cohorts for QSIR practitioner have been arranged to take place over the course of 23/24.

45 members of staff have completed the Practitioner training since November 21 with a further 19 members of staff due to complete training in April 23.

Organisational Development Leadership Programmes 2022/2023

Great Leaders Be Remarkable is now in its 5th year with its 13th cohort completing the first of three Modules in January 2023. Cohort 14 commences in March 2023 and we anticipate 12 Remarkable People will be joining us at that time. 6 Cohorts are planned to pass through in the coming year.

GREAT LEADERS BITESIZE 90-DAY CHALLENGE

Improvement is for Everyone

Taking an inclusive approach to improvement the OD Team successfully piloted taking the 90-Day Leadership Module (Module 3) out of the 12 month Be Remarkable programme and making it open to staff regardless of their role or ranking. After all, anyone in any role, anywhere in our Trust takes on leadership responsibilities in some aspect of their work – even if that is in learning to lead oneself. The first cohort completed successfully on 17 January 2023 with equally impressive results. Q4 sees a further 2 cohorts passing through. Each month a new cohort launches. The course curriculum draws on the Go Make A Difference Thinking – Thinking Effectiveness Framework and Results Framework situating it alongside Quality Service Improvement and Redesign (QSIR) Fundamentals – the Trust's approach to Quality Improvement. From this introductory foundation, staff undertake a 90-Day project of their own choosing. Proving unequivocally that improvement really is for everyone – when you make the time to harness their enthusiasm.

All six of our first "Challengers" delivered what they set out to do and all have their eyes set on further improvements. Professionals coming through were from:

- The Clinical Administration Service
- Nursing (Neurosurgery and Complex Rehab)
- The Interim Care Programme Delivery Group
- Pharmacy
- Optometry

RISE AND SHINE

January heralded the latest influx of people onto our successful programme for aspirational and emerging leaders of Rise and Shine.

We welcomed 8 enthusiastic staff to this our 5th cohort. The programme runs over 9 months and provides a solid foundation in theory and practice from which the Compassionate Leaders of our future begin their journey – seeing a culture of kindness from the start.

REALISING YOUR REMARKABLE

All the outcomes of the 90-Day Challenged delivered in a mix of self-directed independent study and 4-hour webinars to more flexibly meet the needs of staff struggling to access training.

Challenges range from 30, 60 or 90-Days. The first cohort went live in January and set a new record. One Remarkable nurse met her challenge in 5-Days after Unit 1 of this 3 Unit course. She's now got herself set on a new goal as she continues the programme.

STRETCH THINKING

Bigger Better Bolder

We have introduced an online course to introduce the Go Make A Difference Thinking Programme so that staff can access training anytime from anywhere at a time of their choosing provided they have a device connected to the internet.

TEA TROLLEY

The tea trolley round is designed to provide the opportunity for the Organisational Development team to check in with staff and provide any clinical supervision/confidential support as needed.

It has been proven that these rounds are effective in ensuring staff are adequately supported and any issues or concerns are discussed confidentially and dealt with appropriately.

TRIM

TRiM is a trauma-focused peer support system designed to help people who have experienced a traumatic, or potentially traumatic, event.

The Trust has expanded its TRiM investment with a number of TRiM practitioners taking the next step and becoming TRiM Managers. TRiM Practitioners have undergone specific training allowing them to understand the effects that traumatic events can have upon people. They are not counsellors or therapists, but understand confidentially and are able to listen and offer practical advice and assistance. The model originated in the UK Armed Forces and the model is based on 'watchful waiting', that means keeping a watchful eye on individuals who have been exposed to a traumatic event, whether that person has been directly involved or involved from afar. Feedback from staff accessing the service is overwhelmingly positive.

PROGRAMMES IN DEVELOPMENT

A bespoke cultural programme "The Inclusion Academy" is in development with members of our staff network, HR partners, Education and Development, and Psychological and Pastoral Care professionals to name a few.

The group aims to develop and deliver meaningful content to bring our values to life and support our staff to develop the skills to make HUTH an innovative and inclusive employer.

BETTER PARTNERSHIP WORKING

OD is working across boundaries developing closer partnerships with the Trust's CQI Team.

We are making the most of training partners Trans2Performance to evaluate the impact or our leadership programmes and create individual content to support learners on our programmes and involved in our bespoke work to support teams.

Regionally, the Trust will be facilitating the Mary Seacole NHS Leadership Programme. We completed the first stage of facilitator mobilisation in Q3 and will embark on the final stage in Q4. This means that in 2023/24, the Trust will be able to access 5 places on this highly regarded Leadership Programme for every cohort a HUTH staff member facilitates.

Nationally, our Trust has participated in the Royal College of Surgeons of England HandsFirst Quality Improvement Collaborative. The project has resulted in the largest national data set for hand surgery with the GIRFT Team demonstrating increasing interest in partnership working with RCS England. And in that data there is something to celebrate.

HUTH ranked 4th best across the collaborative in the timely treatment of patients presenting with open fractures or joints with 64% of patients accessing surgery within 24 hours from presentation to surgery

100% of HUTH patients presenting with an open wound requiring surgery met the British Society of Surgery of the Hand (BSSH) standard of receiving surgery within 96-hours of presenting; and

Only four trusts met the BSSH standard of treating 80% of patients presenting with closed fractures requiring surgery within 7-days . HUTH and Newcastle were the only trusts in the collaborative to meet this challenging standard for 100% of patients presenting within 24 hours in this 12 month programme.

HUTH's own Senior Continuous Improvement and OD Practitioner, Ruth Colville was privileged to represent the Trust as one of the three non-clinical QI Consultants during the HandsFirst QI Collaborative which runs through March 2023

REVIEW OF THE EFFECTIVENESS OF RISK MANAGEMENT AND INTERNAL CONTROL

The effectiveness of risk management and internal control has been determined through a number of mechanisms.

The internal audit programme for 2022/23 was informed by the Trust's own risk and assurance framework, a discussion with a wide range of officers and the broader context of the NHS. It was developed around the Trust's strategic objectives and its business critical systems and was risk based. The Head of Internal Audit Opinion and Annual Report 2022/23 gave an overall opinion of positive assurance, which stated that the Trust has an adequate and effective framework for risk management, governance and internal control, with opportunities to make further enhancements to this. This maintains the position from last year.

As part of their plan, Internal Audit carried out audits of the following areas in 2022/23, Safeguarding, E-Rostering and Medical Bank, Quality and Safety Improvement,

Performance Management Framework, Cyber Security, Learning from Serious Incidents, Sickness Absence, Freedom to Speak Up, Risk Management Maturity Review, Data Security and Protection Toolkit and Financial Systems.

The Audit Committee, comprising Non-Executive Directors, gives independent assurance to the Board. It receives all audit reports from internal and external auditors and monitors progress against agreed recommendations. Where gaps in control are identified management action is agreed.

ED attendances and flow throughout the Emergency Department has continued to be significantly compromised in 2022/23 with some excessive waits being due to an increase in the length of time patients are in the ED waiting for a suitable bed within the hospital. The ED performance standard continues to be compromised and is compounded by patients with no criteria to reside.

The Trust did not meet the national 18 week referral to treatment (RTT - incomplete pathway) standard, the 31-day cancer or 62-day cancer targets in 2022/23. The Trust did not meet the 5% tolerance in six-week waiting times for diagnostic tests in any month of the year. The Trust is reporting an improved position is patients waiting over 52 weeks and has an aim to achieve zero patients waiting over 65 weeks by March 2024. The Trust is working to reduce the waiting list size and reductions in follow-up backlogs as part of its recovery plan.

The Trust has continued to strive for improvement by embedding efficient and effective mechanisms for managing risks. Clearly defined processes are in place to ensure the Trust is continually working towards improvement in quality of care. This is regularly assessed through the clinical audit programme, nursing fundamental standard reviews, multi-disciplinary clinical reviews as well as internal ad-hoc reviews against the CQC's Key Lines of Enquiry as required. The Trust through its Quality Improvement Programme put in place arrangements to deliver improvements identified through previous and current CQC inspections and by partners and stakeholders via reviews of the Trust's Quality Accounts, Serious Incidents, claims and complaints. Quality improvement programmes are monitored by the Quality Committee and the Trust Board.

The Trust has committed to engaging regularly with key stakeholders and partners, including regular meetings with the CQC, NHS I/E and the ICB. During these meetings all parties will continue to monitor progress in an environment of openness and honestly. In particular, the Trust has supported the Humber Acute Services Review and Integrated Care System.

The Trust has received its Staff Survey results for 2022. The Trust's performance in the national Staff Survey has deteriorated since 2021. This reflects the overall performance nationally however in some areas Trust staff are reporting more negatively than the national average.

HEALTH AND SAFETY OF STAFF

The Trust maintained its excellent record with the Health and Safety regulator during 2022/2023.

This year 2022/2023 we witnessed (29) reportable incidents which was an increase of (7) on the previous year 2021/2022 (22), however, this is still an overall trend of reduction over the last 12 years being maintained.

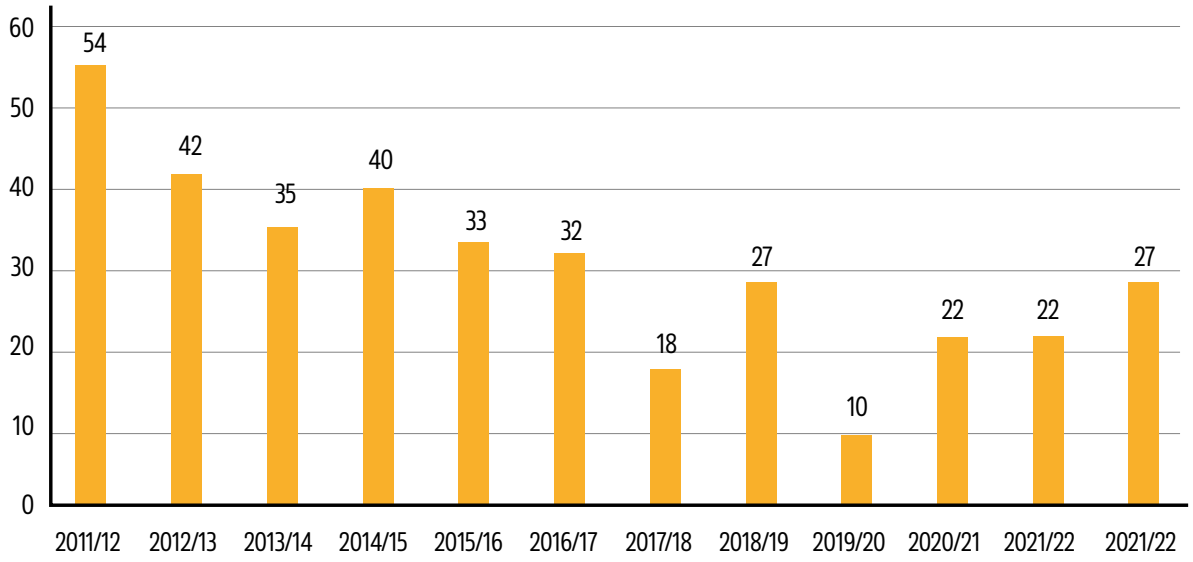


Figure 1

RIDDOR 2022 - 2023	Q1			Q2			Q3			Q4			Total	Previous Year Total 2021/22
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Slip - trip fall	2	1	1	1	3	2	-	1	-	-	2	1	14	12
Manual handling	-	-	-	-	-	1	-	-	-	-	1	-	2	1
Struck by or against something	-	-	-	1	1	-	-	-	-	-	-	1	3	2
Contact with hot/cold, object, liquid, electric or machinery	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Contact with sharp material or object non medical	-	-	-	-	-	-	1	-	-	-	-	-	1	1
Other personal accident	2	-	1	1	-	-	1	1	-	2	-	-	8	3
Contact other medical sharps	-	-	-	1	-	-	-	-	-	-	-	-	1	1
Exposure to harmful agent e.g. radiation, substance, bio agent	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Total	4	1	2	4	4	3	2	2	0	2	3	2	29	22
FTE 7932		7			11			4			7			

Figure 2

Over the past twelve months, the Trust has seen many changes with new buildings being introduced and the refurbishment of others along with staff movement, which may have contributed to some of the incidents above.

The main cause of RIDDOR reportable incidents over the last year remain to be 'Slips, trips and falls' (14). Actions for improvement are underway through infrastructure improvements and departmental and site quarter physical inspections.

There are no common trends for this group of incidents

Moving and handling has significantly low when compared to previous years with just (2) reportable incidents during 2022/2023

Since October 2021, the management of face fit testing service was transferred from the Infection Control team to the Safety department to take charge of and since then it has been the subject of much focus.

Since taking charge of the service the Safety team has built the service to being the regions fore runner amongst other regional Trust when comparing the number of staff tested with HUTH having tested approximately 3600 staff to date.

In order for the Safety team to concentrate more on the day-to-day safety aspects it was agreed that the management of the face fit testing would be transferred back to the Infection Control team as of February 2023.

COVID-19

The Covid-19 Inquiry has been set up to examine the UK's response to and impact of the Covid-19 pandemic and learn lessons for the future.

The Trust is preparing for the Covid National Inquiry and awaits further instruction and information requests from the National Team.

GREEN PLAN, BECOMING NET ZERO BY 2030

Whilst our recent focus has been very much about protecting patients, staff and the public in the face of a global pandemic, the NHS must not lose sight of the imminent health emergency that climate change could bring.

That means more intense storms and floods, more frequent heat waves, and the wider spread of infectious diseases.

Only the strongest and most determined response will impact on this, bringing with it direct improvements for public health and health equity.

We will continue with our commitments to reduce carbon emissions, build resilience to the effects of climate change, minimise waste and pollution, and make the very best use of scarce resources.

Projects in 2022/23 included:

- 16 heat pumps installed to replace boilers
- Improved insulation
- 22,000 LED lights have been fitted
- 5MW solar PV farm covering 3.5 hectares is now in place
- 11% of Trust transport fleet have zero emissions
- Planted 1,000 trees
- 87% reduction in carbon emissions from Entonox

SIGNIFICANT ISSUES

Having reviewed the areas of risk I consider that the following are significant issues:

- The Trust did not meet all of the NHS Constitution standards, many of which have been impacted by Patients with No Criteria to Reside.
- Patient experience has been compromised by crowding in the Emergency Department and the Trust is working to improve the patient pathways.
- Following the CQC inspection in October 2022 the Trust has maintained an overall 'requires improvement' rating. However, the 'Safe' domain was rated 'Inadequate' as was the Urgent and Emergency Care core service. The other services inspected, Surgery and Medicine, also saw a drop in rating from 'good' to 'requires improvement'. Improvement plans are in place to address the regulatory breaches and other concerns identified by the CQC.
- The Trust to address the issues patients with no criteria to reside, working with health partners to ensure patients are treated in the most appropriate setting.
- The Trust's performance against the Emergency Department four-hour target was not acceptable and will require significant support to make and sustain improvement
- Addressing the Trust's underlying financial position as part of a system financial plan
- Securing capital funding to address all critical and long-term infrastructure requirements
- The Trust's patient safety culture requires further development and embedding in all clinical areas

The Trust Board acknowledges that 2023/24 will be another challenging year that staff will experience. The resilience of our staff is being particularly tested and we seek to maintain the highest standards of care we can, for as many patients as we can, in 2023/24.

CONCLUSION

This annual governance statement has identified the following risks:

- The Trust did not meet all NHS Constitutional waiting time standards in 2022/23 and will need to continue to implement the robust recovery plan in place to ensure high quality patient care.
- The Trust will need to make sustained improvement in Emergency Department performance
- The Trust met its financial plan in 2022/23 but must make further progress towards addressing the underlying financial position within a system financial plan
- Our staff are our a key priority in all areas of success: we must continue to improve our staff engagement, empower staff to make improvements in their own areas and feel part of an organisation that is striving for continuous improvement with a foundation on patient safety
- The Trust is aspiring to move to a "good" Care Quality Commission rating

However, I am confident that the internal control systems are operating well and that the work we have done to maintain and develop our risk management systems will help us to consolidate this position in the future. The Trust is committed to the continuous improvement of processes of internal control and assurance. This includes the effective tracking of action to mitigate significant control issues through the board assurance framework

Signed

Accountable Officer: Mr Chris Long

Organisation: Hull University Teaching Hospitals NHS Trust

June 2023

REMUNERATION AND STAFF REPORT/PENSION TABLES/ PAY MULTIPLES FAIR PAY DISCLOSURES

(subject to audit)

	Current year 2022/23						Prior Year: 2021/22					
	(a)	(b)	(c)	(d)	(e)	Total	(a)	(b)	(c)	(d)	(e)	Total
	Salary (bands of £5,000)	Expense payments (taxable) total to nearest £100	Performance pay and bonuses (£5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension - related benefits (bands of £2,500)	(a to e) (bands of £5,000)	Salary (bands of £5,000)	Expense payments (taxable) total to nearest £100	Performance pay and bonuses (£5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension - related benefits (bands of £2,500)	(a to e) (bands of £5,000)
	£000	£'s	£000	£000	£000	£000	£000	£'s	£000	£000	£000	£000
Sean Lyons: Chairman (started 1/2/2022)	35-40	0	0	0	0	35-40	5-10	0	0	0	0	5-10
Terry Moran: Chairman (left 31/07/2021)	-	-	-	-	-	-	10-15	0	0	0	0	10-15
Stuart Hall: Non Executive Director and Vice Chair (started 01/01/2015)	10-15	0	0	0	0	10-15	30-35	0	0	0	0	30-35
Tracey Christmas: Non Executive Director (started 06/07/2015)	10-15	0	0	0	0	10-15	10-15	0	0	0	0	10-15
Antony Curry: Non Executive Director (started 01/04/2019)	10-15	0	0	0	0	10-15	10-15	0	0	0	0	10-15
Mike Robson: Non Executive Director (started 01/04/2020)	10-15	0	0	0	0	10-15	10-15	0	0	0	0	10-15
Una Macleod: Non Executive Director (started 01/04/2020	10-15	0	0	0	0	10-15	10-15	0	0	0	0	10-15
Dr David Hughes: Non Executive Director (left 31/01/2023)	10-15	0	0	0	0	10-15	0-5	0	0	0	0	0-5
Linda Jackson: Associate Non Executive Director (01/04/2020)	10-15	0	0	0	0	10-15	5-10	0	0	0	0	5-10
Dr Ashok Pathak: Associate Non Executive Director (Started 01/04/2021)	10-15	0	0	0	0	10-15	10-15	0	0	0	0	10-15
Chris Long: Non Executive Director (started 29/09/14)	210-215	0	0	0	0	210-215	205-210	0	0	0	0	205-210
Lee Bond: Chief Financial Officer (started 01/03/13)	95-100	0	0	0	45-47.5	140-145	95-100	0	0	0	77.5-80	170-175
Makani Purva: Chief Medical Officer (started 01/08/2018)	200-205	0	0	0	0	200-205	185-190	0	0	0	35-37.5	225-230
Beverley Geary: Chief Nurse (left 31.03.2022)	-	-	-	-	-	-	150-155	0	0	0	27.5-30	180-185
Ellen Ryabov: Chief Operating Officer (started 01/11/2020)	155-160	0	0	0	0	155-160	150-155	0	0	0	0	150-155
Simon Nearney: Director of Workforce & Organisational Development	125-130	0	0	0	27.5-30	150-155	125-130	0	0	0	27.5-30	150-155
Michelle Cady: Director of Strategy and Planning (left 31/03/2023)	135-140	0	0	0	32.5-35	170-175	135-140	0	0	0	120-122.5	255-260
Suzanne Rostron: Director of Quality Governance (started 01/03/2021)	115-120	0	0	0	27.5-30	145-150	115-120	0	0	0	32.5-35	150-155
Joanne Ledger: Interim Chief Nurse (started 01/04/2022)	155-160	0	0	0	100-102.5	255-260	0	0	0	0	0	0
Shona McMahon: Director of IT (started 01/04/2022)	70-75	0	0	0	35-37.5	105-110	0	0	0	0	0	0

Notes

Sean Lyons is Chair of both Hull University Teaching Hospitals NHS Trust and North Lincolnshire and Goole NHS Foundation Trust.

The salary banding 35-40 in the table above represents Mr Lyons' remuneration relating to Hull University Teaching Hospitals NHS Trust only.

Stuart Hall is a Non-Executive Director and Vice Chair of Hull University Teaching Hospitals NHS Trust and Associate Non-Executive Director of North Lincolnshire and Goole NHS Foundation Trust.

The salary banding 10-15 in the table above represents Mr Hall's remuneration relating to Hull University Teaching Hospitals NHS Trust only.

Linda Jackson is an Associate Non-Executive Director of Hull University Teaching Hospitals NHS Trust and Non-Executive Director and Vice Chair of North Lincolnshire and Goole NHS Foundation Trust.

The salary banding 10-15 in the table above represents Ms Jackson's remuneration relating to Hull University Teaching Hospitals NHS Trust only.

Lee Bond is Chief Financial Officer of both Hull University Teaching Hospitals NHS Trust and North Lincolnshire and Goole NHS Foundation Trust and his time is shared equally between both organisations.

The salary banding 95-100 in the table above represents Mr Bond's remuneration relating to Hull University Teaching Hospitals NHS Trust only.

Dr Makani Purva's remuneration includes £40,281 in relation to a clinical excellence award.

Simon Nearney is Director of Workforce for Hull University Teaching Hospitals NHS Trust and has been Interim Director of People for North Lincolnshire and Goole NHS Foundation Trust since January 2023. Since this time, his time and costs have been shared equally between both organisations.

The salary banding 115-120 in the table above represents Mr Nearney's remuneration relating to Hull University Teaching Hospitals NHS Trust only.

Shona McMahon has been Director of IT for Hull University Teaching Hospitals NHS Trust from 1/4/2022 and is Chief Information Officer for Northern Lincolnshire and Goole NHS Foundation Trust.

The salary banding 70-75 in the table above represents Mrs McMahon's remuneration relating to Hull University Teaching Hospitals NHS Trust only.

Ellen Ryabov has already claimed her NHS pension

REMUNERATION AND STAFF REPORT/PENSION TABLES/ PAY MULTIPLES FAIR PAY DISCLOSURES

(subject to audit)

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
	Real increase in pension at pension age(bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31/03/2023 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31/03/23 (bands of £5,000)	Cash Equivalent Transfer Value at 01/04/22 (£000)	Real increase in Cash Equivalent Transfer Value (£000)	Cash Equivalent Transfer Value at 31/03/23 (£000)	Employer's contributions to stakeholder pension
Chris Long: Chief Executive Officer (started 29/09/2014)	0	0	0	0	0	0	0	0
Lee Bond: Chief Financial Officer (started 01/03/2013)	2.5-5	0-2.5	70-75	145-150	1228	52	1,339	0
Makani Purva: Chief Medical Officer (started 01/08/2018)	0	0	50-55	80-85	1002	0	982	0
Simon Nearney: Director of Workforce & Organisational Development (started 01/06/2014)	0-2.5	0	20-25	0	274	16	314	0
Michelle Cady: Director of Strategy and Planning (left 31/03/2023)	2.5-5	0	40-45	75-80	723	36	800	0
Suzanne Rostron: Director of Quality Governance (started 01/03/2021)	0-2.5	0	30-35	55-60	461	22	514	0
Joanne Ledger: Interim Chief Nurse (started 01/04/2022)	5-7.5	5-7.5	40-45	65-70	587	87	704	0
Shona McMahon: Director of IT (started 1/4/2022)	2.5-5	0	15-20	0	198	31	256	0
Ellen Ryabov: Chief Operating Officer (started 01/11/2020)	-	-	-	-	-	-	-	0

Notes

The Chairman and Non-Executive Directors do not receive pensionable remuneration, therefore there are no entries in respect of pensions for the Chairman and Non -Executive Directors. Lee Bond is Chief Financial Officer, this a joint role with Northern Lincolnshire and Goole NHS Foundation Trust. The table above represents the total pension benefits for Mr Bond in this joint role. Simon Nearney is Director of Workforce for Hull University Teaching Hospitals NHS Trust and has been Interim Director of People for Northern Lincolnshire and Goole NHS Foundation Trust since January 2023. The table above represents the total pension benefits for Mr Nearney in this joint role. Shona McMahon has been Director of IT for Hull University Teaching Hospitals NHS Trust from 1/4/2022 and is Chief Information Officer for Northern Lincolnshire and Goole NHS Foundation Trust. The table above represents Mrs McMahon's total pension benefits. Chris Long was opted out of the pension scheme during 22/23. Ellen Ryabov has already claimed her NHS pension.

A CETV calculation is not applicable where members are over normal pension age (NPA) in the existing scheme.

Cash Equivalent Transfer Values

A 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 member's accrued benefits and any contingent spouse'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 a 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 disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit 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.

The CETV calculations are based in the Department of Work and Pensions regulations which came into force on 13th October 2008.

Real Increase in CETV

This 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 scheme or arrangement) and uses common market valuation factors for the start and end of the period.

PAY MULTIPLES – FAIR-PAY DISCLOSURES

(subject to audit)

Reporting bodies are required to disclose the relationship between the total remuneration of the highest-paid director / member in their organisation against the 25th percentile, median and 75th percentile of total remuneration of the organisation's workforce.

Total remuneration of the employee at the 25th percentile, median and 75th percentile is further broken down to disclose the salary component.

The banded remuneration of the highest paid director / member in Hull University Teaching Hospitals NHS Trust in the financial year 2022-23 was the Chief Medical Officer at £217,500 (2021-22, £207,500). The relationship to the remuneration of the organisation's workforce is disclosed in the below tables.

	22/23 (£)	21/22 (£)	20/21 (£)
Median Pay	34,943	31,534	30,615
Pay Multiple*	6.22	6.58	6.61
Average Pay	41,778	39,263	37,467
Highest paid Director – Actual remuneration	216,380	207,959	204,081
Highest paid Director (mid-point of the £5k band)	217,500	207,500	202,500
Change in median pay	10.81%	3.00%	1.67%
Change in pay multiple*	-5.41%	-0.52%	0.85%
Change in average pay	6.41%	4.79%	3.63%
Change in highest paid Director pay	4.82%	2.47%	3.34%
Range of staff remuneration	9,405 - 279,175	8,408 – 254,145	8,115 - 250,922
Highest paid employee	279,175	254,145	250,922

*2020/21 figures restated following application of new methodology.

Pay ratio information table	2022/2023			2021/2022		
	25th percentile	**Median**	**75th** percentile	**25th** percentile	**Median**	**75th percentile**
Total remuneration (£)	24,891	34,943	46,032	21,885	31,534	43,013
Salary component of total remuneration (£)	24,891	34,943	46,032	21,885	31,534	43,013
Performance pay and bonuses (£)	-	-	-	-	-	-
Pay ratio information (multiple)	8.7	6.2	4.7	9.5	6.6	4.8

The Trust's highest paid director's remuneration is 6.22 times the median remuneration of the workforce (2021/22: 6.58 times), which is £34,943 (2021/22 - £31,534).

The median level of remuneration has increased by 10.81% and the remuneration of the highest paid Director has increased by 4.82%. The increase in median salary is due to the £1,400 pay rise in autumn 2022, plus the non-consolidated pay award that includes;

- A non-consolidated award worth 2.0% applied equally across all Agenda for Change bands
- A one-off "backlog bonus" with tiered payments worth between £1,250 and £1,600.

In 2022/23, 9 employees (2021/22 – 9) received remuneration in excess of the highest paid director / member. The remuneration for these employees was in the range of £215,000 to £280,000 (2021/22 - £210,000 to £255,000). All nine employees paid more than the highest paid director are Senior Medical Consultants.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions. No exit packages were paid during 2022/23.

During 2022/23 the Trust spent £31k on consultancy fees (2021/22 - £73k).

REMUNERATION AND STAFF REPORT

Staff Costs

			2021/22	2020/21
	Permanent £000	Other £000	Total £000	Total £000
Salaries and wages	372,537	119	**372,656**	**346,365**
Social security costs	36,879	0	**36,879**	**33,265**
Apprenticeship levy	1,763	0	**1,763**	**1,664**
Employer's contributions to NHS pensions *	56,637	0	**56,637**	**54,153**
Pension cost - other	183	0	**183**	**170**
Other post employment benefits	-	-	**-**	**-**
Other employment benefits	-	-	**-**	**-**
Termination benefits	-	-	**-**	**-**
Temporary staff (including agency)	0	11,408	**11,408**	**10,595**
Total gross staff costs**	467,999	11,527	**479,526**	**446,211**
Of which: Costs capitalised as part of assets	1,170	0	**1,170**	**1,389**

* The employer's contribution to NHS pensions figure includes the additional 6.3% (£17.306m) for which there is a corresponding entry on income

Staff Turnover for 2022/23 was 11.8%.

OFF PAYROLL ENGAGEMENTS

Staff Costs

Length of all highly paid off-payroll engagements

For all off-payroll engagements as of 31 March 2023, for more than £245* per day:

	Number
Number of existing engagements as of 31 March 2023	0
Of which, the number that have existed:	-
for less than one year at the time of reporting	0
for between one and two years at the time of reporting	0
for between 2 and 3 years at the time of reportingGroup	0
for between 3 and 4 years at the time of reporting	0
for 4 or more years at the time of reporting	0

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

Off-payroll workers engaged at any point during the financial year

For all off-payroll engagements between 1 April 2022 and 31 March 2023, for more than £245 per day:

	Number
No. of temporary off-payroll workers engaged	0
Of which...	0
No. not subject to off-payroll legislation.*	0
No. subject to off-payroll legislation and determined as in-scope of IR35*	0
No. subject to off-payroll legislation and determined as out of scope of IR35*	0
The number of engagements reassessed for compliance or assurance purposes during the year	0
Of which: no. of engagements that saw a change to IR35 status following review	0

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

Off-payroll board member/senior official engagements

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2022 and 31 March 2023:

	Number
Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year.	0
Total no. of individuals on payroll and off-payroll that have been deemed "board members, and/or, senior officials with significant financial responsibility", during the financial year. This figure must include both on payroll and off-payroll engagements.	18

Average number of employees (WTE basis)

The figures tabled below are subject to audit.

			2022/23	2021/22
	Permanent £000	Other £000	Total £000	Total £000
Medical and dental	1,319	189	**1,508**	**1,436**
Ambulance staff	-	-	**-**	**-**
Administration and estates	1,733	5	**1,738**	**1,667**
Healthcare assistants and other support staff	535	43	**578**	**569**
Nursing, midwifery and health visiting staff	3,169	60	**3,229**	**3,115**
Nursing, midwifery and health visiting learners	40	-	**40**	**43**
Scientific, therapeutic and technical staff	1,151	24	**1,175**	**1,147**
Healthcare science staff	248	-	**248**	**378**
Social care staff	-	-	**-**	**-**
Other	1	**-**	**1**	**1**
Total average numbers	8,196	321	**8,517**	**8,356**
Of which: Number of employees (WTE) engaged on capital projects	40	-	**40**	**38**

MODERNISING POLICY, PRACTICE AND TECHNOLOGY WITHIN WORKFORCE AND OD

Throughout 2022/23, the Workforce and Organisational Development Team continued to work towards delivering a supportive culture designed to flex to the needs of the workforce.

EMPLOYEE SERVICE CENTRE

Over the past 6 years the Employee Service Centre (ESC) has gone from strength to strength, providing first line support to staff on Recruitment, HR, Payroll, Smartcards, Medical Staffing and other related topics.

The last 12 months has seen the ESC receive and deal with just over 72,000 call/emails/face to face appointments via the Helpdesk.

The ESC implemented Earnings on Demand in November 2022 which allows employees to access a portion of their pay as it is earned, rather than waiting for pay day; this is particularly helpful where staff may have undertaken additional shifts. Safeguards built into the scheme ensure that a member of staff cannot draw down all their pay before pay day. Since the launch of the scheme in November 2022, 125 staff have registered withdrawing circa £68K in total.

In September 2022, the HUTH management team began working in partnership with colleagues at Northern Lincolnshire and Goole NHS Foundation Trust (NLAG) to manage and deliver a shared payroll service across both Trusts.

This partnership working will aid the development and retention of key payroll staff through shared learning opportunities, ensuring the payroll functions within both Trusts remain financially viable and robust enough to deliver key payroll functions within a multi-professional NHS environment.

The Medical Staffing Team successfully implemented Health Education England's Trainee Information System (TIS) which supports the management and transfer of information between TIS and ESR (HR and Payroll Management System). The direct interface between the systems avoids the manual intervention associated with entering new starter information into ESR, saving significant time and allowing the Medical Staffing Team to focus on developing other key processes to support the successful rotation of doctors in training into the Trust.

NURSE AND STAFF BANK

e-Rostering (Electronic Roster) and e-Medical Workforce Teams

The rollout of the implementation of HealthRoster across all Trust services has continued, focussing on the completion of Allied Health Professional (AHP) rosters and the development of rosters for Clinical Admin Hubs, reducing the need for timesheets and improving reporting functionality.

As the continued lead employer for the COVID-19 vaccination programme across the integrated care system, a bank of vaccinators, support and administration staff has been maintained and deployed to support the vaccination booster programmes. The Programme Bank was successful in winning a national for 'Workforce Innovation' award via its roster system provider.

The team continue to proudly support the rostering of all students and nursing trainees. During the last 5 years, the numbers of students and nursing trainees has significantly increased from 956 to 1746. The numbers of students are set to increase again with a consensus that this trend will continue in the years to come as the Trust seeks to recruit more people to the health and care sector.

HUMAN RESOURCES ADVISORY SERVICE

The service has undertaken the task of evaluating and developing the HR Advisory Service's Work Plan, aligning this with Trust and national strategy, following a return to normal activities as the UK moved into the next phase of learning to live with COVID-19.

The temporary COVID-19 sickness regulations were removed and normal sickness absence management resumed in September 2022. A significant piece of work was undertaken to ensure appropriate management and support of staff with sickness absence levels above the Trust's Key Performance Indicator (KPI) were in place across all services.

Core HR policies have continued to be renewed and improved in line with changing legislation and national strategy, including the Flexible Working Policy and the Pay Progression Policy.

The service has developed a HR Apprenticeship scheme enabling colleagues to study and gain recognised professional HR qualifications. Alongside this, the service will benefit from increased opportunities for succession planning.

RESERVE FORCES TRAINING AND MOBILISATION

Hull University Teaching Hospitals NHS Trust is recognised for its commitment to supporting the Armed Forces.

In December 2017 the Trust signed the Armed Forces Covenant and has successfully upheld the key principles of this. The Trust also continues to receive the Gold Award, under the Employer Recognition Scheme, which was revalidated in February 2023.

A suite of training programmes continue to be available to help staff understand the unique needs of veterans and their families. This includes resources to support veterans experiencing mental health issues, information about how the Armed Forces lifestyle can impact on service families and their access to health and social care provision and details around how to support veterans with long term or severe injuries.

The Trust has recently promoted the new national High Intensity Service (HIS) known as 'Op COURAGE' on the Trust's intranet site. This new service has been rolled out across the UK and provides specialist services to enhance the support available to veterans experiencing mental health problems.

EQUALITY, DIVERSITY AND INCLUSION

The Trust has continued to become more diverse throughout the last financial year, with 1,979 members of staff identifying as BAME (compared to 1,723 in 2021/22), 386 as having a disability (compared to 312 in 2021/22) and 263 identifying themselves as being LGBTQ+ (compared to 241 in 2021/22).

The Trust remains committed to the inclusion and equity of every member of staff, to enable them to be successful in their NHS careers.

At the forefront of the improvements and central to the Trust's EDI strategy are the continued growth and success of the Trust's staff networks. The networks work in partnership with management to continuously improve the culture across the Trust and to provide support and advice to individual members of staff.

LGBTQ+ NETWORK

The LGBTQ+ Network has focussed on raising the profile and impact of the network over the past year.

The network successfully launched the Rainbow Badge scheme in March 2023, with currently over 500 badges having been issued to date. The Rainbow Badge initiative, developed at the Evelina Children's hospital in London, is a way for staff to demonstrate that the Trust is an open, non-judgemental and inclusive place for people that identify as LGBTQ+. If patients see a member of staff wearing a rainbow badge, it identifies the member of staff as someone the patient can talk to about who they are, how they feel and that the member of staff will do their best to get support for the patient if they need it. The initiative aims to make a positive difference by promoting a message of inclusion.

Hull Pride saw the network proudly taking its place in the NHS section of the parade, as well as joining other local NHS organisations in a marquee to showcase the support the NHS can provide to the LGBTQ+ community.

The network is planning to launch a zero tolerance campaign to LGBTQ+ discrimination and to host the first LGBTQ+ conference in the next financial year.

DISABILITY STAFF NETWORK

The Disability Staff Network was renamed in August 2022 from 'The Enabled Staff Support Network'. By reclaiming the 'disabled' title the network has seen a positive increase in membership.

A network leadership team has been established, which has seen the appointment of two deputies and a Mental Health Lead.

Key successes of the network throughout the past year include:

- In October 2022, the Disabled Staff Network once again held a hugely successful annual conference. Guest speakers championed the development of an organisational culture where physical and mental health disability are recognised and supported within the workplace.
- The network Chair has delivered a number of disability awareness sessions aimed at raising understanding of disability and bridging the gap on ESR declaration rates.
- A task and finish group has been established to deliver a Zero Tolerance to Ableism Framework and reporting tool.

BAME LEADERSHIP NETWORK

In June 2022 the BAME Leadership Network held a successful and well attended annual conference.

After previous years of virtual conferences due to the COVID-19 pandemic, the network were pleased to be able to welcome a number of attendees in person, whilst also offering people the opportunity to participate remotely.

During the conference, the Trust announced that it was to adopt an anti-racist stance and asked its staff to act as upstanders when witnessing racism. To support this, a detailed document outlining the Trust's Zero Tolerance to Racism Framework and a QR code reporting tool were developed, along with posters with the QR code and a 'We're better than that' theme.

The framework officially launched on 1 August 2022 and since then, a number of reports have been submitted, with support being given to those individuals who raised the report.

AWARDS

The Trust won the 'Diversity and Inclusion' award at the Hull Live Business Awards 2022, with praise being given for the Trust's work to support the 10,000 strong team including 1,500 employees from BAME backgrounds, those with disabilities and LGBTQ+ colleagues.

At the 2022 Nursing Times Workforce Awards, the Trust was named 'Best Employer for Staff Recognition' for work on the 'Remarkable People, Extraordinary Place' campaign. The Trust was also shortlisted in the 'Best International Recruitment Experience' category for the international recruitment project 'Welcome to Ours' which enabled the Trust to grow the nursing complement by almost 200 recruits.

INCLUSION INITIATIVES

Internationally Educated Nurses – internationally educated nurses continue to be critical to the ongoing sustainability of the healthcare provision offered by the Trust.

The Trust now employs over 500 international nurses. The Trust provides a range of practical and emotional resources to assist staff relocate to the UK for example offering providing information about the local culture, advice on how to become a UK registered nurse, guidance on how to prepare for pre-registration OSCE exams, how to set up bank accounts etc. In addition to this, a bespoke induction programme, specifically tailored towards the needs of new international nurses is provided once their employment commences with the Trust.

Period Dignity Project – with more than three quarters of the Trust's workforce being female and with initial financial support from Unison and Humber and North Yorkshire Health and Care Partnership, in November 2022 the Trust launched a Period Dignity project. The scheme aims to provide equity of access to period products for staff whose personal, financial or home-life circumstances mean they may have difficulty obtaining period products.

GENDER PAY REPORTING

Regulations that took effect on 31 March 2017 (The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017) require all public sector organisations in England employing 250 or more staff to publish gender pay gap information.

These form part of the Trust's public sector equality duty under the Equality Act 2010. The Equality and Human Rights Commission has the power to enforce any failure to comply with the regulations.

The Trust published its sixth Gender Pay Gap report by 30 March 2023, to meet statutory timescales.

The Trust's data, which shows the difference in average pay between men and women in the workforce, reflects that the Trust has a majority of men in higher-paid roles, predominantly medical staff.

The Trust's mean gender pay gap is 29.14% (compared to 29.50% in the previous report). This reduction of 0.36% on the previous reporting period shows a small but improving picture. The median gender pay gap is 20.63% (compared to 19.85% in the previous report).

Excluding medical and dental staff the Trust mean gender pay gap would be 4.41%, and there is now no hourly pay gap based on the median, (a reduction of 0.72% since the previous report).

The Trust has compared the mean and median gender pay gap since statutory reporting began in 2017. The Trust's data shows that it is gradually making inroads to tackle its gender pay gap, albeit with fluctuations along the way.

For full details, the Trust's Gender Pay Gap report is

available on the Trust's website.

DISABILITY EQUALITY

The Workforce Disability Equality Standard (WDES) came into force in April 2019 and is a set of specific measures (metrics) which enables NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff.

The Trust's WDES data has shown some improvement year on year since the launch, and the WDES Action Plan, developed in partnership with the Disabled Staff Network Chair, provides an overview of work to support this important agenda.

For full details, the Trust's WDES submission is available on the Trust's website.

RACE EQUALITY

The NHS Workforce Race Equality Standard (WRES) was commissioned in 2015 to ensure employees from Black, Asian Minority Ethnic (BAME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

Whilst the Trust's WRES data highlights that the lived experiences of BAME colleagues within the Trust is different to other groups; working in partnership with the BAME Leadership Network, the Trust is committed to addressing this and areas for improvement have been identified.

For full details, the Trust's WRES submission is available on the Trust's website.

LEARNING AND ORGANISATIONAL DEVELOPMENT

The Learning and Organisational Development Department reaches its two-year anniversary in its current form with the Head of Learning and Organisational Development post bringing together the Hull Institute of Learning and Simulation (HILS), Organisational Development, Library and Knowledge Services, Education and Medical Education (team only).

LEARNING ENVIRONMENT

There are four main training facilities across the Trust:

- Medical Education Centre (MEC) at HRI
- Hull Institute of Learning and Simulation (HILS) at HRI
- Suite 22 (including the Suture Centre) at CHH
- Lecture Theatre at CHH

The past year has seen an increase of people attending training courses in person due to the easing of COVID-19 restrictions, with venues being used at full capacity once again. The HILS facility saw over 5200 learners come through its doors in the past year. However, the Learning and Organisational Development team were also keen to continue to support the COVID-19 vaccination programme and offered the use of training facilities to host the staff vaccination centres.

As the UK continues to learn to live with COVID-19 and to ensure training is accessible to staff, a range of training options continue to be offered, including hybrid training, welcoming learners in person and virtually, as well as continuing to offer e-learning.

To ensure that the needs of all learners are better met, the team have been improving the training rooms and facilities over the past year. This included the creation of study and workspaces for staff in a welcoming and engaging environment. Within MEC new open plan study pods are now available and the libraries on both sites now offer private study pods. These pods (see picture to the right) provide learners and staff individual private spaces for virtual meetings and telephone calls, as well as enabling facilitators to deliver short webinars without the requirement for a physical training room.

The team are also currently redesigning a room as a pilot at CHH to create an inclusive learning environment, ensuring that the décor and equipment meets the needs of colleagues with special educational needs and neurodiversity. Hearing loops are due for installation within the training rooms at Suite 22 to ensure that the environments are suitable for learners who may be hard of hearing and use hearing aids. Breakout spaces at Suite 22 (see picture to the left) have also been reintroduced to support courses and learners.

DEVELOPING LEARNING SERVICES

Key successes over the past 12 months include:

- Introduced a Special Educational Needs (SEN) facilitator to support adult learners.
- Set up a staff advice service to support colleagues and managers better understand what is available for individuals with SEN alongside neurodiversity support.
- Refreshed and re-designed the Conflict Avoidance and Resolution Training (CART), in addition to fire evacuation courses.
- Developed staff support courses in Time Management and Customer Care.
- Begun a comprehensive organisational wide learning needs analysis to understand wider Trust developmental needs in addition to initiating a required learning review.
- Secured bids to improve the realism of training including a thoracotomy manikin and a paediatric manikin – Aria (see picture to the right).
- The Human Tissue Application is well underway for the Surgical Skills Centre. The physical audit was passed in December 2022 by the Human Tissue Authority subject to the Trust's final satisfactory paperwork submission.
- A Nursing Simulation Fellow has been introduced, which has resulted in; in situ simulations being set up and regularly taking place in several areas including; Acute Medicine, Labour Wards, Emergency Department, Theatres and Cardiology.
- NuTS (Nurse Training in Simulation) has been implemented allowing nurses and midwifery staff to attend a training day in the early recognition of a deteriorating patient and SEPSIS awareness.
- A Human Factors one day course has been developed which is being delivered by the internal simulation faculty – the faculty have joined the Trust's Human Factors hub to ensure a sustainable delivery model is created.
- Created a virtual reality application with external design company Cognitant – the app is for perioperative day surgery patients, to provide them with education and advice in how to be a successful candidate for day surgery including topics such as; smoking cessation and diet and exercise. The app will also provide advice on chaperones and nil by mouth amongst other useful information. The app has the aim of increasing the number of candidates suitable for day surgery, to help avoid last minute cancellations due to patients being ill prepared, therefore aiming to reduce the risk of complications during the surgery to avoid admission into hospital.
- 3D printed airway manikins (see picture to the right) to reduce costs to the Trust and to enhance realism for those clinicians undertaking challenge intubations have been introduced.
- The SPARK (Simulation Partnership for Advancing Regional Knowledge) has been relaunched, chaired and led by the Simulation team in Hull. Members currently represent HUTH, NLAG, York and Scarborough Teaching Hospitals. The group will hold its relaunch conference at Scarborough Hospital on 5 September 2023.

WORK EXPERIENCE/ WIDENING PARTICIPATION

As one of the largest employers in the area, the Trust not only has a responsibility to patients but also to the wider community across Hull and East Yorkshire.

A team has therefore been created within the Learning and Organisational Development Department to focus on creating more opportunities for local people within the Trust. This is being done by engaging with local schools and colleges and Job Centre Plus to ensure the community has access to jobs, apprenticeships and career opportunities within the Trust.

APPRENTICESHIPS

The apprenticeship levy came into effect in May 2017, requiring employers with annual pay bills in excess of £3m to contribute 0.5% of their total wages to funding apprenticeships.

The Trust's apprenticeship budget for 2022/23 was around £1.75m with an overall current levy funding balance of £3.6m. The Trust's spend for the year was £1.11m with a predicted underspend of £640k. The levy can be used over a 2 year period before it expires.

This spend was the result of the following actual apprenticeship activity:

Apprenticeship Completions	60
Continuing on programmes started prior to FY2022/23	111
Apprenticeship Starts	71

The Trust offers a wide range of apprenticeship opportunities, including:

- Senior Healthcare Support Worker
- Occupational Therapist (integrated degree)
- Nursing Associates
- Registered Nursing Degree
- Creating and Digital Media
- Physiotherapist (integrated degree)
- Healthcare Science Practitioner (integrated degree)
- Pharmacy Technician

To support the wider community, the Trust has engaged with 19 different healthcare providers, including GP surgeries to facilitate apprenticeship levy transfers. The total value of the Trust's current transfers is £270k with plans to support more providers in the next financial year. This ensures that the Trust will minimise waste on expiring levy and allows the organisation to support key roles such as community based Advanced Care Practitioners which benefit the whole patient pathway.

WORK EXPERIENCE

After nearly 3 years of being unable to offer work experience in the Trust due to COVID-19 restrictions, the Trust now has 25 areas who have volunteered to host work experience placements, including expanding into medical areas, with support from medical leads.

The team are currently looking at the service provision and looking at adapting the facilities to ensure they are more user friendly and accessible to trainees. The Centre is currently working towards a Human Tissue Licence application, which has been submitted, and currently under review waiting for audit.

MEDICAL EDUCATION

Despite continuing constraints, we have continued to support and provide quality education to our Doctors in Training and Trust Doctors.

The team continues to have strong links with St. Mary's Medical Academy Sixth Form and are also expanding to include more local schools and colleges. Online information sessions have been delivered to schools in Hull and the East Riding to update them on the process with the Hull City Council Employability team. Schools have responded positively with requests now coming in through the process, therefore being managed safely.

CAREER ENGAGEMENT

The Trust has 96 career ambassadors and event requests have been received from a wide range of schools in Hull and the East Riding.

Opportunities to bring students in to the Trust's Clinical Skills Centres at both HRI and CHH to experience the NHS first hand are being explored. In addition to this, higher education internships with the University of Hull are being considered which would enable work experience to be offered to higher-level candidates. Not only does it mean that the Trust would benefit from their work whilst undertaking work experience within the organisation, but it also creates a new talent pipeline for a variety of roles for the Trust.

A new NHS career engagement website 'Med Shed' has been launched and the team are working with the marketing lead to promote this across the patch. This allows children aged 11 to 16 years to access resources to signpost them to NHS careers. The new site can be found here: https://www.hull.nhs.uk/medshed/

The BTEC in Health and Social Care is being replaced by a new T level qualification and the Trust is currently working with partners who provide placements for local students to support them with these new national vocational qualifications.

MEDICAL EDUCATION

The Medical Education Team has supported over 880 doctors in training from foundation through to senior specialist levels over the past 12 months.

As the COVID-19 restrictions have eased, there has been a significant increase in face-to-face training whilst continuing to deliver some on-line regional training days. Next year will see the return of the Trust's annual Medical Education conference 'HEAT' in a face-to-face format.

The Trust has been successful in obtaining the administration and delivery of the MRCOG Part 2 and Part 3 courses for the School of Obstetrics and Gynaecology and in securing funding to develop management and leadership training for both SAS doctors and doctors in training who are progressing to consultant posts.

Support continues to be provided to HUTH trainers through educational appraisal and educational supervision accreditation, as well as via local training sessions.

ORGANISATIONAL DEVELOPMENT PROGRAMMES

The Organisational Development (OD) team provide a wide range of programmes as part of the wider Learning and OD Department.

This ranges from full cultural transformation programmes, leadership development, and personal wellbeing right through to support for time outs and team building sessions.

BESPOKE TEAM SUPPORT AND CULTURAL TRANSFORMATION

In the past 12 months the OD team have worked with over 20 teams and departments to support them in a wide range of activities.

Below are some examples of the areas the team have worked with and the support that has been provided:

- Cardiology – improving the learning and working environment.
- Maternity Services – kindness, professionalism and culture improvement.
- ICU – supporting nursing leaders.
- Mortuary – recruitment and retention.
- Infection Prevention Control Team – team support.
- Paediatric Consultant Team (team and business development).
- Discovery Insights Team Development Sessions continue to be in demand.

BESPOKE PROGRAMME DEVELOPMENT AND SUPPORT

- The Inclusion Academy leads the development of equality, diversity and inclusion training and development, beyond the statutory and mandatory learning. A full programme of content is available to support staff and managers with their awareness of the inclusion agenda. The programme is designed to offer breadth and depth of content across all protected characteristics covered by the Equality Act.
- Professionalism and Incivility is a new programme to reinvigorate the historical anti-bullying programmes and tackle Trust wide challenges of incivility and conflict resolution

LEADERSHIP AND PEOPLE DEVELOPMENT

The Great Leaders Programmes have been refreshed, retaining the flexibility of the modular design introduced during the COVID-19 pandemic.

The modular design supports staff to quickly access development despite ongoing operational pressures, avoiding large delays in completion of programmes and ensuring leadership development is always accessible. The team have worked closely with the Continuous Quality Improvement (CQI) team to ensure the 'Quality Service Improvement and Redesign (QSIR)' approach is one of the golden threads running throughout the leadership development offer. Compassionate and inclusive leadership models provide the backbone to all of the programmes ensuring that they are working towards Trust pillars and strategic objectives.

50 LEADERSHIP COURSE COMPLETERS

327 STAFF ACTIVE ON LEADERSHIP DEVELOPMENT PROGRAMMES

377 HUTH LEADERS ACCESSING PROGRAMMES

GREAT LEADERS BITESIZE

Great Leaders Bitesize was relaunched in March 2023 and continues to offer a wide range of topics, from Managing Attendance through to Manager as Coach, in small easy to access modules.

Most are one off online short sessions with a mixture of HR training, plus non-technical and people development training such as coaching skills, ethical decision making, and managing difficult conversations. These modules repeat every quarter to ensure staff do not miss any content due to work commitments. It allows clinical colleagues to have a flexible approach to their personal leadership development.

In September 2022, the team redesigned Module 3 of Great Leaders Be Remarkable in three new formats to enable staff, regardless of professional discipline or grade, to undertake a leadership or service improvement challenge. These include:

- Great Leaders Bitesize: 90-Day Challenge – delivered over 4 units and incorporating QSIR fundamentals (the Trust's improvement approach).
- Realising you are Remarkable – a 3 unit bitesize course delivered online to offer the greatest flexibility to clinical staff struggling to access traditional face to face training.
- Stretch Thinking: Bigger, Better, Bolder – offered as a half a day facilitated course or as independent learning to meet the learning needs and availability of staff. Staff whose working patterns are 'out of hours' can access leadership development through this course and are empowered to make a difference in their services.

These courses culminate in a celebration of completion day where staff are invited to share their learning and the measurable difference they have made to services, staff and themselves as leaders.

RISE AND SHINE

(new and less experienced leaders):

In September 2022, the Rise and Shine Programme restarted, which is a face to face, 13 month programme for new and emerging leaders. It provides a mixture of transactional and transformational leadership content ending in work based projects. It delivers two cohorts a year with up to 12 people per cohort. 19 leaders will have completed the programme in the last financial year, with a further 9 leaders starting the programme in January 2023.

BE REMARKABLE

(existing leaders):

This course was adapted to offer a hybrid modular model to make it more flexible during the COVID-19 pandemic. The course currently runs with 6 cohorts a year, with, on average of 10 people per cohort. The programme has 3 modules.

- Module 1: Getting to know yourself as a leader (face to face) (delivered in partnership with Trans2Performance).
- Module 2: Creating highly effective teams (mixture of face to face and online).
- Module 3: 90 day challenge (mixture of face to face and online).

Seven leaders completed the programme over the past year with a further 12 due to complete in Q4. 101 leaders are currently undertaking the programme at varying stages of completion. Fixed cohorts have been reintroduced from cohort 12 to encourage leaders to become their own mini-staff support networks. However, modules repeat regularly to allow the leaders maximum flexibility without compromising their development in this busy environment.

SUPERVISORS +

(new and experienced in supervisory positions):

A 6-month programme for those in supervisor and team leader roles. Ideal for those new to leadership and new to managing staff and resources.11 people are currently on this programme with a further 10 to commence in summer 2023.

HUTH CMI LEVEL 3 LEADERSHIP AND MANAGEMENT APPRENTICESHIP PROGRAMME:

Following the 2022 successful pilot programme, the Trust and the Humber and North Yorkshire Health Care Partnership have recruited a further programme funded by the Apprenticeship Levy through Corndel.

12 HUTH leaders will embark on the programme in March 2023 with a further 5 applicants shortlisted from partner organisations. The provider offers a bitesize manageable approach to learning led by real leaders through coaching, webinars and online learning.

COACHING, CLINICAL SUPERVISION AND MENTORING NETWORK

- There are 36 trained coaches (20 of whom are actively coaching) within the Trust.
- Monthly supervision is provided.
- Subjects for coaching include; professional development, career, confidence and performance.
- Two coaches are currently completing the level 7 executive coaching training.
- 10 staff began the ILM 5 Coaching and Mentoring training in September 2022.
- One coach is undertaking the level 7 supervisor's qualification.

There are currently 103 clinical supervisors training within the Trust and 62 staff involved in clinical supervision. A compassionate supervision model is offered, which brings together staff in a restorative environment to reflect on good practice. Supervision aims to identify solutions to problems, improve practice, and increase understanding of professional issues.

By encouraging reflection, it allows staff to process what is happening at work on a professional, emotional and feelings level, which enables learning, normalisation of feeling and increases a sense of belonging. Supervision works to proactively build both personal and professional resilience and is available for all clinical and non-clinical colleagues.

MEDIATION

This service built on last year's success of 10 new mediators trained to supplement the Trust's existing team.

There are now 13 active mediators in place creating a strong network of practitioners. Mediators have access to monthly Mediator Support meetings, which are facilitated by the Mediation Service leads. The purpose of these meetings is to create a community where learning can be shared and discussed confidentially between peers.

The Trust Mediation Service leads, who currently deliver the successful in-house training programme 'The Manager as Mediator', will now train Trust mediators internally. The move to in-house training will not only realise significant cost savings to the Trust, as ACAS will no longer be commissioned to train HUTH staff, but enable the team to train new aspiring Trust mediators more frequently and in smaller cohorts. This new approach will give the Trust Mediation Service much greater autonomy and enable it to respond to service demand in a timely, efficient and cost effective manner.

STAFF MENTAL AND EMOTIONAL WELLBEING SERVICES

The multidisciplinary (MDT) team was created in response to wave 1 of the COVID-19 pandemic and is designed to add extra support and capacity into the system for staff in addition to Occupational Health Services and Pastoral and Spiritual Support Services.

The MDT is a now a fully embedded approach and works collaboratively to shape and deliver staff mental and emotional wellbeing services.

The team includes:

- Occupational Health Team
- Pastoral and Spiritual Care Department
- Psychological Services Department
- Organisational Development (including Coaching Network) Team

The team offers a wide range of staff support services including:

- 24 hour hotline (staffed by the Pastoral and Spiritual Care Team).
- Staff support email for signposting and booking appointments.
- In house staff support psychologists (ICU and Trust wide) bookable 1:1 slots.
- Counselling (in-house) and via self-referral to Focus Counselling Services.
- Bookable personal coaching 1:1s provided by a qualified coach in the OD team.
- Chaplaincy team daily in reach to wards and departments connecting with and supporting staff directly.
- Coaching/clinical supervision led support for wards and departments.
- Wellbeing and resilience training sessions.
- Professional Midwifery and Nursing Advocate services (PMA & PNA).

All these services are in addition to the outstanding services currently provided by the Trust's Occupational Health Team and are designed to complement and provide extra capacity.

PSYCHOLOGICAL DEBRIEFING SERVICE

This new service commenced in September 2022 and is there to support staff after they may have experienced difficult events or a buildup of smaller events creating stress reactions that may need support to work through.

Over 30 Trauma Risk Incident Management Practitioners (TRiM) have completed their training, alongside 10 TRiM managers allowing the Trust to have capacity to support a wide range of incidents. In the last year over 20 staff have been individually supported after incidents and a further 30 individuals supported through group briefings. The service is offered across the Trust, with support staff from ED, ICU, NICU and base wards. Feedback has been very positive with the support helping staff get back to work quickly and without damaging and lasting effects from the incidents.

Feedback received from those who received support:

- "Safe and supportive and I was able to talk openly without judgement."
- "Being seen initially after the incident. All the checks on me felt caring and professional."
- "With support from the team I returned to work as an effective team member."
- "The support, the referrals on, the interventions were amazing, second to none and clearly effective."
- "Helped me with processing the event and understanding how to go forward in the future with traumatic events."

IN SITU STAFF SUPPORT

The Pastoral and Spiritual Care Team have always run a staff support service fully embedded at the front line.

Their regular presence in wards and departments allows them to build strong relationships so staff can open up and get immediate support.

To compliment this approach and to offer bed site support and skills, a staff support tea trolley has been trialled and has now been added as a permanent feature to the service. Amy Stuart, Senior OD Practitioner, started the initiative in autumn 2022 and wards can request her presence or she will roam each site once or twice a month. The Staff Support Psychology Team have now replicated this model for a regular Monday tea trolley day in ED allowing bite size support and on the spot psychoeducation. This is alongside the long-standing staff support service of a well-timed, well-made cup of tea with a biscuit!

UP! HEALTH AND WELLBEING PROGRAMME

The health and wellbeing programme 'Up!' was launched in January 2020 to support staff's health and happiness at work.

Although COVID-19 impacted upon the delivery of the programme, Up! ramped up in 2022/23. Given the unprecedented pressures currently experienced throughout the NHS, the need to support the health and wellbeing of staff has never been greater and is recognised as a priority for the Trust.

A Health and Wellbeing Lead has been appointed and will take up the post shortly, working alongside the recently appointed Trust Board Wellbeing Guardian, the newly established Health and Wellbeing Committee and network of health and wellbeing champions. Under the banner of Up! there are a wealth of activities to support staff's health and wellbeing, including:

- Two lunchtime walking groups at HRI and CHH.
- Free weekly yoga sessions.
- Weekly mindfulness sessions at both hospitals supported by staff including the Pastoral and Spiritual Care Team.
- Pilate's classes at both hospitals.
- Free lunchtime drop-in yoga sessions every month.
- HUTH Drama, (staff actors are preparing for their first performance in 2023).
- HUTH Art, which is a WhatsApp based group.
- HUTH Grow Your Own, an online support group for vegetable and fruit growers.
- HUTH Woodwork – face-to-face woodwork tuition.
- Gardening Club for HRI staff.
- HUTH Harriers running group.
- Healthy HUTH – healthy lifestyle group.
- Stop smoking cessation (in collaboration with the Stop Smoking Service).
- Monthly relaxation workshops.
- Sound Baths for individual teams at both HRI and CHH to promote restorative healing.

Following the success of the football tournament in May 2022, which included six Trust teams, with the Corporate Services team claiming victory, the second tournament will take place this year. Up! has also worked with the Trust's gardening team at CHH to create a woodland trail which is due to be open for staff to enjoy in late spring 2023. Staff are also encouraged to use alternatives to driving to work to improve their health and wellbeing, including cycling, walking and running. The Trust achieved bronze accreditation with Modeshift in 2022/23 and were chosen as an exemplar site by NHS England because of the progress made in improving staff travel and encouraging behavioural change to support staff's wellbeing.

Three new park-and-ride services have been introduced where staff can use their ID badges to travel for free to HRI and CHH. These services supplement the existing free services between both hospitals and the park-and-ride to HRI from Priory Park. Two new bike compounds costing £180,000, each with spaces for 100 bikes, have recently opened at both hospitals. Shower and changing facilities are also available to staff at both sites.

Bike User Groups now run on the first Wednesday of every month where staff can raise concerns or make suggestions to improve facilities, as well as regular events taking place including bike maintenance days, e-bike trials and safer route planning.

Four Getting to Work events are planned for 2023/24 to promote alternatives to driving to work with Humberside Police, Hull City Council, East Riding of Yorkshire Council, Safer Roads Humber, East Yorkshire Buses, Stagecoach, the Neighbourhood Network and British Cycling. Further plans for the year include a campaign to encourage staff to take their breaks, inclusive events to promote health and wellbeing among the Trust's diverse group of staff and targeted interventions to support specific teams and groups of staff such as junior doctors and emergency staff.

WELLBEING SUITE

The Trust now has a purpose built staff wellbeing suite based at CHH.

The facility has showers, lockers and two large rooms that allow for a variety of staff support activities to take place.

Current activity has focused on:

- Cycle to work events
- Walking groups
- Gardening club
- Psychological debriefing
- Weekly mindfulness sessions
- Coaching sessions
- Personal development sessions
- Sound baths
- Yoga

Thanks goes to the WISHH Charity, as without them this amazing facility would not be possible. There are plans to also have a wellbeing suite at HRI to ensure that staff across the Trust can access a safe and relaxing space when needed.

NHS
Hull University Teaching Hospitals
NHS Trust

ANNUAL ACCOUNTS

ANNUAL REPORT 2021/22

Statement of the chief executive's responsibilities as the accountable officer of the trust

The Chief Executive of NHS England has designated that the Chief Executive should be the Accountable Officer of the trust. The relevant responsibilities of Accountable Officers are set out in the *NHS Trust Accountable Officer Memorandum*. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance
- value for money is achieved from the resources available to the trust
- the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them
- effective and sound financial management systems are in place and
- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, other items of comprehensive income and cash flows for the year.

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

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Signed.....Chief Executive

Date...29th June 2023....

Statement of directors' responsibilities in respect of the accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure, other items of comprehensive income and cash flows for the year. In preparing those accounts, the directors are required to:

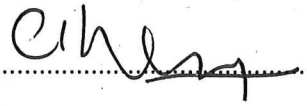
- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- make judgements and estimates which are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

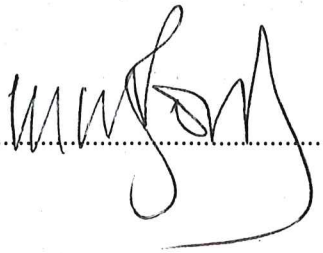
The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

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

By order of the Board

.....29 June 2023.....Date.....  .....Chief Executive

.....29 June 2023.....Date.....  .....Finance Director

Hull University Teaching Hospitals NHS Trust

James Collins
Mazars LLP
Bank Chambers
26 Mosely Street
Newcastle Upon Tyne
NE1 1DF

29 June 2023

Dear James

Hull University Teaching Hospitals NHS Trust - audit for year ended 31 March 2023

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

My responsibility for the financial statements and accounting information

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

My responsibility to provide and disclose relevant information

I have provided you with:

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

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

Accounting records

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

Accounting policies

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

Accounting estimates, including those measured at fair value

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

Contingencies

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

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

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

There are no contingent gains which should be disclosed.

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

Laws and regulations

I confirm that I have disclosed to you all those events of which I am aware which involve known or suspected non-compliance with laws and regulations, together with the actual or contingent consequences which may arise therefrom.

We have complied with all aspects of contractual agreements that would have a material effect on the accounts in the event of non-compliance.

Fraud and error

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

I have disclosed to you:

- all the results of my assessment of the risk that the financial statements may be materially misstated as a result of fraud;
- all knowledge of fraud or suspected fraud affecting the Trust involving;
- management and those charged with governance;
- employees who have significant roles in internal control; and
- others where fraud could have a material effect on the financial statements.

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

Related party transactions

I confirm that all related party relationships, transactions and balances, have been appropriately accounted for and disclosed in accordance with the requirements of the DHSC Group Accounting Manual and relevant legislation and IFRSs as adopted by HM Treasury.

I have disclosed to you the identity of the Trust's related parties and all related party relationships and transactions of which I am aware.

Impairment review

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

Charges on assets

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

Future commitments

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

Service Concession Arrangements

I am not aware of any material contract variations, payment deductions or additional service charges in 2022/23 in relation to the Trust's PFI schemes that you have not been made aware of.

Subsequent events

I confirm all events subsequent to the date of the financial statements and for which the Group Accounting Manual, relevant legislation and IFRSs require adjustment or disclosure have been adjusted or disclosed.

Should further material events occur after the date of this letter which may necessitate revision of the figures included in the financial statements or inclusion of a note thereto, I will advise you accordingly.

Going concern

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

I have updated our going concern assessment in light of the Covid-19 pandemic. I continue to believe that the Trust's financial statements should be prepared on a going concern basis and have not identified any material uncertainties related to going concern on the grounds that there will be continuity of services. We believe that no further disclosures relating to the Trust's ability to continue as a going concern need to be made in the financial statements.

Right of Use Assets and Lease Liabilities

I confirm that I have satisfied myself that the key judgements and assumptions made in valuing Right of Use assets and corresponding lease liabilities are reasonable and in accordance with IFRS16 and Government Accounting Manual requirements. I am satisfied that assumptions around lease terms of implicit leases are reasonable.

Ukraine

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

Covid-19

We confirm that we have carried out an assessment of the potential impact of the Covid-19 Virus pandemic on the Trust, including the impact of mitigation measures and uncertainties, and that the financial statements fairly reflects that assessment.

Brexit

We confirm that we have carried out an assessment of the impact of the United Kingdom leaving the European Union, including the impact of the Trade and Cooperation Agreement, and that the financial statements fairly represent that assessment.

Other

I confirm that we have assessed the impact on the Trust and Group, of the on-going Global Banking challenges, whether there is any impact on the company's ability to continue as a going concern, and on the post balance sheet events disclosures. We confirm we have no exposure (either direct cash exposure or direct / indirect through investments) with Silicon Valley Bank, Credit Suisse, Signature Bank or any other bank in a distress situation.

Unadjusted misstatements

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

Yours sincerely,

Accountable Officer

29th June 2023

APPENDIX

UNADJUSTED MISSTATEMENTS

Inventory

Inventory testing identified a difference in price of £3k in our sample population between the price used to value inventory and the supporting evidence provided to support the price used. The value of £1,018k reflects the value of the extrapolated error across the sampled population. This error was reported in the Audit Completion Report.

	SOFP		CI&ES	
	Dr (£'000)	Cr (£'000)	Dr (£'000)	Cr (£'000)
Dr Stock	1,018			
Cr Operating Expenses				1,018

Expenditure Cut-off

Expenditure testing identified expenditure of £8k in relation to the period Nov 2021 to March 2022 included in 2022/23 which related to 2021/22. The expenditure had not been accrued for in the 2021-22 financial year. The value of £1,416k reflects the value of the extrapolated error across the sampled population. This error was reported in the Audit Completion Report.

	SOFP		CI&ES	
	Dr (£'000)	Cr (£'000)	Dr (£'000)	Cr (£'000)
Dr Cash	1,416			
Cr Operating Expenses				1,416

Income Cut-off

Income cut off testing identified income of £240k included in 2022/23, but that related to 2021/22. Only half of the income had been accrued for in the 2021/22 financial year, creating an error of £120k. The value of £760k reflects the value of the extrapolated error across the sampled population. This error was reported in the Audit Completion Report.

	SOFP		CI&ES	
	Dr (£'000)	Cr (£'000)	Dr (£'000)	Cr (£'000)
Dr Income			760	
Cr Cash		760		

Accruals

Accruals testing identified 4 accruals that were overstated (total value £178k). One of which in our opinion did not meet the criteria to be recognised as an accrual. We also identified one accrual that was understated (value £21k). The value of £1,122k reflects the value of the extrapolated error across the sampled population. This error was reported in the Audit Completion Report but has been updated on completion of our audit procedures.

	SOFP		CI&ES	
	Dr (£'000)	Cr (£'000)	Dr (£'000)	Cr (£'000)
Dr Accruals	1,122			
Cr Operating Expenses				1,122

Valuations

Revaluations testing found that the useful economic life of Castle Hill Hospital external works had not been updated from the prior year resulting in an overstatement of assets of £429k. Also, minor errors in the BCIS rates used resulted in further errors of £33k.

	SOFP		CI&ES	
	Dr (£'000)	Cr (£'000)	Dr (£'000)	Cr (£'000)
Dr Revaluation Reserve	462			
Cr Property, Plant and Equipment		462		

ADJUSTED MISSTATEMENTS

There are no adjusted misstatements

Independent auditor's report to the Directors of Hull University Teaching Hospitals NHS Trust

Report on the audit of the financial statements

Opinion on the financial statements

We have audited the financial statements of Hull University Teaching Hospitals NHS Trust ('the Trust') for the year ended 31 March 2023, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows, and notes to the financial statements, including the summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual 2022/23 as contained in the Department of Health and Social Care Group Accounting Manual 2022/23, and the Accounts Direction issued by the Secretary of State with the approval of HM Treasury as relevant to NHS Trusts in England.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2023 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2022/23; and
- have been properly prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

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

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, and taking into account the requirements of the Department of Health and Social Care Group Accounting Manual, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Directors with respect to going concern are described in the relevant sections of this report.

Other information

The Directors are responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Responsibilities of the Directors and the Accountable Officer for the financial statements

As explained more fully in the Statement of Directors' Responsibilities, the Directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. The Directors are required to comply with the Department of Health and Social Care Group Accounting Manual 2022/23 and prepare the financial statements on a going concern basis, unless the Trust is informed of the intention for dissolution without transfer of services or function to another public sector entity. The Directors are responsible for assessing each year whether or not it is appropriate for the Trust to prepare its accounts on the going concern basis and disclosing, as applicable, matters related to going concern.

As explained in the Statement of the Chief Executive's Responsibilities as the Accountable Officer of the Trust, the Accountable Officer is responsible for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. The Accountable Officer is responsible for ensuring that the financial statements are prepared in a format directed by the Secretary of State.

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 aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. Based on our understanding of the Trust, we identified that the principal risks of non-compliance with laws and regulations related to the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), and we considered the extent to which non-compliance might have a material effect on the financial statements.

We evaluated the Accountable Officer's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls) and determined that the principal risks were related to posting manual journal entries to manipulate financial performance, management bias through judgements and assumptions in significant accounting estimates, significant one-off or unusual transactions and the risk of fraud in revenue and expenditure recognition.

Our audit procedures were designed to respond to those identified risks, including non-compliance with laws and regulations (irregularities) and fraud that are material to the financial statements. Our audit procedures included but were not limited to:

- discussing with management and the Audit Committee the policies and procedures regarding compliance with laws and regulations;
- communicating identified laws and regulations throughout our engagement team and remaining alert to any indications of non-compliance throughout our audit; and
- considering the risk of acts by the Trust which were contrary to applicable laws and regulations, including fraud.

Our audit procedures in relation to fraud included but were not limited to:

- making enquiries of management and the Audit Committee on whether they had knowledge of any actual, suspected or alleged fraud;
- gaining an understanding of the internal controls established to mitigate risks related to fraud;
- discussing amongst the engagement team the risks of fraud;
- addressing the risks of fraud through management override of controls by performing journal entry testing; and
- addressing the risk of fraud through revenue and expenditure recognition by testing a sample of revenue and expenditure around the year-end, considering information provided by the Department of Health and Social Care in respect of year end intra-NHS transactions and testing year end accruals.

There are inherent limitations in the audit procedures described above and the primary responsibility for the prevention and detection of irregularities including fraud rests with management and the Audit Committee. As with any audit, there remained a risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal controls.

We are also required to conclude on whether the Directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate. We performed our work in accordance with Practice Note 10: Audit of financial statements and regularity of public sector bodies in the United Kingdom, and Supplementary Guidance Note 01, issued by the Comptroller and Auditor General in April 2021.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

Matter on which we are required to report by exception

We are required to report to you if, in our opinion, we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2023.

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

Significant weakness in arrangements	Recommendation
In 2022 the Care Quality Commission (CQC) completed an inspection of Hull University Teaching Hospitals NHS Trust (the Trust). The Trust was rated as 'inadequate' in the 'are services safe' criterion. This rating reflects the 'inadequate' rating that CQC gave the urgent and emergency care service at the Hull Royal Infirmary. The Trust was also issued with a Section 31 letter of intent which requested the Trust take urgent action to address the significant concerns the CQC identified. In our view, the CQC's 'inadequate' rating in relation to 'are services safe', the 'inadequate' rating for urgent and emergency care services at Hull Royal Infirmary, and the matters identified in the Section 31 letter of intent, are evidence of a significant weakness in the Trust's arrangements for evaluating the services it provides to assess performance and identify areas for improvement specifically in the improving economy, efficiency and effectiveness reporting criteria.	The Trust needs to fully address the weaknesses identified by the CQC. The Trust must ensure there is appropriate attention and resource is allocated to deliver the Action Plans it has developed to address the matters of concern raised by the CQC. It must ensure delivery of the Plans are monitored regularly by the Trust Board and relevant sub-committees.

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

Responsibilities of the Accountable Officer

As explained in the Statement of Accountable Officer's responsibilities, the Accountable Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required under section 21 of the Local Audit and Accountability Act 2014 (as amended) to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources, and to report where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our work in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in January 2023.

Report on other legal and regulatory requirements

Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the Accounts Direction made under the National Health Service Act 2006; and
- the other information published together with the audited financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception under the Code of Audit Practice

We are required to report to you if:

- in our opinion the Annual Governance Statement does not comply with the guidance issued by NHS England; or
- we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act; or
- we issue a report in the public interest under section 24 and schedule 7(1) of the Local Audit and Accountability Act 2014; or
- we make a written recommendation to the Trust under section 24 and schedule 7(2) of the Local Audit and Accountability Act 2014.

We have nothing to report in respect of these matters.

Use of the audit report

This report is made solely to the Board of Directors of Hull University Teaching Hospitals NHS Trust, as a body, in accordance with part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Directors of the Trust those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Directors of the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

Delay in certification of completion of the audit

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

We are yet to conclude the work necessary to issue our group return in respect of the Trust's Whole of Government Accounts.

James Collins (Jun 30, 2023 09:58 GMT+1)

James Collins, Key Audit Partner
For and on behalf of Mazars LLP

Mazars LLP
Bank Chambers
26 Mosely Street
Newcastle Upon Tyne
NE1 1DF

30 June 2023

Hull University Teaching Hospitals NHS Trust

Annual accounts for the year ended 31 March 2023

Statement of Comprehensive Income

	Note	2022/23 £000	2021/22 £000
Operating income from patient care activities	2	768,209	710,081
Other operating income	3	78,108	98,369
Operating expenses	6, 8	(840,367)	(793,781)
Operating surplus/(deficit) from continuing operations		**5,950**	**14,669**
Finance income	10	1,485	41
Finance expenses	11	(6,400)	(5,922)
PDC dividends payable		(8,225)	(7,677)
Net finance costs		**(13,140)**	**(13,558)**
Other gains / (losses)	12	(12)	(180)
Gains / (losses) arising from transfers by absorption		-	(1,066)
Surplus / (deficit) for the year from continuing operations		**(7,202)**	**(135)**
Surplus / (deficit) for the year		**(7,202)**	**(135)**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	(1,025)	(1,448)
Revaluations	14, 16, 18.1	26,249	6,429
May be reclassified to income and expenditure when certain conditions are met:			
Fair value gains/(losses) on financial assets mandated at fair value through OCI	20	13	144
Total comprehensive income / (expense) for the period		**18,035**	**4,990**

The adjusted financial performance for 2022/23 is a surplus of £74k (2021/22 £330k) and is disclosed in Note 44.

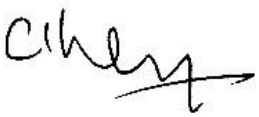
Statement of Financial Position

	Note	31 March 2023 £000	31 March 2022 £000
Non-current assets			
Intangible assets	13	8,459	8,790
Property, plant and equipment	14	421,790	385,243
Right of use assets	18.1	13,344	-
Investment property	19	100	100
Other investments / financial assets	20	549	536
Receivables	23	2,959	3,291
Total non-current assets		**447,201**	**397,960**
Current assets			
Inventories	22	16,612	15,867
Receivables	23	38,271	32,959
Cash and cash equivalents	26	53,748	79,428
Total current assets		**108,631**	**128,254**
Current liabilities			
Trade and other payables	27	(131,250)	(141,211)
Borrowings	29	(4,946)	(2,989)
Provisions	30	(589)	(3,997)
Other liabilities	28	(6,263)	(3,277)
Total current liabilities		**(143,048)**	**(151,474)**
Total assets less current liabilities		**412,784**	**374,740**
Non-current liabilities			
Borrowings	29	(51,898)	(51,377)
Provisions	30	(2,576)	(2,924)
Total non-current liabilities		**(54,474)**	**(54,301)**
Total assets employed		**358,311**	**320,439**
Financed by			
Public dividend capital		350,700	330,863
Revaluation reserve		51,751	26,537
Financial assets reserve		549	536
Income and expenditure reserve		(44,688)	(37,497)
Total taxpayers' equity		**358,311**	**320,439**

The notes on pages 7 to 63 form part of these accounts.

Christopher Long

Chief Executive



Date 29th June 2023

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

	Public dividend capital	Revaluation reserve	Financial assets reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2022 - brought forward	**330,863**	**26,537**	**536**	**(37,497)**	**320,439**
Surplus/(deficit) for the year	-	-	-	(7,202)	**(7,202)**
Impairments	-	(1,025)	-	-	**(1,025)**
Revaluations	-	26,249	-	-	**26,249**
Transfer to retained earnings on disposal of assets	-	(10)	-	10	**-**
Fair value gains/(losses) on financial assets mandated at fair value through OCI	-	-	13	-	**13**
Public dividend capital received	19,837	-	-	-	**19,837**
Taxpayers' and others' equity at 31 March 2023	**350,700**	**51,751**	**549**	**(44,688)**	**358,311**

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2022

	Public dividend capital	Revaluation reserve	Financial assets reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2021 - brought forward	**292,247**	**21,556**	**392**	**(37,362)**	**276,833**
Surplus/(deficit) for the year	-	-	-	(135)	**(135)**
Impairments	-	(1,448)	-	-	**(1,448)**
Revaluations	-	6,429	-	-	**6,429**
Fair value gains/(losses) on financial assets mandated at fair value through OCI	-	-	144	-	**144**
Public dividend capital received	38,616	-	-	-	**38,616**
Taxpayers' and others' equity at 31 March 2022	**330,863**	**26,537**	**536**	**(37,497)**	**320,439**

Information on reserves

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

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

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

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

Statement of Cash Flows

	Note	2022/23 £000	2021/22 £000
Cash flows from operating activities			
Operating surplus / (deficit)		5,950	14,669
Non-cash income and expense:			
Depreciation and amortisation	6.1	22,155	18,210
Net impairments	7	6,399	15,919
Income recognised in respect of capital donations	3	(520)	(17,454)
(Increase) / decrease in receivables and other assets		(6,946)	(11,730)
(Increase) / decrease in inventories	22	(745)	(885)
Increase / (decrease) in payables and other liabilities		12,307	40,939
Increase / (decrease) in provisions	30.1	(3,762)	1,031
Other movements in operating cash flows		(1)	(1)
Net cash flows from / (used in) operating activities		**34,836**	**60,698**
Cash flows from investing activities			
Interest received	10	1,485	41
Purchase of intangible assets	13.1	(932)	(3,062)
Purchase of PPE and investment property	14.1, 27.1	(63,491)	(71,910)
Sales of PPE and investment property		39	136
Initial direct costs or up front payments in respect of new right of use assets		(76)	-
Receipt of cash donations to purchase assets		1,956	12,249
Net cash flows from / (used in) investing activities		**(61,019)**	**(62,546)**
Cash flows from financing activities			
Public dividend capital received		19,837	38,616
Movement on loans from DHSC	29.2	(1,260)	(1,260)
Capital element of lease rental payments	29.2	(2,129)	(56)
Capital element of PFI, LIFT and other service concession payments	29.2	(1,657)	(1,583)
Interest on loans	29.2	(347)	(395)
Interest paid on lease liabilities	29.2	(63)	(4)
Interest paid on PFI, LIFT and other service concession obligations		(5,986)	(5,520)
PDC dividend (paid) / refunded		(7,892)	(7,450)
Net cash flows from / (used in) financing activities		**503**	**22,348**
Increase / (decrease) in cash and cash equivalents		**(25,680)**	**20,500**
Cash and cash equivalents at 1 April - brought forward		**79,428**	**58,927**
Cash and cash equivalents at 31 March	26.1	**53,748**	**79,428**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2022/23 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

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

Note 1.2 Going concern

The Treasury's Financial Reporting Manual (FReM) provides the following interpretation of the going concern requirements set out in IAS1 'that the anticipated continued provision of the service is the important determinant of the basis of preparation of the financial statements for public sector entities.

Hull University Teaching Hospitals NHS Trust's annual report and accounts have been prepared on a going concern basis. Non-trading entities in the public sector are assumed to be going concerns where the continued provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents. The directors have a reasonable expectation that this will continue to be the case.

The accounting rules (IAS 1) require management to assess, as part of the account's preparation process, the Trust's ability to continue as a going concern.
We are also required to disclose material uncertainties in respect of events or conditions that cast significant doubt upon the going concern ability of the Trust to continue as a going concern and these are disclosed below.

The financial performance of the Trust is included in the performance report.

Note 1.3 Interests in other entities

Interests in trading companies will be carried at market value, where that value can be measured. Where there is no market value available investments will be valued at cost in line with the requirements of IAS39. Where the Trust has a holding in an associated company it will account for that holding as required by IAS28.

Note 1.4 Revenue from contracts with customers

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

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

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's income is earned from NHS commissioners in the form of fixed payments to fund an agreed level of activity.

In 2022/23 fixed payments are set at a level assuming the achievement of elective activity targets. These are termed 'aligned payment and incentive' contracts.

Elective recovery funding provides additional funding for the delivery of elective services. In 2022/23 elective recovery funding was included within the aligned payment and incentive contracts. In 2021/22 income earned by the system based on achievement of elective recovery targets was distributed between individual entities by local agreement and income earned from the fund was accounted for as variable consideration.

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner. In 2022/23 payment under these schemes is included in fixed payments from commissioners based on assumed achievement of criteria.

The Trust also receives additional income outside of the block payments to reimburse specific costs incurred and other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

Revenue from research contracts

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

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Note 1.5 Other forms of income

Grants and donations

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

Apprenticeship service income

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

Note 1.6 Expenditure on employee benefits

Short-term employee benefits

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

Pension costs

NHS Pension Scheme

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

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

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

Clinicians who are members of the NHS Pension scheme may face a tax charge in respect of the growth of their NHS pension benefits above their pensions savings annual allowance threshold. The government has committed to allowing this charge to be paid by the NHS Pension scheme. The NHS employer will make a contractually binding commitment to pay them a corresponding amount on retirement so that they are not disadvantaged by the charge. NHSEI have provided a calculation of the required provision. These figures use the latest available information on actual uptake of the scheme. They are derived from combining information on applications to join the 2019/20 scheme under the policy, together with information in the scheme pays election form where present, and with averages assumed where these forms are absent or clearly an estimate (values less than £100). Future liabilities based on individual member data and scheme rules are then discounted to give totals for each Trust.

Note 1.7 Expenditure on other goods and services

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

Note 1.8 Discontinued operations

Discontinued operations occur where activities either cease without transfer to another entity, or transfer to an entity outside of the boundary of Whole of Government Accounts, such as private or voluntary sectors. Such activities are accounted for in accordance with IFRS 5. Activities that are transferred to other bodies within the boundary of Whole of Government Accounts are ‘machinery of government changes’ and treated as continuing operations.

Note 1.9 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

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

Where a large asset, for example a building, includes a number of components with significantly different asset lives, e.g., plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.
Borrowing costs associated with the construction of new assets are not capitalised.

Subsequent expenditure

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

Measurement

Valuation

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

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

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

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

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

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity. This basis has been applied to the trust's Private Finance Initiative (PFI) scheme where the construction is completed by a special purpose vehicle and the costs have recoverable VAT for the trust.

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

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

Depreciation

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

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

Revaluation gains and losses

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

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

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

Impairments

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

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

De-recognition

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

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

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

Donated and grant funded assets

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

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

This includes assets donated to the trust by the Department of Health and Social Care or NHS England as part of the response to the coronavirus pandemic. As defined in the GAM, the trust applies the principle of donated asset accounting to assets that the trust controls and is obtaining economic benefits from at the year end.

Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) transactions

PFI and LIFT transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's *FReM* , are accounted for as 'on-Statement of Financial Position' by the trust. In accordance with HM Treasury's FReM, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability. Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets as appropriate.

The annual contract payments are apportioned between the repayment of the liability, a finance cost, the charges for services and lifecycle replacement of components of the asset. The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as a finance cost as incurred.

The service charge is recognised in operating expenses and the finance cost is charged to finance costs in the Statement of Comprehensive Income.

Contracts for 'Private Finance Initiative' assets include provision for the replacement and refurbishment of these assets. These 'lifecycle replacement' costs form part of the Unitary Payment. That payment is determined by the contract and is independent of the actual cost of works to the contractor. The lifecycle maintenance costs are capitalised where they meet the Trust's criteria for capitalisation. The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term accrual or prepayment is recognised respectively.

Useful lives of property, plant and equipment

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

	Min life Years	**Max life Years**
Buildings, excluding dwellings	8	74
Plant & machinery	1	25
Transport equipment	5	12
Information technology	1	12

Leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Note 1.10 Intangible assets

Recognition

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

Internally generated intangible assets

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

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

Software

Software which is integral to the operation of hardware, 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.

Measurement

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

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

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

Amortisation

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

Useful lives of intangible assets

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

	Min life Years	**Max life Years**
Development expenditure	1	12
Software licences	1	7

Note 1.11 Inventories

Inventory is valued at the lower of cost and net realisable value. This is considered to be a reasonable approximation to current cost due to the high turnover. Where payment for inventory has been deferred, the additional cost of the inventory is recognised as an expense in the Statement of Comprehensive Income.

During 2022/23, the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

Note 1.12 Investment properties

Investments are property that is held solely to earn a return, is not used in the delivery of operational services and is not occupied by staff. Assets are only recognised as Investments where it is probable that future economic benefits will flow to the Trust as a result of the investment and the cost can be easily measured. They are initially measured at cost and uplifted to fair value as appropriate to 'highest and best cost' in accordance with IAS40. In determining a fair value we take account of a professional valuation or use actual values, for example where a formal offer to purchase has been made.

Note 1.13 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 1.14 Financial assets and financial liabilities

Recognition

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

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

Classification and measurement

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

Financial assets or financial liabilities in respect of assets acquired or disposed of through leasing arrangements are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified as subsequently measured at amortised cost or fair value through profit and loss. The Trust has no financial assets at fair value through profit and loss, but does have an investment in the ordinary shares of Vertual Ltd which is measured at fair value through other comprehensive income (note 36.2 and 38 refer).

Financial liabilities are classified as subsequently measured at amortised cost. The Trust has no financial liabilities at fair value through profit and loss.

Financial assets and financial liabilities at amortised cost

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

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

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Financial assets measured at fair value through other comprehensive income

A financial asset is measured at fair value through other comprehensive income where business model objectives are met by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest. Movements in the fair value of financial assets in this category are recognised as gains or losses in other comprehensive income except for impairment losses. On derecognition, cumulative gains and losses previously recognised in other comprehensive income are reclassified from equity to profit and loss, except where the Trust elected to measure an equity instrument in this category on initial recognition.

Financial assets and financial liabilities at fair value through profit and loss

Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. This category also includes financial assets and liabilities acquired principally for the purpose of selling in the short term (held for trading) and derivatives. Derivatives which are embedded in other contracts, but which are separable from the host contract are measured within this category. Movements in the fair value of financial assets and liabilities in this category are recognised as gains or losses in the Statement of Comprehensive income.

Impairment of financial assets

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

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

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds, and Exchequer Funds' assets where repayment is ensured by primary legislation. The Trust therefore does not recognise loss allowance for stage 1 or stage 2 impairments against these bodies. Additionally, the Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's length bodies and NHS bodies (excluding NHS charities), and the Trust does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies.

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

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

Derecognition

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

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

Note 1.15 Leases

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

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

The Trust as a lessee

Recognition and initial measurement

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

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

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

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 0.95% applied to new leases commencing in 2022 and 3.51% to new leases commencing in 2023.

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

Subsequent measurement

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

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

The Trust as a lessor

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

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

Finance leases

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

Operating leases

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

Initial application of IFRS 16

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

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

The Trust as lessee

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

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

The Trust as lessor

Leases of owned assets where the Trust is lessor were unaffected by initial application of IFRS 16.

2021/22 comparatives

Comparatives for leasing transactions in these accounts have not been restated on an IFRS 16 basis. Under IAS 17 the classification of leases as operating or finance leases still applicable to lessors under IFRS 16 also applied to lessees. In 2021/22 lease payments made by the Trust in respect of leases previously classified as operating leases were charged to expenditure on a straight line basis.

Note 1.16 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2023:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	3.27%	0.47%
Medium-term	After 5 years up to 10 years	3.20%	0.70%
Long-term	After 10 years up to 40 years	3.51%	0.95%
Very long-term	Exceeding 40 years	3.00%	0.66%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2023:

	Inflation rate	Prior year rate
Year 1	7.40%	4.00%
Year 2	0.60%	2.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of 1.70% in real terms (prior year: minus 1.30%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note 30.2 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 1.17 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity’s control) are not recognised as assets, but are disclosed in note 31 where an inflow of economic benefits is probable.
Contingent liabilities are not recognised, but are disclosed in note 31, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity’s control; or

• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.18 Public dividend capital

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

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

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

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

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

Note 1.19 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 1.20 Third party assets

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

Note 1.21 Losses and special payments

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

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

Note 1.22 Charitable Funds

Following Treasury's agreement to apply IAS 27 to NHS Charities from 1 April 2013, the Trust has established that as the Trust is the corporate trustee of the linked NHS Charity Hull and East Yorkshire Hospitals NHS Trust General Charitable fund, it effectively has the power to exercise control so as to obtain economic benefits. However, the transactions are immaterial in the context of the group and transactions have not been consolidated. Details of the transactions with the charity are included in the related parties' notes.

Note 1.23 Research and Development

Research and development expenditure is charged against income in the year in which it is incurred, except insofar as development expenditure relates to a clearly defined project and the benefits of it can reasonably be regarded as assured. Expenditure so deferred is limited to the value of future benefits expected and is amortised through the Operating Cost Statement on a systematic basis over the period expected to benefit from the project. It should be revalued on the basis of current cost. The amortisation is calculated on the same basis as depreciation, on a quarterly basis.

Note 1.24 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2022/23.

Note 1.25 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases - application of liability measurement principles to PFI and other service concession arrangements

From 1 April 2023, the measurement principles of IFRS 16 will also be applied to the Trust's PFI liabilities where future payments are linked to a price index representing the rate of inflation. The PFI liability will be remeasured when a change in the index causes a change in future repayments and that change has taken effect in the cash flow. Such remeasurements will be recognised as a financing cost. Under existing accounting practices, amounts relating to changes in the price index are expensed as incurred.

Initial application of these principles will be on 1 April 2023 using a modified retrospective approach with the cumulative impact taken to reserves. This is expected to result in an increased PFI liability on the statement of financial position. The effect of this has not yet been quantified.

Other standards, amendments and interpretations

IFRS 17 Insurance Contracts – The standard is effective for accounting periods beginning on or after 1 January 2023. IFRS 17 is yet to be adopted by the FReM, therefore early adoption is not permitted.

Note 1.26 Critical judgements in applying accounting policies and sources of estimation uncertainty

The following are the judgements and sources of estimation uncertainty that management has made and considered in the process of applying the trust accounting policies and have the most significant effect on the amounts recognised in the financial statements:

In the application of the Trust's accounting policies, management is required to make judgements, 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, but only if the revision affects the current period, future periods, or both.

The main uses of accounting estimates are in respect of:

- the lives and values of PPE (notes 1.9, 1.10 ,13, 14, 15 and 16)
- the current value of future costs under PFI (note 34)
- amounts to be accrued as expenditure
- valuation of provisions

Specific details are provided in the notes relating to these items. Where possible the Trust makes use of professional skills where critical judgements are required for accounting purposes. These include:

- reliance on the independent Valuer to assess the value and probable lives of buildings and land, and
- the use of assessments from the NHS Litigation Authority in making provision for liabilities

Valuation services are provided to the Trust by Cushman & Wakefield, a property services firm whose valuers are registered with the Royal Institute of Chartered Surveyors (RICS), the regulatory body for the valuation services industry. A desktop valuation of land and buildings as at 31 March 2023 has been undertaken, the previous full valuation being undertaken as at 31 March 2020. These valuations reflect the current economic conditions and the location factor in and around Hull. The valuation for PFI buildings excludes VAT on the basis that the replacement of these assets would be carried out under a special purchase vehicle where VAT would be recoverable.

Accruals

Accruals included within the accounts are based on the best available information. This is applied in conjunction with historical experience and based on individual circumstances. The total value of accruals included in these accounts is £110.8m.

Provisions

The estimates of outcome and financial effect of provisions are determined by the judgement of the management of the Trust, supplemented by experience of similar transactions and, in some cases, reports of independent experts. Uncertainties surrounding the amount to be recognised as a provision are dealt with by various means according to the circumstance. Where the provision being measured involves more than one outcome, the obligation is estimated by weighing all possible outcomes by their associated probabilities; the expected value of the outcome. Where there is a range of possible outcomes, and each point in the range is likely as the other, the mid-point of the range is used. Where a single outcome is being measured, the individual most likely outcome may be the best estimate of the liability. However, even in such a case, the Trust considers other possible outcomes.
The total value of provisions included within these accounts is £3.2m.

Note 1.27 Events after the Reporting Period

Events after the end of the reporting period include all events up to the date when the financial statements are authorised for issue. Any such events will be disclosed in a note to the accounts, see note 45.

Note 2 Operating income from patient care activities

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

Note 2.1 Income from patient care activities (by nature)	2022/23 £000	2021/22 £000
Income from commissioners under API contracts*	636,847	615,658
High cost drugs income from commissioners (excluding pass-through costs)**	74,966	61,664
Other NHS clinical income	879	1,261
Income from other sources (e.g. local authorities)	313	340
Private patient income	511	471
Elective recovery fund	19,589	11,331
Agenda for change pay award central funding***	15,086	-
Additional pension contribution central funding****	17,306	16,554
Other clinical income	2,712	2,802
Total income from activities	**768,209**	**710,081**

* Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2022/23 National Tariff Payments System documentation. https://www.england.nhs.uk/publication/past-national-tariffs-documents-and-policies/

** The high cost drugs income figure for 2022/23 relates only to that where NHSE is the commissioner as this is pass-through and considered separately to the block payments.

*** In March 2023 the government announced an additional pay offer for 2022/23, in addition to the pay award earlier in the year. Additional funding was made available by NHS England for implementing this pay offer for 2022/23 and the income and expenditure has been included in these accounts as guided by the Department of Health and Social Care and NHS England. In May 2023 the government confirmed this offer will be implemented as a further pay award in respect of 2022/23 based on individuals in employment at 31 March 2023.

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

Note 2.2 Income from patient care activities (by source)

Income from patient care activities received from:	2022/23 £000	2021/22 £000
NHS England	289,683	239,552
Clinical commissioning groups	112,664	465,655
Integrated care boards	361,448	-
Department of Health and Social Care	13	13
Other NHS providers	840	919
NHS other	39	329
Local authorities	313	340
Non-NHS: private patients	511	471
Non-NHS: overseas patients (chargeable to patient)	129	182
Injury cost recovery scheme	2,073	1,948
Non NHS: other	496	672
Total income from activities	**768,209**	**710,081**
Of which:		
Related to continuing operations	768,209	710,081
Related to discontinued operations	-	-

Note 2.3 Overseas visitors (relating to patients charged directly by the provider)

	2022/23	2021/22
	£000	£000
Income recognised this year	129	182
Cash payments received in-year	142	138
Amounts added to provision for impairment of receivables	166	175

Note 3 Other operating income

	2022/23			2021/22		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	6,276	-	**6,276**	5,977	-	**5,977**
Education and training	42,249	1,115	**43,364**	34,551	1,138	**35,689**
Non-patient care services to other bodies	12,345	-	**12,345**	11,611	-	**11,611**
Reimbursement and top up funding	2,938	-	**2,938**	16,286	-	**16,286**
Income in respect of employee benefits accounted on a gross basis	6,421	-	**6,421**	4,831	-	**4,831**
Receipt of capital grants and donations and peppercorn leases	-	520	**520**	-	17,454	**17,454**
Charitable and other contributions to expenditure	-	1,200	**1,200**	-	2,279	**2,279**
Revenue from operating leases	-	39	**39**	-	39	**39**
Other income	5,006	-	**5,006**	4,203	-	**4,203**
Total other operating income	**75,235**	**2,874**	**78,108**	**77,459**	**20,910**	**98,369**
Of which:						
Related to continuing operations			78,108			98,369
Related to discontinued operations			-			-

Note 4 Fees and charges

HM Treasury requires disclosure of fees and charges income. The following disclosure is of income from charges to service users where income from that service exceeds £1 million and is presented as the aggregate of such income. The cost associated with the service that generated the income is also disclosed.

	2022/23	2021/22
	£000	£000
Income	2,855	2,305
Full cost	(3,157)	(2,640)
Surplus / (deficit)	**(302)**	**(335)**
Staff & Visitor catering		
Income	1,833	1,572
Full cost	(2,200)	(1,923)
Surplus / (deficit)	**(367)**	**(351)**
Car parking		
Income	1,022	733
Full cost	(957)	(717)
Surplus / (deficit)	**65**	**16**

Note 5 Operating leases - Hull University Teaching Hospitals NHS Trust as lessor

This note discloses income generated in operating lease agreements where Hull University Teaching Hospitals NHS Trust is the lessor.

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

The income earned relating to this operating lease is from a rental agreement with Humber Teaching NHS Foundation Trust for the land at Mill View on the Castle Hill Hospital site.

Note 5.1 Operating lease income

	2022/23	2021/22
	£000	£000
Lease receipts recognised as income in year:		
Minimum lease receipts	-	39
Variable lease receipts / contingent rents	39	-
Total in-year operating lease income	**39**	**39**

Note 5.2 Future lease receipts

	31 March 2023
	£000
Future minimum lease receipts due at 31 March 2023:	
- not later than one year	39
- later than one year and not later than two years	39
- later than two years and not later than three years	39
- later than three years and not later than four years	39
- later than four years and not later than five years	39
- later than five years	2,613
Total	**2,808**

	31 March 2022
	£000
Future minimum lease receipts due at 31 March 2022:	
- not later than one year;	39
- later than one year and not later than five years;	156
- later than five years.	2,652
Total	**2,847**

Note 6.1 Operating expenses

	2022/23	2021/22
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	12,828	4,515
Purchase of healthcare from non-NHS and non-DHSC bodies	26,315	24,878
Staff and executive directors costs	462,260	430,068
Remuneration of non-executive directors	212	164
Supplies and services - clinical (excluding drugs costs)	77,969	85,239
Supplies and services - general	17,578	19,255
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	114,133	100,448
Inventories written down	4	-
Consultancy costs	31	73
Establishment	8,411	7,586
Premises	35,858	34,331
Transport (including patient travel)	2,031	2,519
Depreciation on property, plant and equipment	19,819	16,314
Amortisation on intangible assets	2,336	1,896
Net impairments	6,399	15,919
Movement in credit loss allowance: contract receivables / contract assets	881	732
Change in provisions discount rate(s)	(212)	-
Fees payable to the external auditor		
audit services- statutory audit*	102	102
other auditor remuneration (external auditor only)	4	4
Internal audit costs	107	116
Clinical negligence	20,464	20,196
Legal fees	1,020	296
Insurance	234	584
Research and development	5,854	6,043
Education and training	19,820	14,992
Expenditure on short term leases (current year only)	8	
Operating lease expenditure (comparative only)		1,669
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	2,356	2,336
Charges to operating expenditure for off-SoFP PFI / LIFT schemes	-	81
Car parking & security	2,356	1,466
Hospitality	61	21
Losses, ex gratia & special payments	-	10
Other services, e.g. external payroll	855	-
Other	273	1,929
Total	**840,367**	**793,781**
Of which:		
Related to continuing operations	840,367	793,781
Related to discontinued operations	-	-

* Includes VAT

All expenditure includes VAT where not recoverable.

Note 6.2 Other auditor remuneration

	2022/23	2021/22
	£000	£000
Other auditor remuneration paid to the external auditor:		
1. Audit of accounts of any associate of the trust	4	4
Total	**4**	**4**

Note 6.3 Limitation on auditor's liability

There is no limitation on auditor's liability for external audit work carried out for the financial years 2022/23 or 2021/22.

Note 7 Impairment of assets

	2022/23	2021/22
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Loss or damage from normal operations	-	232
Changes in market price	6,399	15,687
Total net impairments charged to operating surplus / deficit	**6,399**	**15,919**
Impairments charged to the revaluation reserve	1,025	1,448
Total net impairments	**7,424**	**17,367**

The net impairment of £6,399 above which is charged to the operating surplus/deficit mainly relates to the valuation of new capital additions during 2022/23 at a lower cost than the cost to build as they would not have a revaluation reserve. This is for buildings only and is mainly on the HRI site. The largest single impairment relates to the front entrance scheme at £4,906k.

Note 8 Employee benefits

	2022/23 Total £000	2021/22 Total £000
Salaries and wages	372,656	346,365
Social security costs	36,879	33,265
Apprenticeship levy	1,763	1,664
Employer's contributions to NHS pensions *	56,637	54,153
Pension cost - other	183	170
Temporary staff (including agency)	11,408	10,595
Total gross staff costs	**479,524**	**446,211**
Recoveries in respect of seconded staff	-	-
Total staff costs **	**479,524**	**446,211**
Of which		
Costs capitalised as part of assets	1,170	1,389

* The employer's contribution to NHS pensions figure includes the additional 6.3% (£17.306m) for which there is a corresponding entry on income.

** total staff costs figure is £17.3m greater than 'staff and executive director costs' recorded in note 6.1 due to the inclusion of pay costs that are associated with research and development, education and training and those that are capitalised as part of assets in note 6.1.

Note 8.1 Retirements due to ill-health

During 2022/23 there were 5 early retirements from the trust agreed on the grounds of ill-health (5 in the year ended 31 March 2022). The estimated additional pension liabilities of these ill-health retirements is £357k (£518k in 2021/22). These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 9 Pension costs

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

The expected employer contributions to NHS pensions for 2023/24 are estimated to be £59,469k.

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

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2023, is based on valuation data as 31 March 2022, updated to 31 March 2023 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

b) Full actuarial (funding) valuation

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

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

c) NEST

From 1 April 2013, Hull University Teaching Hospitals NHS Trust offered an alternative pension scheme to all employees who are not eligible to be members of the NHS pension scheme at the Trust. This includes employees who are members of the NHS pension scheme through another role outside of the Trust and those that are not eligible to join the NHS pension scheme.

Every three years all eligible employees are auto-enrolled in either the NHS or alternative pension scheme. The auto-enrolment exercise was last carried out in June 2019 and following this process, all employees who meet the criteria for the alternative pension scheme are enrolled each month on a continuous basis, unless they specifically opt out.

The alternative pension scheme is a defined contribution scheme operated by the National Employment Savings Trust (NEST). Employee and employer contribution rates are a combined minimum of 8% (with a minimum 3% being contributed by the Trust.

NEST employers contributions for the year to 31st March 2023 were £291,681.

Note 10 Finance income

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

	2022/23	2021/22
	£000	£000
Interest on bank accounts	1,485	41
Total finance income	**1,485**	**41**

Note 11 Finance expenditure

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

	2022/23	2021/22
	£000	£000
Interest expense:		
Interest on loans from the Department of Health and Social Care	345	393
Interest on lease obligations	63	4
Main finance costs on PFI and LIFT schemes obligations	3,160	3,255
Contingent finance costs on PFI and LIFT scheme obligations	2,826	2,265
Total interest expense	**6,394**	**5,917**
Unwinding of discount on provisions	6	5
Total finance costs	**6,400**	**5,922**

Note 12 Other gains / (losses)

	2022/23	2021/22
	£000	£000
Gains on disposal of assets	38	118
Losses on disposal of assets	(50)	(298)
Total gains / (losses) on disposal of assets	**(12)**	**(180)**

Note 13.1 Intangible assets - 2022/23

	Software licences	Development expenditure	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2022 - brought forward	**978**	**15,966**	**16,944**
Additions	53	879	**932**
Reclassifications	-	1,073	**1,073**
Disposals / derecognition	-	(130)	**(130)**
Valuation / gross cost at 31 March 2023	**1,031**	**17,788**	**18,819**
Amortisation at 1 April 2022 - brought forward	**762**	**7,392**	**8,154**
Provided during the year	131	2,205	**2,336**
Disposals / derecognition	-	(130)	**(130)**
Amortisation at 31 March 2023	**893**	**9,467**	**10,360**
Net book value at 31 March 2023	**138**	**8,321**	**8,459**
Net book value at 1 April 2022	**216**	**8,574**	**8,790**

Note 13.2 Intangible assets - 2021/22

	Software licences	Development expenditure	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2021 - as previously stated	**978**	**11,322**	**12,300**
Transfers by absorption	-	(108)	**(108)**
Additions	-	3,062	**3,062**
Reclassifications	-	1,690	**1,690**
Valuation / gross cost at 31 March 2022	**978**	**15,966**	**16,944**
Amortisation at 1 April 2021 - as previously stated	**620**	**5,700**	**6,320**
Transfers by absorption	-	(62)	**(62)**
Provided during the year	142	1,754	**1,896**
Amortisation at 31 March 2022	**762**	**7,392**	**8,154**
Net book value at 31 March 2022	**216**	**8,574**	**8,790**
Net book value at 1 April 2021	**358**	**5,622**	**5,980**

Intangible assets comprise of software licences and internally generated developments, all are treated as purchased assets. They are shown on the Statement of Financial Position at depreciated historic cost, as a proxy for fair value. The lives of intangible assets are disclosed in note 1 to these accounts. The depreciation is based on the life of the asset, and is applied on a straight line basis.

Note 14.1 Property, plant and equipment - 2022/23

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Total
	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2022 - brought forward	**10,762**	**267,582**	**34,002**	**96,111**	**304**	**28,269**	**437,030**
IFRS 16 implementation - reclassification of existing finance leased assets to right of use assets	-	(1,813)	-	-	-	-	**(1,813)**
Additions	-	6,563	26,623	8,757	-	2,236	**44,179**
Impairments	(467)	(14,304)	-	-	-	-	**(14,771)**
Reversals of impairments	-	3,620	-	-	-	-	**3,620**
Revaluations	-	16,419	-	-	-	-	**16,419**
Reclassifications	-	22,703	(22,710)	(470)	-	(596)	**(1,073)**
Disposals / derecognition	-	-	-	(1,450)	(10)	(43)	**(1,503)**
Valuation/gross cost at 31 March 2023	**10,295**	**300,770**	**37,915**	**102,948**	**294**	**29,866**	**482,088**
Accumulated depreciation at 1 April 2022 - brought forward	**-**	**1,371**	**-**	**36,240**	**264**	**13,912**	**51,787**
Provided during the year	-	7,757	-	7,191	6	2,761	**17,715**
Impairments	-	(1,989)	-	-	-	-	**(1,989)**
Reversals of impairments	-	(1,738)	-	-	-	-	**(1,738)**
Revaluations	-	(4,024)	-	-	-	-	**(4,024)**
Disposals / derecognition	-	-	-	(1,400)	(10)	(43)	**(1,453)**
Accumulated depreciation at 31 March 2023	**-**	**1,377**	**-**	**42,031**	**260**	**16,630**	**60,298**
Net book value at 31 March 2023	**10,295**	**299,393**	**37,915**	**60,917**	**34**	**13,236**	**421,790**
Net book value at 1 April 2022	**10,762**	**266,211**	**34,002**	**59,871**	**40**	**14,357**	**385,243**

Note 14.2 Property, plant and equipment - 2021/22

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Total
	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2021 - as previously stated	**9,641**	**242,916**	**25,001**	**81,700**	**310**	**25,204**	**384,772**
Transfers by absorption	-	-	-	(1,994)	-	(258)	**(2,252)**
Additions	-	16,682	36,404	22,597	-	5,500	**81,183**
Impairments	-	(23,078)	-	-	-	-	**(23,078)**
Reversals of impairments	-	1,942	-	-	-	-	**1,942**
Revaluations	1,121	2,441	-	-	-	-	**3,562**
Reclassifications	-	26,679	(27,403)	1,128	-	(2,094)	**(1,690)**
Transfers to / from assets held for sale	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	(7,320)	(6)	(83)	**(7,409)**
Valuation/gross cost at 31 March 2022	**10,762**	**267,582**	**34,002**	**96,111**	**304**	**28,269**	**437,030**
Accumulated depreciation at 1 April 2021 - as previously stated	**-**	**841**	**-**	**37,452**	**257**	**11,884**	**50,434**
Transfers by absorption	-	-	-	(1,041)	-	(191)	**(1,232)**
Provided during the year	-	7,215	-	6,784	13	2,302	**16,314**
Impairments	-	(2,434)	-	-	-	-	**(2,434)**
Reversals of impairments	-	(1,335)	-	-	-	-	**(1,335)**
Revaluations	-	(2,867)	-	-	-	-	**(2,867)**
Reclassifications	-	(49)	-	49	-	-	**-**
Disposals / derecognition	-	-	-	(7,004)	(6)	(83)	**(7,093)**
Accumulated depreciation at 31 March 2022	**-**	**1,371**	**-**	**36,240**	**264**	**13,912**	**51,787**
Net book value at 31 March 2022	**10,762**	**266,211**	**34,002**	**59,871**	**40**	**14,357**	**385,243**
Net book value at 1 April 2021	**9,641**	**242,075**	**25,001**	**44,248**	**53**	**13,320**	**334,338**

Note 14.3 Property, plant and equipment financing - 31 March 2023

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Total
	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	10,295	216,673	37,915	50,900	34	13,071	**328,888**
On-SoFP PFI contracts and other service concession arrangements	-	68,065	-	-	-	-	**68,065**
Owned - donated/granted	-	14,655	-	10,017	-	165	**24,837**
Total net book value at 31 March 2023	**10,295**	**299,393**	**37,915**	**60,917**	**34**	**13,236**	**421,790**

Note 14.4 Property, plant and equipment financing - 31 March 2022

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Total
	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	10,762	188,193	34,002	50,587	40	12,975	**296,559**
Finance leased	-	1,813	-	-	-	-	**1,813**
On-SoFP PFI contracts and other service concession arrangements	-	63,165	-	-	-	-	**63,165**
Owned - donated/granted	-	13,040	-	9,284	-	1,382	**23,706**
Total net book value at 31 March 2022	**10,762**	**266,211**	**34,002**	**59,871**	**40**	**14,357**	**385,243**

Note 14.5 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2023

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Total
	£000	£000	£000	£000	£000	£000	£000
Subject to an operating lease	52	-	-	-	-	-	**52**
Not subject to an operating lease	10,243	299,393	37,915	60,917	34	13,236	**421,738**
Total net book value at 31 March 2023	**10,295**	**299,393**	**37,915**	**60,917**	**34**	**13,236**	**421,790**

Note 15 Donations of property, plant and equipment

The Hull and East Yorkshire Hospitals NHS Trust General Charitable Trust provided donations of medical and general equipment to the Trust to a value of £520k (2021/22 - £485k). There were no restrictions in respect of any of the donations.

Note 16 Revaluations of property, plant and equipment

Land and buildings were valued as at 31 March 2023 to ensure they were carried on the Statement of Financial Position at current value. The valuation was undertaken by independent RICS qualified valuers Cushman and Wakefield and the valuation was undertaken in line with RICS standards.

The valuation of our buildings has been assessed by a desktop exercise in 2022/23 as there was a full valuation in 2019/20. This desk top valuation takes into account any updates on their current condition and agreed obsolescence, and assumes that the buildings will be maintained to their current condition over their remaining lives. The valuation has been undertaken on a modern equivalent asset basis for specialised assets (hospital) and reflects the current service potential of the assets to the Trust. The Trust has a couple of non-specialised buildings which are valued based on market value in existing use.

There was an overall net increase in property, plant and equipment of £36.5m which was after a £7.4m net impairment of assets of which £1.0m is charged to the revaluation reserve and £6.4m is charged to the SOCI.

Overall PPE revaluation gains for the year amounted to £20.4m

Within the above, after accounting for additions, in year depreciation and the impact of the valuation, the movement in the net book value of the land and buildings from opening 1st April 2022 to closing March 2023 was an increase of £32.7m.

Note 17 Leases - Hull University Teaching Hospitals NHS Trust as a lessee

This note details information about leases for which the Trust is a lessee.

The Trust's leases are for property, equipment and vehicles and vary in terms from 1 to 42 years.

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

Note 18 includes the details of the values.

Note 18.1 Right of use assets - 2022/23

	Property (land and buildings) £000	Plant & machinery £000	Transport equipment £000	Total £000	Of which: leased from DHSC group bodies £000
IFRS 16 implementation - reclassification of existing finance leased assets from PPE or intangible assets	1,813	-	-	**1,813**	-
IFRS 16 implementation - adjustments for existing operating leases / subleases	2,930	4,092	327	**7,349**	1,189
Transfers by absorption	-	-	-	**-**	-
Additions	234	79	99	**412**	-
Remeasurements of the lease liability	-	69	-	**69**	-
Revaluations	5,685	-	-	**5,685**	-
Reclassifications	-	-	-	**-**	-
Disposals / derecognition	-	(4)	(13)	**(17)**	-
Valuation/gross cost at 31 March 2023	**10,662**	**4,236**	**413**	**15,311**	**1,189**
Provided during the year	676	1,304	124	**2,104**	241
Impairments	-	-	-	**-**	-
Reversal of impairments	-	-	-	**-**	-
Revaluations	(121)	-	-	**(121)**	-
Reclassifications	-	-	-	**-**	-
Disposals / derecognition	-	(4)	(12)	**(16)**	-
Accumulated depreciation at 31 March 2023	**555**	**1,300**	**112**	**1,967**	**241**
Net book value at 31 March 2023	**10,107**	**2,936**	**301**	**13,344**	**948**
Net book value of right of use assets leased from other NHS providers					893
Net book value of right of use assets leased from other DHSC group bodies					55

Note 18.2 Revaluations of right of use assets

The Trust has received a valuation for two buildings which it leases as they are on the Trust's sites. These relate to the Mortuary which is a council property and doctor's residences from Sanctuary Housing. The valuation gain on these right of use assets is £5.8m. The valuation was undertaken by independent RICS qualified valuers Cushman and Wakefield and the valuation was undertaken in line with RICS standards.

Note 18.3 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 29.1.

	2022/23
	£000
Carrying value at 31 March 2022	**1,855**
IFRS 16 implementation - adjustments for existing operating leases	7,122
At start of period for new FTs	-
Transfers by absorption	-
Lease additions	336
Lease liability remeasurements	69
Interest charge arising in year	63
Early terminations	-
Lease payments (cash outflows)	(2,192)
Other changes	-
Carrying value at 31 March 2023	**7,253**

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

These payments are disclosed in Note 6.1.
Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

Note 18.4 Maturity analysis of future lease payments at 31 March 2023

	Total	Of which leased from DHSC group bodies:
	31 March 2023	31 March 2023
	£000	£000
Undiscounted future lease payments payable in:		
- not later than one year;	1,685	136
- later than one year and not later than five years;	3,294	536
- later than five years.	2,500	279
Total gross future lease payments	**7,479**	**951**
Finance charges allocated to future periods	(226)	(55)
Net lease liabilities at 31 March 2023	**7,253**	**896**
Of which:		
- Leased from other NHS providers	1,638	128
- Leased from other DHSC group bodies	5,615	768

Note 18.5 Maturity analysis of finance lease liabilities at 31 March 2022 (IAS 17 basis)

The following table details the maturity of obligations under leases the trust previously determined to be finance leases under IAS 17 at 31 March 2022.

	31 March 2022 £000
Undiscounted future lease payments payable in:	
- not later than one year;	60
- later than one year and not later than five years;	240
- later than five years.	1,619
Total gross future lease payments	**1,919**
Finance charges allocated to future periods	(64)
Net finance lease liabilities at 31 March 2022	**3,774**
of which payable:	
- not later than one year;	56
- later than one year and not later than five years;	225
- later than five years.	1,574

Note 18.6 Commitments in respect of operating leases at 31 March 2022 (IAS 17 basis)

This note discloses costs incurred in 2021/22 and commitments as at 31 March 2022 for leases the trust previously determined to be operating leases under IAS 17.

	2021/22 £000
Operating lease expense	
Minimum lease payments	1,669
Contingent rents	-
Less sublease payments received	-
Total	**1,669**

	31 March 2022 £000
Future minimum lease payments due:	
- not later than one year;	1,566
- later than one year and not later than five years;	3,505
- later than five years.	565
Total	**5,636**

Note 18.7 Initial application of IFRS 16 on 1 April 2022

IFRS 16 as adapted and interpreted for the public sector by HM Treasury has been applied to leases in these financial statements with an initial application date of 1 April 2022.

The standard has been applied using a modified retrospective approach without the restatement of comparatives. Practical expedients applied by the Trust on initial application are detailed in the leases accounting policy in note 1.15.

Lease liabilities created for existing operating leases on 1 April 2022 were discounted using the weighted average incremental borrowing rate determined by HM Treasury as 0.95%.

Reconciliation of operating lease commitments as at 31 March 2022 to lease liabilities under IFRS 16 as at 1 April 2022

	1 April 2022
	£000
Operating lease commitments under IAS 17 at 31 March 2022	**5,636**
Impact of discounting at the incremental borrowing rate	
IAS 17 operating lease commitment discounted at incremental borrowing rate	**5,486**
Less:	
Commitments for short term leases	(112)
Irrecoverable VAT previously included in IAS 17 commitment	(714)
Other adjustments:	
Differences in the assessment of the lease term	92
Finance lease liabilities under IAS 17 as at 31 March 2022	1,855
Other adjustments	2,370
Total lease liabilities under IFRS 16 as at 1 April 2022	**8,977**

Note 19 Investment Property

	2022/23	2021/22
	£000	£000
Carrying value at 1 April 2022 - brought forward	100	100
Carrying value at 31 March 2023	100	100

Investment assets comprise the remaining land adjacent to the Castle Hill Hospital site. The first part of the land was sold in 2018/19, with further sales in 2019/20 and 2020/21 for £2.95m and £2.94m respectively.

Note 20 Other investments / financial assets (non-current)

	2022/23	2021/22
	£000	£000
Carrying value at 1 April - brought forward	**536**	**392**
Movement in fair value through OCI	13	144
Carrying value at 31 March	**549**	**536**

The Trust has an investment in ordinary shares in Vertual Ltd, a company registered in the United Kingdom. The Trust holds 15% of the company's shares, valued at £549,127 (2021/22 - £536,469) which has been included in the accounts. The company's main activity is the sale of hardware and software used to train Radiotherapists. Mr D Haire - Project Director sits on the board on behalf of the Trust.

Note 21 Disclosure of interests in other entities

The Trust also has an interest in Medipex Ltd, a company registered in the United Kingdom. The company's main activity is to assist the NHS in exploiting intellectual and industrial property rights. It is a company limited by guarantee and the Trust's liability under that guarantee is £100.

Note 22 Inventories

	31 March 2023 £000	31 March 2022 £000
Drugs	6,161	5,689
Consumables	10,451	10,178
Total inventories	**16,612**	**15,867**

Inventories recognised in expenses for the year were £186,689k (2021/22: £185,859k). Write-down of inventories recognised as expenses for the year were £4k (2021/22: £0k).

All inventories were valued in accordance with the Trusts accounting policy (note 1), none were held at fair value less costs to sale.

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2022/23 the Trust received £1,200k of items purchased by DHSC (2021/22: £2,244k).

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

Note 23.1 Receivables

	31 March 2023 £000	31 March 2022 £000
Current		
Contract receivables*	34,147	25,867
Capital receivables	420	1,856
Allowance for impaired contract receivables / assets	(3,155)	(2,530)
Prepayments (non-PFI)	2,851	3,115
PDC dividend receivable	-	303
VAT receivable	1,092	2,385
Other receivables**	2,916	1,963
Total current receivables	**38,271**	**32,959**
Non-current		
Contract receivables	2,557	2,769
Allowance for impaired contract receivables / assets	(859)	(876)
Other receivables***	1,261	1,398
Total non-current receivables	**2,959**	**3,291**
Of which receivable from NHS and DHSC group bodies:		
Current	23,256	17,732
Non-current	1,261	1,338

* Contract receivables for 2022/23 includes £15.1m relating to pay award funding.

** Other receivables includes £16k relating to Clinicians pension tax provision reimbursement funding from NHS England.

*** Non-current other receivables relates to Clinicians pension tax provision reimbursement funding from NHS England.

Note 23.2 Allowances for credit losses

	2022/23	2021/22
	Contract receivables and contract assets	Contract receivables and contract assets
	£000	£000
Allowances as at 1 April 2022 - brought forward	**3,406**	**2,926**
New allowances arising	881	480
Changes in existing allowances	-	252
Utilisation of allowances (write offs)	(272)	(252)
Allowances as at 31 Mar 2023	**4,014**	**3,406**

Note 24 Finance leases (Hull University Teaching Hospitals NHS Trust as a lessor)

This note discloses future lease payments receivable from lease arrangements classified as finance leases where the Hull University Teaching Hospitals NHS Trust is the lessor.

There are no leases where the Trust is the lessor.

Note 25 Non-current assets held for sale and assets in disposal groups

At the Statement of Financial Position date, the Trust did not have any assets held for sale.

Note 26.1 Cash and cash equivalents movements

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

	2022/23	2021/22
	£000	£000
At 1 April	**79,428**	**58,927**
Net change in year	(25,680)	20,501
At 31 March	**53,748**	**79,428**
Broken down into:		
Cash at commercial banks and in hand	7	13
Cash with the Government Banking Service	53,742	79,415
Total cash and cash equivalents as in SoFP	**53,748**	**79,428**
Total cash and cash equivalents as in SoCF	**53,748**	**79,428**

Note 26.2 Third party assets held by the trust

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

The Trust operates a staff lottery, the cash balance owed to which is £73,428 (2021/22 - £83,660). This is included in the Trust's financial statements.

	31 March 2023	31 March 2022
	£000	£000
Bank balances	73	86
Monies on deposit	-	-
Total third party assets	**73**	**86**

Note 27.1 Trade and other payables

	31 March 2023 £000	31 March 2022 £000
Current		
Trade payables	2,435	628
Capital payables	13,420	32,732
Accruals	108,032	95,439
Social security costs	50	17
PDC dividend payable	30	-
Pension contributions payable	5,513	5,203
Other payables	1,770	7,192
Total current trade and other payables	**131,250**	**141,211**
Of which payables from NHS and DHSC group bodies:		
Current	7,062	7,981

Note 28 Other liabilities

	31 March 2023 £000	31 March 2022 £000
Current		
Deferred income: contract liabilities	6,263	3,277
Total other current liabilities	**6,263**	**3,277**

Note 29.1 Borrowings

	31 March 2023 £000	31 March 2022 £000
Current		
Loans from DHSC	1,274	1,276
Lease liabilities*	1,638	56
Obligations under PFI, LIFT or other service concession contracts	2,034	1,657
Total current borrowings	**4,946**	**2,989**
Non-current		
Loans from DHSC	6,907	8,167
Lease liabilities*	5,615	1,799
Obligations under PFI, LIFT or other service concession contracts	39,376	41,411
Total non-current borrowings	**51,898**	**51,377**

* The Trust has applied IFRS 16 to lease arrangements within these accounts from 1 April 2022 without restatement of comparatives. More information about leases and the impact of this change in accounting policy can be found in note 1.15.

Note 29.2 Reconciliation of liabilities arising from financing activities - 2022/23

	Loans from DHSC	Lease Liability	PFI and LIFT schemes	Total
	£000	£000	£000	£000
Carrying value at 1 April 2022	**9,443**	**1,855**	**43,068**	**54,366**
Cash movements:				
Financing cash flows - payments and receipts of principal	(1,260)	(2,129)	(1,657)	**(5,046)**
Financing cash flows - payments of interest	(347)	(63)	(3,161)	**(3,571)**
Non-cash movements:				
Impact of implementing IFRS 16 on 1 April 2022	-	7,122	-	**7,122**
Additions	-	336	-	**336**
Lease liability remeasurements	-	69	-	**69**
Application of effective interest rate	345	63	3,160	**3,568**
Carrying value at 31 March 2023	**8,181**	**7,253**	**41,410**	**56,844**

Note 29.3 Reconciliation of liabilities arising from financing activities - 2021/22

	Loans from DHSC	Lease Liability	PFI and LIFT schemes	Total
	£000	£000	£000	£000
Carrying value at 1 April 2021	**10,705**	**1,911**	**44,651**	**57,267**
Cash movements:				
Financing cash flows - payments and receipts of principal	(1,260)	(56)	(1,583)	**(2,899)**
Financing cash flows - payments of interest	(395)	(4)	(3,255)	**(3,654)**
Non-cash movements:				
Application of effective interest rate	393	4	3,255	**3,652**
Carrying value at 31 March 2022	**9,443**	**1,855**	**43,068**	**54,366**

Note 30.1 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2022	**486**	**1,102**	**186**	**5,147**	**6,921**
Change in the discount rate	(25)	(179)	(8)	(1,124)	**(1,336)**
Arising during the year	29	22	119	1,044	**1,214**
Utilised during the year	(65)	(60)	(46)	(7)	**(178)**
Reversed unused	(2)	-	(61)	(3,425)	**(3,488)**
Unwinding of discount	(6)	10	2	26	**32**
At 31 March 2023	**417**	**896**	**191**	**1,661**	**3,165**
Expected timing of cash flows:					
- not later than one year;	65	60	64	400	**589**
- later than one year and not later than five years;	249	239	127	33	**649**
- later than five years.	102	597	0	1,228	**1,927**
Total	**417**	**896**	**191**	**1,661**	**3,165**

The provision for early departure costs represents amounts payable to the NHS Business Services Authority, pensions division, to meet the costs of early retirement and industrial injury benefits. The provision is based on estimate using the ONS figures for life expectancy and therefore there is a degree of uncertainty about the value of payments in the future.

The provision for legal claims relates to claims for injury to staff or members of the Public, where the likelihood of a settlement is probable. All claims are handled by NHS Resolution on behalf of the Trust and they advise on likelihood and value of settlement. The timing and value of settlements are subject to both local negotiation and the judgement of NHS Resolution. The Trust's liability in respect of each claim is limited to the level of excess determined by NHS Resolution.

Included within Legal Claims are permanent injury benefits and Employer's Liability claims; these are linked with contingent liabilities relating to Employer's Liability as disclosed in the note below:

Within the 'Other' category, we have included a provision for; Doctors nodal points of £384k and clinicians pension tax provision of £1,277k.

Clinician pension tax reimbursement

Clinicians who are members of the NHS Pension scheme may face a tax charge in respect of the growth of their NHS pension benefits above their pensions savings annual allowance threshold. The government has committed to allowing this charge to be paid by the NHS Pension scheme. The NHS employer will make a contractually binding commitment to pay them a corresponding amount on retirement so that they are not disadvantaged by the charge. NHS England provided a statement of provision liabilities arising from the 2019/20 clinicians' pensions compensation scheme based on the latest available information on actual uptake of the scheme. They are derived from combining information on applications to join the 2019/20 scheme under the policy, together with information in the scheme pays election form where present, and with averages assumed where these forms are absent or clearly an estimate (values less than £100).

The Clinician pension tax provision is £1,277k (2021/22 - £1,338k).

Note 30.2 Clinical negligence liabilities

At 31 March 2023, £323,212k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Hull University Teaching Hospitals NHS Trust (31 March 2022: £425,528k).

Note 31 Contingent assets and liabilities

	31 March 2023 £000	31 March 2022 £000
Value of contingent liabilities		
NHS Resolution legal claims	(35)	(27)
Employment tribunal and other employee related litigation	(129)	(30)
Gross value of contingent liabilities	**(163)**	**(57)**
Net value of contingent liabilities	**(163)**	**(57)**

All contingent liabilities relate to legal claims made against the Trust (Employer and Public liability claims) and 1 employment tribunal. They are accounted for as contingent liabilities to the extent that they are not included in any formal provision.

Note 32 Contractual capital commitments

	31 March 2023 £000	31 March 2022 £000
Property, plant and equipment	6,083	2,800
Intangible assets	-	-
Total	**6,083**	**2,800**

Note 33 Defined benefit pension schemes

The Trust has no defined benefit pension schemes.

Note 34.1 On-SoFP PFI, LIFT or other service concession arrangements

The Trust has three on SOFP PFI schemes none of which have total commitments in excess of £500m

Under IFRIC 12, the following PFI schemes are treated as an asset of the Trust, and the substance of the contract is that the Trust has a finance lease. Payments under the contracts comprise two elements - imputed finance lease charges and service charges. For all of these schemes the Trust gains ownership of the buildings once the contract ends.

Urology and Outpatients - Castle Hill Hospital Site

The PFI partner provides the Trust with hospital accommodation for Urology and Outpatient Services at the Castle Hill site. The contract began in February 2001 and is due to end in February 2032.

Accommodation for Maternity Services - Hull Royal Infirmary Site

The PFI partner provides the Trust with hospital accommodation for Maternity Services at the Hull Royal Infirmary site. The contract for the provision of accommodation began in March 2003 and will end in March 2033.

Queens Centre for Oncology and Haematology - Castle Hill Hospital site

The PFI partner provides the Trust with hospital accommodation for Oncology and Haematology services at the Castle Hill site. Work commenced in April 2006, and the building became operational in August 2008, The contract began in June 2006 and will end in June 2037.

Note 34.2 On-SoFP PFI, LIFT or other service concession arrangement obligations

The following obligations in respect of the PFI, LIFT or other service concession arrangements are recognised in the statement of financial position:

	31 March 2023 £000	31 March 2022 £000
Gross PFI, LIFT or other service concession liabilities	**62,974**	**67,792**
Of which liabilities are due		
- not later than one year;	5,085	4,818
- later than one year and not later than five years;	20,923	20,604
- later than five years.	36,966	42,370
Finance charges allocated to future periods	(21,564)	(24,724)
Net PFI, LIFT or other service concession arrangement obligation	**41,410**	**43,068**
- not later than one year;	2,034	1,657
- later than one year and not later than five years;	10,440	9,378
- later than five years.	28,936	32,033

Note 34.3 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

Total future commitments under these on-SoFP schemes are as follows:

	31 March 2023	31 March 2022
	£000	£000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	**179,290**	**183,054**
Of which payments are due:		
- not later than one year;	13,328	12,389
- later than one year and not later than five years;	56,913	52,900
- later than five years.	109,049	117,765

Note 34.4 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	2022/23	2021/22
	£000	£000
Unitary payment payable to service concession operator	**12,793**	**11,884**
Consisting of:		
- Interest charge	3,160	3,255
- Repayment of balance sheet obligation	1,657	1,583
- Service element and other charges to operating expenditure	2,356	2,336
- Capital lifecycle maintenance	2,794	2,445
- Contingent rent	2,826	2,265
Total amount paid to service concession operator	**12,793**	**11,884**

Note 35 Off-SoFP PFI, LIFT and other service concession arrangements

Hull University Teaching Hospitals NHS Trust incurred the following charges in respect of off-Statement of Financial Position PFI and LIFT arrangements:

For 2022/2023 this is now accounted for under IFRS16

	31 March 2023	31 March 2022
	£000	£000
Charge in respect of the off SoFP PFI, LIFT or other service concession arrangement for the period	**-**	**81**
Commitments in respect of off-SoFP PFI, LIFT or other service concession arrangements:		
- not later than one year;	-	81
- later than one year and not later than five years;	-	324
- later than five years.	-	324
Total	**-**	**729**

Note 36 Financial instruments

Note 36.1 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. Due to the continuing service provider relationship that the Trust has with its commissioners (Clinical Commissioning Groups and NHS England) and funding flows from the Treasury, the Trust is not exposed to the degree of financial risk faced by business entities. The pandemic has, however, resulted in changes to the financial arrangements during 2022/23. These arrangements have provided greater certainty and promoted System collaboration at no additional risk. 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. The 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 the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. The Trust's treasury activity is subject to review by the Trust's internal auditors.

Foreign Currency risk

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

Interest rate risk

The Trust borrows from government for capital expenditure, subject to affordability as confirmed by NHS Improvement. 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. The Trust therefore has low exposure to interest rate fluctuations.

Credit risk

Because the majority of revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2023 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk

The Trust's operating costs are incurred under contracts with Clinical Commissioning Groups and Integrated Care Boards, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks.

Note 36.2 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2023	Held at amortised cost	Held at fair value through Profit & Loss	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	36,010	-	-	**36,010**
Other investments / financial assets	-	-	549	**549**
Cash and cash equivalents	53,748	-	-	**53,748**
Total at 31 March 2023	**89,758**	**-**	**549**	**90,308**

Carrying values of financial assets as at 31 March 2022	Held at amortised cost	Held at fair value through Profit & Loss	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	29,109	-	-	**29,109**
Other investments / financial assets	-	-	536	**536**
Cash and cash equivalents	79,428	-	-	**79,428**
Total at 31 March 2022	**108,537**	**-**	**536**	**109,073**

Note 36.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2023	Held at amortised cost	Held at fair value through Profit & Loss	Total book value
	£000	£000	£000
Loans from the Department of Health and Social Care	8,181	-	**8,181**
Obligations under leases	7,253	-	**7,253**
Obligations under PFI, LIFT and other service concession contracts	41,410	-	**41,410**
Trade and other payables excluding non financial liabilities	131,170	-	**131,170**
Total at 31 March 2023	**188,014**	**-**	**188,014**

Carrying values of financial liabilities as at 31 March 2022	Held at amortised cost	Held at fair value through Profit & Loss	Total book value
	£000	£000	£000
Loans from the Department of Health and Social Care	9,443	-	**9,443**
Obligations under leases	1,855	-	**1,855**
Obligations under PFI, LIFT and other service concession contracts	43,068	-	**43,068**
Trade and other payables excluding non financial liabilities	141,194	-	**141,194**
Total at 31 March 2022	**195,560**	**-**	**195,560**

Note 36.4 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2023 £000	31 March 2022 £000
In one year or less	139,214	147,348
In more than one year but not more than five years	29,257	25,884
In more than five years	41,333	47,116
Total	**209,804**	**220,348**

Note 36.5 Fair values of financial assets and liabilities

The carrying value of short term trade and other payables is a reasonable approximation to fair value, all trade payables are considered to be short term. The nature of obligations relating to lease, PFI agreements and other borrowings are that they are arms length transaction with values determined by contract. There is no significant difference between the carrying value and the fair value of these liabilities.

Note 37 Losses and special payments

	2022/23		2021/22	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	1	0	7	1
Bad debts and claims abandoned	3	1	-	-
Total losses	**4**	**1**	**7**	**1**
Special payments				
Ex-gratia payments	26	15	18	9
Total special payments	**26**	**15**	**18**	**9**
Total losses and special payments	**30**	**15**	**25**	**10**
Compensation payments received	-	-	-	-

Note 38 Related parties

Hull University Teaching Hospitals NHS Trust is a corporate body established by order of the Secretary of State for Health.

Details of related parties transactions must be disclosed in accordance with IAS 24; these are as follows:

2022/23

Organisation name / Trust Officer / Nature of Relationship	2022/23 Revenue from Related Party £000s	2022/23 Expend with Related Party £000s	2022/23 Amounts due from Related Party £000s	2022/23 Amounts owed to Related Party £000s	2021/22 Revenue from Related Party £000s	2021/22 Expend with Related Party £000s	2021/22 Amounts due from Related Party £000s	2021/22 Amounts owed to Related Party £000s
Roche Pharmaceuticals - Clinical Director / Member of the Professional Advisory Board of Roche	114	6,299	26	19	65	5,120	35	6
Hull York Medical School - Non-Executive Director / Dean of Hull York Medical School	264	0	55	0	134	0	63	0
KPMG / Head of Procurement / Close relative is a KPMG partner	0	56	0	0	0	115	0	0
Taywel Engineering Limited / Director of Estates and Facilities / Director of Taywel Engineering Ltd	0	9	0	0	0	1	0	0

Hull University Teaching Hospitals NHS Trust has also had a significant number of material transactions with The University of Hull and the two local authorities as tabled below;

2022/23

Organisation name / Nature of Relationship	2022/23 Revenue from Related Party £000s	2022/23 Expend with Related Party £000s	2022/23 Amounts due from Related Party £000s	2022/23 Amounts owed to Related Party £000s	2021/22 Revenue from Related Party £000s	2021/22 Expend with Related Party £000s	2021/22 Amounts due from Related Party £000s	2021/22 Amounts owed to Related Party £000s
The University of Hull	672	4,134	95	48	235	3,043	523	0
Hull City Council	364	1,454	52	5	319	1,695	37	0
East Riding of Yorkshire Council	97	3,046	0	6	299	946	123	0

Hull University Teaching Hospitals NHS Trust is supported by two charities, these are;

• Hull and East Yorkshire Hospitals NHS General Purposes Charity - registered charity number: 1052035

• The Hull and East Yorkshire Hospitals Health Charity (WISHH) - registered charity number: 1162414

Hull Royal Infirmary and Castle Hill Hospital benefit from the donations and fundraising endeavours of both charities, though primarily the Health Charity which is developing its role as the official charity of Hull University Teaching Hospitals NHS Trust. Equipment and miscellaneous items provided by the charities to the Trust during 2022/23 amounted to £438k. Hull University Teaching Hospitals NHS Trust provides administrative support to both charities under a service level agreement.

The Trust has an investment in ordinary shares in Vertual Ltd, a company registered in the United Kingdom. The Trust holds 15% of the company's shares, valued at £549,127. This is included in the accounts. The company's main activity is the sale of hardware and software used to train Radiotherapists. Mr D Haire - Project Director, sits on the board on behalf of the Trust.

The Trust also has an interest in Medipex Ltd, a company registered in the United Kingdom. The company's main activity is to assist the NHS in exploiting intellectual and industrial property rights. It is a company limited by guarantee and the Trust's liability under that guarantee is £100.

The Department of Health and Social Care is also regarded as a related party. During the year Hull University Teaching Hospitals NHS 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:

Calderdale & Huddersfield NHS FT
Harrogate and District NHS FT
Humber Teaching NHS Foundation Trust
Leeds Teaching Hospitals NHS Trust
Liverpool University Hospitals NHS FT
North Tees and Hartlepool NHS FT
Northern Care Alliance NHS FT
Northern Lincolnshire And Goole NHS FT
Oxford Health NHS FT
Sheffield Teaching Hospitals NHS FT
South Tees Hospitals NHS FT
UK Health Security Agency
University Hospitals Birmingham NHS FT
York and Scarborough Teaching Hospitals NHS FT

Care Quality Commission
Community Health Partnerships
Department of Health and Social Care
Health Education England
NHS England
NHS Resolution

NHS East Riding of Yorkshire CCG (demised 01/07/2022)
NHS Hull CCG (demised 01/07/2022)
NHS Lincolnshire CCG (demised 01/07/2022)
NHS North East Lincolnshire CCG (demised 01/07/2022)
NHS North Lincolnshire CCG (demised 01/07/2022)
NHS North Yorkshire CCG (demised 01/07/2022)
NHS Vale of York CCG (demised 01/07/2022)

NHS Lincolnshire ICB
NHS Greater Manchester ICB
NHS Humber and North Yorkshire ICB
NHS North East and North Cumbria ICB
NHS Nottingham and Nottinghamshire ICB
NHS South Yorkshire ICB
NHS West Yorkshire ICB

The Trust has had a number of material transactions with other Government bodies including HMR&C, NHS Pension Scheme and NHS Blood & Transplant.

Note 39 Better Payment Practice code

Non-NHS Payables	2022/23 Number	2022/23 £000	2021/22 Number	2021/22 £000
Total non-NHS trade invoices paid in the year	103,802	371,786	100,314	334,874
Total non-NHS trade invoices paid within target	99,112	313,942	96,881	300,239
Percentage of non-NHS trade invoices paid within target	95.5%	84.4%	96.6%	89.7%
NHS Payables				
Total NHS trade invoices paid in the year	3,487	40,080	3,388	41,471
Total NHS trade invoices paid within target	2,773	35,938	2,761	37,237
Percentage of NHS trade invoices paid within target	79.5%	89.7%	81.5%	89.8%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

Note 40 External financing limit

The trust is given an external financing limit against which it is permitted to underspend

	2022/23 £000	2021/22 £000
Cash flow financing	40,470	15,217
Leases taken out in year		
Other capital receipts		
External financing requirement	**40,470**	**15,217**
External financing limit (EFL)	40,470	15,217
Under / (over) spend against EFL	**-**	**-**

Note 41 Capital Resource Limit

	2022/23 £000	2021/22 £000
Gross capital expenditure	45,592	84,245
Less: Disposals	(51)	(316)
Less: Donated and granted capital additions	(520)	(17,454)
Plus: Loss on disposal from capital grants in kind	-	155
Charge against Capital Resource Limit	**45,021**	**66,630**
Capital Resource Limit	45,021	67,123
Under / (over) spend against CRL	**-**	**493**

Note 42 Breakeven duty financial performance

	2022/23 £000
Adjusted financial performance surplus / (deficit) (control total basis)	74
Remove impairments scoring to Departmental Expenditure Limit	-
Add back non-cash element of On-SoFP pension scheme charges	-
IFRIC 12 breakeven adjustment	-
Breakeven duty financial performance surplus / (deficit)	**74**

Note 43 Breakeven duty rolling assessment

	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	7,601	4,701	4,878	5,420	5,943	2,926	(8,051)
Breakeven duty cumulative position	10,781	15,482	20,360	25,780	31,723	34,649	26,598
Operating income	469,995	480,633	499,538	497,132	506,703	526,559	526,253
Cumulative breakeven position as a percentage of operating income	2.3%	3.2%	4.1%	5.2%	6.3%	6.6%	5.1%

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	2,616	(7,134)	25,220	11,072	1,489	562	74
Breakeven duty cumulative position	29,214	22,080	47,300	58,372	59,860	60,423	60,496
Operating income	561,128	579,847	629,192	662,676	726,808	808,450	846,317
Cumulative breakeven position as a percentage of operating income	5.2%	3.8%	7.5%	8.8%	8.2%	7.5%	7.1%

Note 44 Adjusted Financial Performance (SoCI control total basis)

Adjusted financial performance (control total basis):	**2022/23**	**2021/22**
Surplus / (deficit) for the period	(7,202)	(135)
Remove net impairments not scoring to the Departmental expenditure limit	6,399	15,687
Remove (gains) / losses on transfers by absorption	-	1,066
Remove I&E impact of capital grants and donations (see below)	867	(16,734)
Prior period adjustments	-	-
Remove non-cash element of on-SoFP pension costs	-	-
Remove net impact of inventories received from DHSC group bodies for COVID response	9	291
Remove loss recognised on return of donated COVID assets to DHSC	-	155
Adjusted financial performance surplus / (deficit)	**74**	**330**
Less gains on disposal of assets	-	(118)
Adjusted financial performance surplus/(deficit) for the purposes of system achievement	**74**	**212**

The I&E impact of capital grants and donations is as follows:			
Income from capital grants and donations	(520)	(17,454)	as per note 3
Depreciation on grants and donations	1,387	720	
Net I&E impact	**867**	**(16,734)**	

Note 45 Events after the Reporting Period

In March 2023 the government announced an additional pay offer for 2022/23, in addition to the pay award earlier in the year. Additional funding was made available by NHS England for implementing this pay offer and the income and expenditure has been included in these accounts as guided by the Department of Health and Social care and NHS England. In May 2023 the government confirmed this offer will be implemented as a further pay award in respect of 2022/23 based on individuals in employment at 31 March 2023.

Auditor’s Annual Report

Hull University Teaching Hospitals NHS Trust – year ended 31 March 2023

September 2023

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03 Commentary on value for money arrangements

04 Other reporting responsibilities

Appendix

A. Further information on our audit of the financial statements

01

Section 01:

Introduction

1. Introduction

Purpose of the Auditor's Annual Report

Our Auditor's Annual Report (AAR) summarises the work we have undertaken as the auditor for Hull University Teaching Hospitals NHS Trust ('the Trust) for the year ended 31 March 2023. Although this report is addressed to the Trust, it is designed to be read by a wider audience including members of the public and other external stakeholders.

Our responsibilities are defined by the Local Audit and Accountability Act 2014 and the Code of Audit Practice ('the Code') issued by the National Audit Office ('the NAO'). The remaining sections of the AAR outline how we have discharged these responsibilities and the findings from our work. These are summarised below.

Opinion on the financial statements

We issued our audit report on 30 June 2023. Our opinion on the financial statements was unqualified.

Wider reporting responsibilities

In line with group audit instructions issued by the NAO, on 21 April 2023 we reported that the Trust's consolidation schedules were consistent with the audited financial statements.

Value for money arrangements

In our audit report issued we reported that we had not completed our work on the Trust's arrangements to secure economy, efficiency and effectiveness in its use of resources and had issued recommendations in relation to identified significant weaknesses in those arrangements at the time of reporting. Section 3 confirms that we have now completed this work and provides our commentary on the Trust's arrangements and a summary of our recommendations.

Following the completion of our work we have issued our audit certificate which formally closes the audit for the 2022/23 financial year.

02

Section 02:

Audit of the financial statements

2. Audit of the financial statements

Our audit of the financial statements

Our audit was conducted in accordance with the requirements of the Code, and International Standards on Auditing (ISAs). The purpose of our audit is to provide reasonable assurance to users that the financial statements are free from material error. We do this by expressing an opinion on whether the statements are prepared, in all material respects, in line with the financial reporting framework applicable to the Trust and whether they give a true and fair view of the Trust's financial position as at 31 March 2023 and of its financial performance for the year then ended. Our audit report, issued on 30 June 2023 gave an unqualified opinion on the financial statements for the year ended 31 March 2023.

A summary of the significant risks we identified when undertaking our audit of the financial statements and the conclusions we reached on each of these is outlined in Appendix A. In this appendix we also outline the uncorrected misstatements we identified and any internal control recommendations we made.

Qualitative aspects of the Trust's accounting practices

We have reviewed the Trust's accounting policies and disclosures and concluded they comply with Department of Health and Social Care Group Accounting Manual 2022/23, appropriately tailored to the Trust's circumstances. Draft accounts were received from the Trust on 27 April 2023 and were of a good quality.

Significant difficulties during the audit

During the course of the audit we did not encounter any significant difficulties and we have had the full cooperation of management.

Other reporting responsibilities

Reporting responsibility	Outcome
Annual Report	We did not identify any significant inconsistencies between the content of the annual report and our knowledge of the Trust. We confirmed that the Governance Statement had been prepared in line with Department of Health and Social Care (DHSC) requirements.
Annual Governance Statement	We did not identify any matters where, in our opinion, the governance statement did not comply with the guidance issued by NHS Improvement.
Remuneration and Staff Report	We report that the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the National Health Service Act 2006.

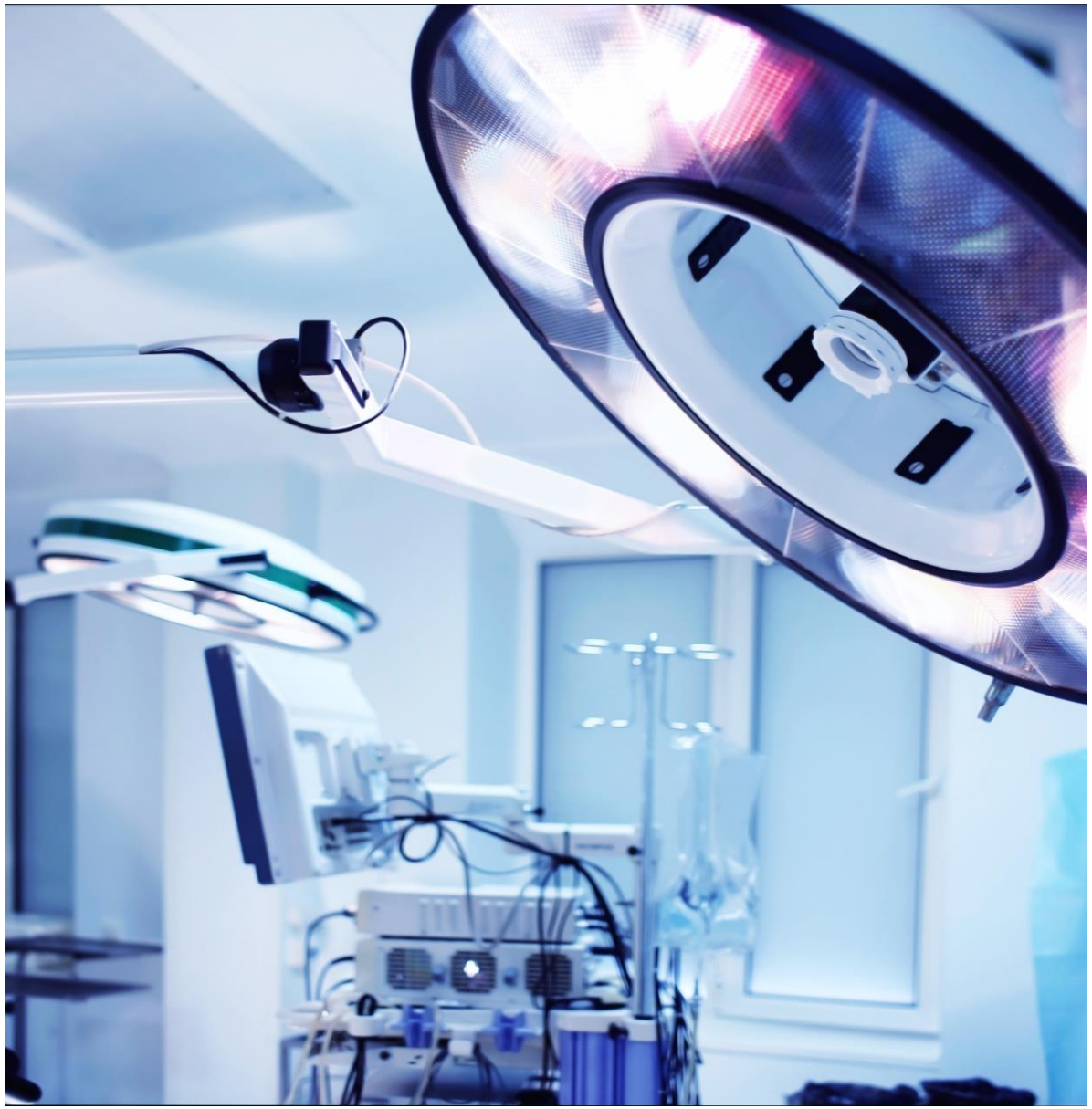
03

Section 03:

Our work on value for money arrangements

3. VFM arrangements

Overall Summary



3. VFM arrangements – Overall summary

Our approach

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

Financial sustainability - How the Trust plans and manages its resources to ensure it can continue to deliver its services

Governance - How the Trust ensures that it makes informed decisions and properly manages its risks

Improving economy, efficiency and effectiveness - How the Trust uses information about its costs and performance to improve the way it manages and delivers its services

Our work is carried out in three main phases.

Phase 1 - Planning and risk assessment

At the planning stage of the audit, we undertake work so we can understand the arrangements that the Trust has in place under each of the reporting criteria; as part of this work we may identify risks of significant weaknesses in those arrangements.

We obtain our understanding or arrangements for each of the specified reporting criteria using a variety of information sources which may include:

- NAO guidance and supporting information;
- information from internal and external sources including regulators;
- knowledge from previous audits and other audit work undertaken in the year; and
- interviews and discussions with officers and directors

Although we describe this work as planning work, we keep our understanding of arrangements under review and update our risk assessment throughout the audit to reflect emerging issues that may suggest there are further risks of significant weaknesses.

Phase 2 - Additional risk-based procedures and evaluation

Where we identify risks of significant weaknesses in arrangements, we design a programme of work to enable us to decide whether there are actual significant weaknesses in arrangements. We use our professional judgement and have regard to guidance issued by the NAO in determining the extent to which an identified weakness is significant.

We outline the risks that we have identified and the work we have done to address those risks on page 23.

Phase 3 - Reporting the outcomes of our work and our recommendations

We are required to provide a summary of the work we have undertaken and the judgments we have reached against each of the specified reporting criteria in this Auditor's Annual Report. We do this as part of our Commentary on VFM arrangements which we set out for each criteria later in this section.

We also make recommendations where we identify weaknesses in arrangements or other matters that require attention from the Trust. We refer to two distinct types of recommendation through the remainder of this report:

- **Recommendations arising from significant weaknesses in arrangements**
  We make these recommendations for improvement where we have identified a significant weakness in the Trust arrangements for securing economy, efficiency and effectiveness in its use of resources. Where such significant weaknesses in arrangements are identified, we report these (and our associated recommendations) at any point during the course of the audit.

- **Other recommendations**
  We make other recommendations when we identify areas for potential improvement or weaknesses in arrangements which we do not consider to be significant but which still require action to be taken

The table on the following page summarises the outcomes of our work against each reporting criteria, including whether we have identified any significant weaknesses in arrangements or made other recommendations.

3. VFM arrangements – Overall summary

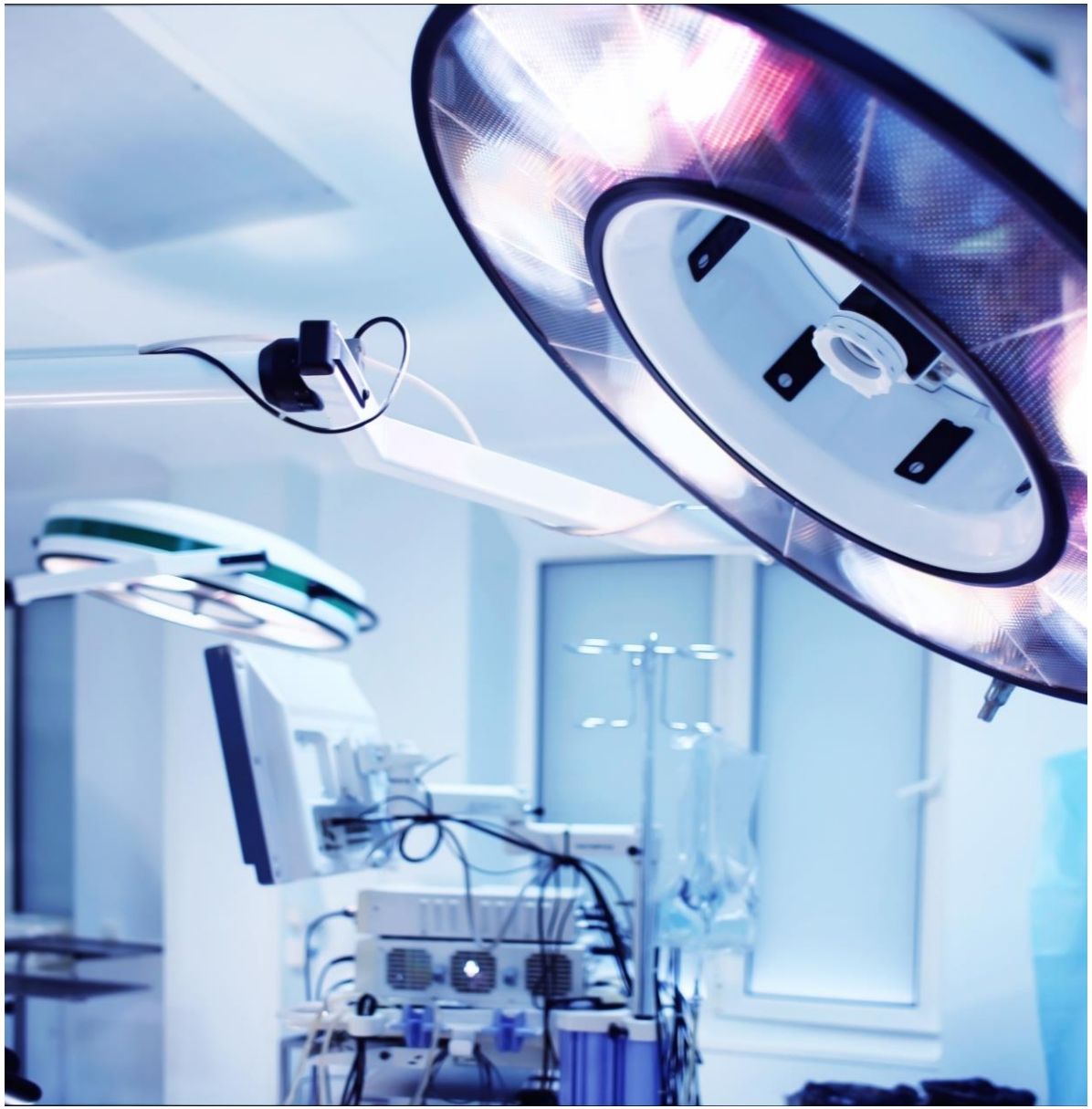
Overall summary by reporting criteria

Reporting criteria	Commentary page reference	Identified risks of significant weakness?	Actual significant weaknesses identified?	Other recommendations made?
 **Financial sustainability**	**11**	No	No	Yes – see commentary on page 13
 **Governance**	**15**	No	No	No
 **Improving economy, efficiency and effectiveness**	**18**	Yes – see risk 1 on page 19	Yes – see significant weakness and recommendation on page 23	No

3. VFM arrangements

Financial Sustainability

How the Trust plans and manages its resources to ensure it can continue to deliver its services



3. VFM arrangements – Financial Sustainability

Overall commentary on Financial Sustainability

Overall responsibilities for financial governance

We have reviewed the Trust's overall governance framework, including Board and committee reports, the Annual Governance Statement, and Annual Report and Accounts for 2022/23. These confirm the Trust Board had arrangements in place to define the strategic aims and objectives, approve budgets and monitor financial performance against budgets and plans to best meet the needs of the Trust's service users.

The Performance and Finance Committee is responsible for seeking assurance on the planning and successful delivery of key performance measures both financial and operational, with a focus on sustained performance and future delivery.

The Performance and Finance Committee met on 11 occasions during the year. The focus of each meeting is on the Trust's Performance Report, which includes reporting of the Trust's performance against national standards. Other key agenda items over the year include reporting of the Trust's financial position, with a particular focus on the monthly reported position, income and expenditure variances to plan, commentary on reasons for variances and the forecast outturn. Financial reporting also includes monitoring of cash releasing efficiency savings (CRES), agency spend and the Trust's underlying position. Capital expenditure is also monitored against plan, as well as the Trusts liquidity position, outstanding debtors and stock levels. The Non-Executive Chair of the meeting provides a briefing to the Board of the areas discussed at the Performance and Finance Committee.

Our review of the Committee meeting minutes has not identified any matters to suggest it did not comply with its Terms of Reference during 2022/23.

Background to the NHS financing regime in 2022/23

Following the onset of the COVID-19 pandemic in March 2020, the original NHS Planning Guidance for 2020/21 was suspended and a new financial regime was implemented, which continued in 2021/22. For the 2022/23 financial year there was a move away from emergency COVID block payment arrangements and back to local contracting and commissioning. Contracts for all commissioned healthcare services, other than core primary care services, were in the form of the NHS Standard Contract. The allocations methodology has been reset to move systems back towards a fair share distribution of resource approach at the levels affordable within the Spending Review 2021 settlement.

The Health and Care Act 2022 received Royal Assent on 28 April 2022 which formally renamed the NHS Commissioning Board to NHS England and brought NHS Improvement into NHS England. It established 42 Integrated Care Boards (ICBs) across England from 1 July 2022 at the same time as abolishing 106 Clinical Commissioning Groups (CCGs) on 30 June 2022. ICBs took on the NHS commissioning functions of CCGs as well as some of NHS England's commissioning functions. ICB's are also accountable for NHS spend and performance within the system. The main commissioner of services from the Trust is now Humber and North Yorkshire ICB. The Trust worked with the ICB and wider system partners to deliver to an agreed financial plan for 2022/23.

Funding for elective recovery reverted to a commissioner basis, not a provider basis. In total, additional elective funding was allocated to commissioners to deliver 104% of 2019-20 levels of value-based activity across elective ordinary, day case, outpatient procedures. Payments from commissioners to providers followed the rules set out in the National Tariff Payment System. This involves the agreement of a fixed payment to fund the level of elective activity providers have agreed with their commissioners. The Trust received elective recovery funding of £19.6m in 2022/23.

The Spending Review 2021 provided the NHS with a three-year capital settlement covering 2022-23 to 2024-25. The Trust received a capital allocation of £45m in 2022/23. Capital allocations were split into three categories:

- A system-level allocation to cover day-to-day operational investments which have typically been self-financed by organisations in Integrated Care Systems (ICSs) or financed by Department for Health and Social Care (DHSC) through normal course of business loans or system capital support Public Dividend Capital (PDC).
- Nationally allocated funds to cover nationally strategic projects already announced and in development or construction, such as hospital upgrades and new hospitals.
- Other national capital investment – including national programmes such as elective recovery, diagnostics and national technology funding and the mental health dormitory programme.

Over the course of 2022/23, the focus of the funding regime shifted from responding to the immediate challenges caused by COVID-19 to rising to the ongoing challenges of restoring services, meeting the new care demands and reducing the care backlogs that are a direct consequence of the pandemic.

Responding to the challenges presenting requires collaborative working between commissioners and providers, as local systems were expected to work together to deliver a balanced position in 2022/23. We confirmed through review of minutes, discussions with officers and our work on the Trust's financial statements that the Trust worked with system partners to deliver the break-even plan agreed within the ICS.

The planning guidance for 2023/24 highlights the immediate priority being to recover core services and productivity. Whilst recovering, also making progress in delivering the key ambitions in the NHS Long Term Plan and continuing to transform the NHS for the future. This has necessitated further collaboration between the Trust and other system partners through the planning process, as individual organisations work together to achieve system-level outcomes.

3. VFM arrangements – Financial Sustainability

Overall commentary on the Financial Sustainability reporting criteria - continued

The Trust's arrangements and approach to 2022/23 and 2023/24 financial planning

Our review of Board minutes confirms that throughout the financial year the Trust reported the financial position to the Performance and Finance Committee. Reports detailed any variances from the plan and provided explanations, with appropriate corrective action identified and implemented where necessary. The financial position was also reported regularly to the Trust Board.

The Trust manages any identified funding gaps through its efficiency programme, which the Productivity and Efficiency Board has oversight of. A challenging efficiency programme was in place for 2022/23, with an efficiency target of £29.7m set, with the plan to achieve £20m of the savings through recurrent efficiencies. The Trust delivered the required savings through a number of schemes with the largest pay efficiencies delivered through e-rostering and digital transformation and the most significant non-pay efficiencies delivered through non-clinical procurement and estates and premises transformation. Of the £29.7m target, £17.2m was delivered through recurrent efficiencies, which was £2.8m less than planned. Whilst the recurrent efficiencies delivered were less than planned, the variance was not significant and as such there is no evidence that the 2023/24 budget will be significantly impacted.

The Trust's financial plans are under pinned by the national planning guidance and is also closely linked to the Trust's Strategy, which ensures that its financial plans are consistent with other plans (e.g. workforce, capital and activity plans). We confirmed through observation that routine budget monitoring is in place and designed to identify short and long-term issues which are reviewed by Executive Management Committee (EMC), Performance and Finance Committee and Trust Board. The Trust is also linked to regional and national groups where emerging issues are raised and discussed. Planning arrangements include the Trust's financial plans being subject to review and approval – first by the Performance and Finance Committee and then by the Board. We confirmed through review of minutes this includes scrutiny and challenge of the key risks and assumptions and consideration of the plans to manage the risk including sensitivity analysis. The plans are then subject to approval by the Integrated Care System ('ICS') and NHS England which are designed to add a further layer of scrutiny and challenge.

The Trust submitted a financial plan for 2022/23 to achieve a break-even position. As reported in the financial accounts the Trust reported a closing position of £0.1m surplus, which was an improvement on plan.

NHS England issued two-year revenue allocations for 2023/24 and 2024/25. For 2023/24 Integrated Care Boards (ICBs) and NHS primary and secondary care providers are expected to work together to plan and deliver a balanced net system financial position in collaboration with other Integrated Care System (ICS) partners. System plans should be triangulated across activity, workforce and finance, and were required to be signed off by the ICB and partner trust and foundation trust boards before the end of March 2023.

We confirmed through observation the Trust, along with other system providers, submitted plans in February, April and May 2023. The planning process was an iterative one with each plan seeking to close the financial gap to achieve financial balance. The final financial plan submitted for the Trust had a planned deficit of £7.2m, within an overall Humber and North Yorkshire (HNY) ICS deficit of £30.0m. The plan includes delivery of efficiencies of £53.4m. There is a Cash Releasing Efficiency Savings (CRES) plan in place for 2023/24 and this is monitored monthly at the Health Group level.

Review of the financial plan update to both the Performance and Finance Committee and Trust Board highlights that the planned financial position will be very challenging to achieve and includes a high level of savings to be actioned. The total efficiency target of £53.4m, is equivalent to 6.9% of the Trust's operating expenditure. Within this target Health Groups and Corporate areas have been tasked with identifying CRES of £18.0m (equivalent to 2.3% of budgets) and the Trust has also agreed a stretch target of £10m, all of which has yet to be identified. It is likely that some of the efficiencies will be delivered non-recurrently and the Trust will start the year with an underlying deficit position of £42m. A plan to address this underlying position will need to be developed in year. Reporting of the 2023/24 financial plan to the Trust Board clearly sets out the risks to achievement of the plan and also the need to look at all opportunities to improve the Trusts financial sustainability.

Review of the month 3 monitoring reported to the Performance and Finance Committee shows a reported deficit of £1.9m, which is £1m worse than the plan, however the year end forecast is that the Trust will deliver the financial plan. The report highlights that there remains £4.6m of unaddressed risk relating to the £10m stretch target. The Trusts CRES reporting shows a forecast £5m adverse variance to plan. The report highlights that the Trust is struggling to identify new CRES schemes but will continue to focus work through the Productivity and Efficiency Board to identify new schemes. Review of 2023/24 financial reporting highlights that the Trust is closely monitoring the progress against plan to date, is aware of where the risks and uncertainties are, the financial pressures that exist and the need for ongoing work to ensure that the required efficiencies are delivered. Previous year arrangements have delivered the required efficiencies and as such we have not identified a significant weakness in arrangements.

3. VFM arrangements – Financial Sustainability

Overall commentary on the Financial Sustainability reporting criteria - continued

The Trust is making progress towards its efficiency target and expects to deliver the financial plan; however, delivery is challenging and could be a potential risk to the budgeted financial position for 2023/24. Consistent with our reporting in the previous year, whilst we are satisfied there is no evidence of a significant weakness in arrangements, in 2023/24 we recognise the significant challenge associated with delivering a challenging efficiency target, we have therefore raised the following 'other recommendation'.

Other recommendation

1	Achievement of the 2023/24 efficiency target - totalling £53.4m, 6.9% of operating expenditure - will be a significant challenge for the Trust.	The Trust should ensure it continues its arrangements to identify how it will deliver un-costed efficiency savings included in the financial plan. It should also ensure that its scrutiny arrangements, to monitor and deliver its efficiency savings plans are maintained throughout 2023/24. This should be reported regularly to the trust Board.

The Trust adopted a capital plan of £48.1m. The Capital Department Expenditure Limit CDEL allocation for 2023/24 is £47.1m. As with any capital programme of this size, the Trust will need to ensure it has sufficient resources to project manage and achieve programme delivery, while mitigating inherent risks present in the programme.

Given the ongoing pressures within the NHS to restore services and reduce care backlogs following the impact of the COVID-19 pandemic, the Trust continued to adapt arrangements during the year. The financial position going forwards is challenging and the Trust is aware of the challenges it faces and the potential risks to delivery of the 2023/24 financial plan and longer-term financial stability. We confirmed that this has been reported to appropriate stakeholders.

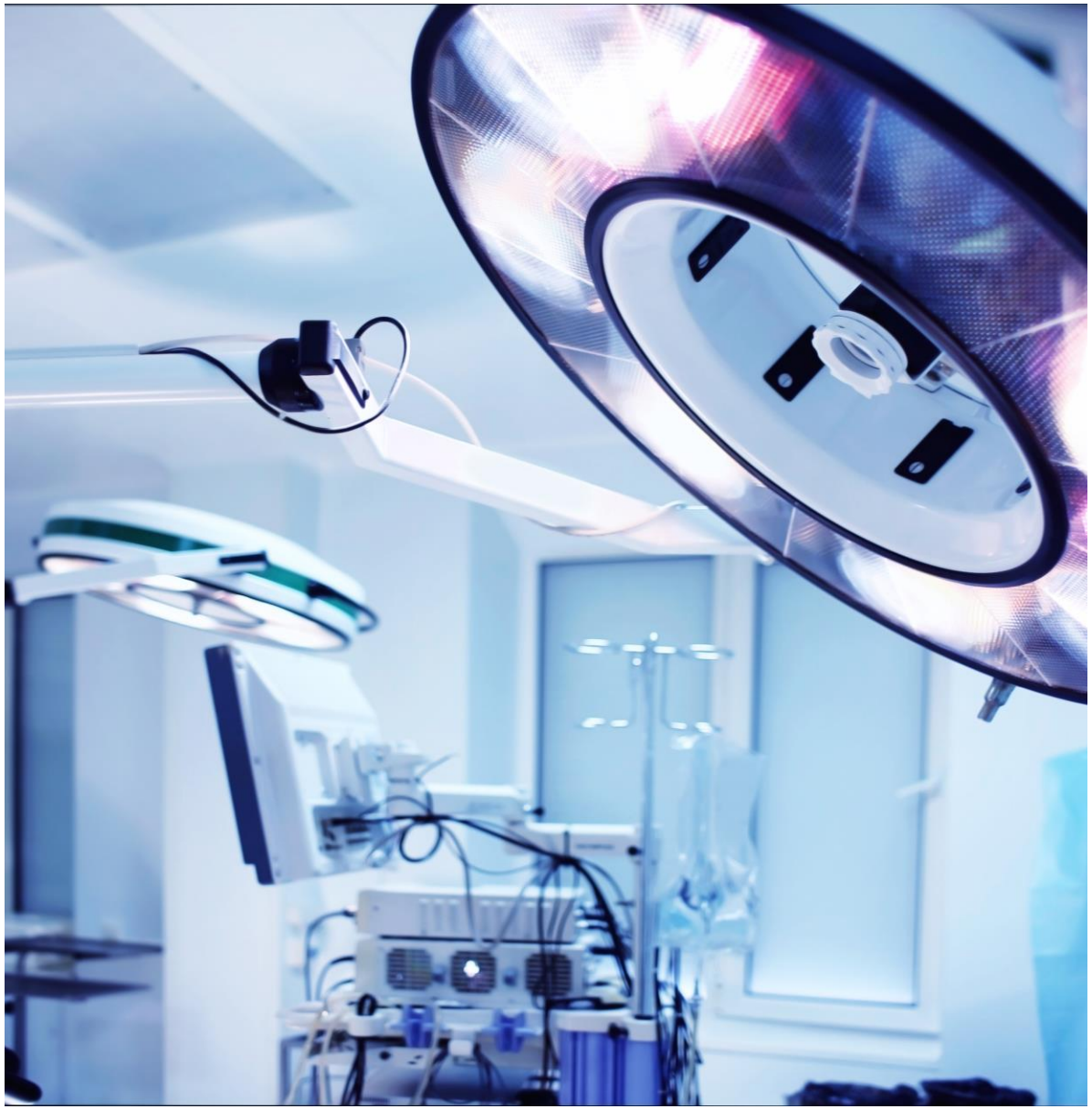
Conclusion

Given the above, our work has not identified evidence of a significant weakness in the Trust's arrangements in relation to the financial sustainability reporting criteria.

3. VFM arrangements

Governance

How the Trust ensures that it makes informed decisions and properly manages its risks



3. VFM arrangements – Governance

Overall commentary on Governance

We have reviewed the Trust's Board and committee reports during the year as well as key documents in relation to how the Trust ensures that it makes informed decisions and properly manages its risks. Through this review we note that the Trust's governance arrangements are consistent with prior years. As a result, our commentary on those arrangements is also consistent with our commentary as reported through our AAR for 2021/22.

The Trust's arrangements for budget setting and budgetary control

As noted above, the financial regime changed for 2022/23, with a move back to local contracting and commissioning The Trust continued to monitor and report its financial position monthly which included reasons for any variances to the plan and mitigations that had been put in place.

The Trust has a well-established system of monthly reporting through its budgetary control system which reports upwards to the Chief Finance Officer, Executive Management Committee, Performance and Finance Committee and Trust Board. Review of budget monitoring reports at the Health Group level shows detailed analysis of year-to-date budget, actual spend and variances, along with explanations for areas of over or under spending. Where appropriate, action required to address overspending is identified. The reports also provide an update on delivery of the Health Group CRES plan and work in progress to identify and deliver the required efficiencies.

We confirmed through review of minutes that monthly performance meetings are held by the Trusts Executive Management Committee with the Health Group leaders and key support staff to review financial and non-financial performance.

On a monthly basis the Trust reported performance against the required NHS standards to the Performance and Finance Committee. The reports detail the Trust's performance against the target for all standards, as well as highlighting the key concerns, most improved and most deteriorated. As part of the reporting, peer comparison is included to assess the Trust's performance against its peers. Mitigating actions are also reported to show how poor performance will be improved.

The Trust's risk management and monitoring arrangements

We confirmed a risk management policy is in place which describes the organisation's approach to risk and risk management. The Trust Board is responsible for setting the risk management policy for the organisation. The policy defines the leadership roles within the Trust for risk management. In addition, staff across the Trust have received risk management training during the year. The Trust has a well-established process for entering risks on to its risk register and we confirmed risks are regularly reviewed.

Risks which are entered on the Trust risk management system (DATIX) are assigned an initial, current and target risk rating. Controls are identified to mitigate the level of risk and where there are gaps in the controls, action plans are developed. Risks are identified and reviewed on an ongoing basis across Health Groups and corporate services, including finance. Risks are identified from a variety of sources, including day to day operational working practices and trends arising from incidents, complaints and regulatory compliance. Service managers are responsible for on-going investigation and assessment of risks.

We confirmed Board Assurance Reports, including risks relevant to the committee's remit, are taken to the Performance and Finance Committee and Quality Committee, with overall reporting to the Trust Board. Reports detail risks and associated risk ratings, as well as a risk appetite score. Reporting also provides details of actions taken in the current quarter and planned actions to mitigate risks going forward. Reporting also detail, were appropriate, any proposed changes to risk ratings. Assurance outcomes/gap analysis are used to assess whether sufficient actions are being taken to achieve the target risk ratings.

The Trust's decision-making arrangements and control framework

The Trust has an established governance structure in place which is set out within its Annual Governance Statement. This is supported by the Trust's Constitution and Scheme of Delegation. Executive Directors responsibilities are linked to their roles and the Board sub-committee structure in place at the Trust is designed to allow for effective oversight of the Trust's operations and activity.

Our review of the Trust's governance framework confirms the Trust has established committees with responsibility for specific areas, such as finance and performance, and the quality of care, including:

- Performance and Finance Committee;
- Audit Committee;
- Quality Committee;
- Remuneration Committee; and
- Charitable Funds Committee

Throughout 2022/23 the Trust continued to operate its Board meetings and sub committees as in prior years. The papers and minutes from the committee meetings demonstrate challenge from committee members. The information presented to the committees is timely and sufficiently detailed to support properly informed decision making.

The Trust has approved Terms of Reference for the Board and each sub-committee. These are designed to ensure each committee works within the approved remit and that responsibilities are clear. The Trust has Standing Orders and Standing Financial Instructions in place which are available to staff via the intranet. They are sufficiently detailed to ensure appropriate standards are adhered to.

The Trust has a full suite of governance arrangements in place. These are set out in the Trust's Annual Report and Annual Governance Statement. We reviewed these documents as part of our audit and confirmed they were consistent with our understanding of the Trust's arrangements. This includes arrangements such

3. VFM arrangements – Governance

Overall commentary on the Governance reporting criteria - continued

as a register of interests and gifts and hospitality being maintained which are regularly reviewed and updated and considered by the Audit Committee on a regular basis.

To provide assurance over the effective operation of internal controls, including arrangements to prevent and detect fraud, the Trust has appointed internal auditors and has entered into a collaborative counter fraud service with a number of other local Trusts which is hosted by Northern Lincolnshire and Goole Hospitals NHS FT (NLAG).

Work plans are agreed with management at the start of the financial year and reviewed by Audit Committee prior to final approval. We have reviewed the Internal Audit Plans for 2022/23 and 2023/24 and confirmed the Audit Committee is satisfied the planned work is reasonable and relevant to the Trust. We confirmed through attendance at meetings that progress reports are presented to each Audit Committee meeting. This includes follow up reporting of recommendations not fully implemented by agreed due dates. This allows the committee to effectively hold management to account on behalf of the Board.

Our attendance at Audit Committees throughout the period confirms the significance placed on internal audit findings. Members of the committee actively request management attendance at committees to discuss findings from internal audit reports.

Internal Audit produce a Head of Internal Audit Opinion at year end which gives their overall assessment on the adequacy and effectiveness of the organisation's risk management, control and governance process. The Head of Internal Audit Opinion for 2022/23 was that the Trust had an 'adequate and effective' framework for risk management, governance and internal control.

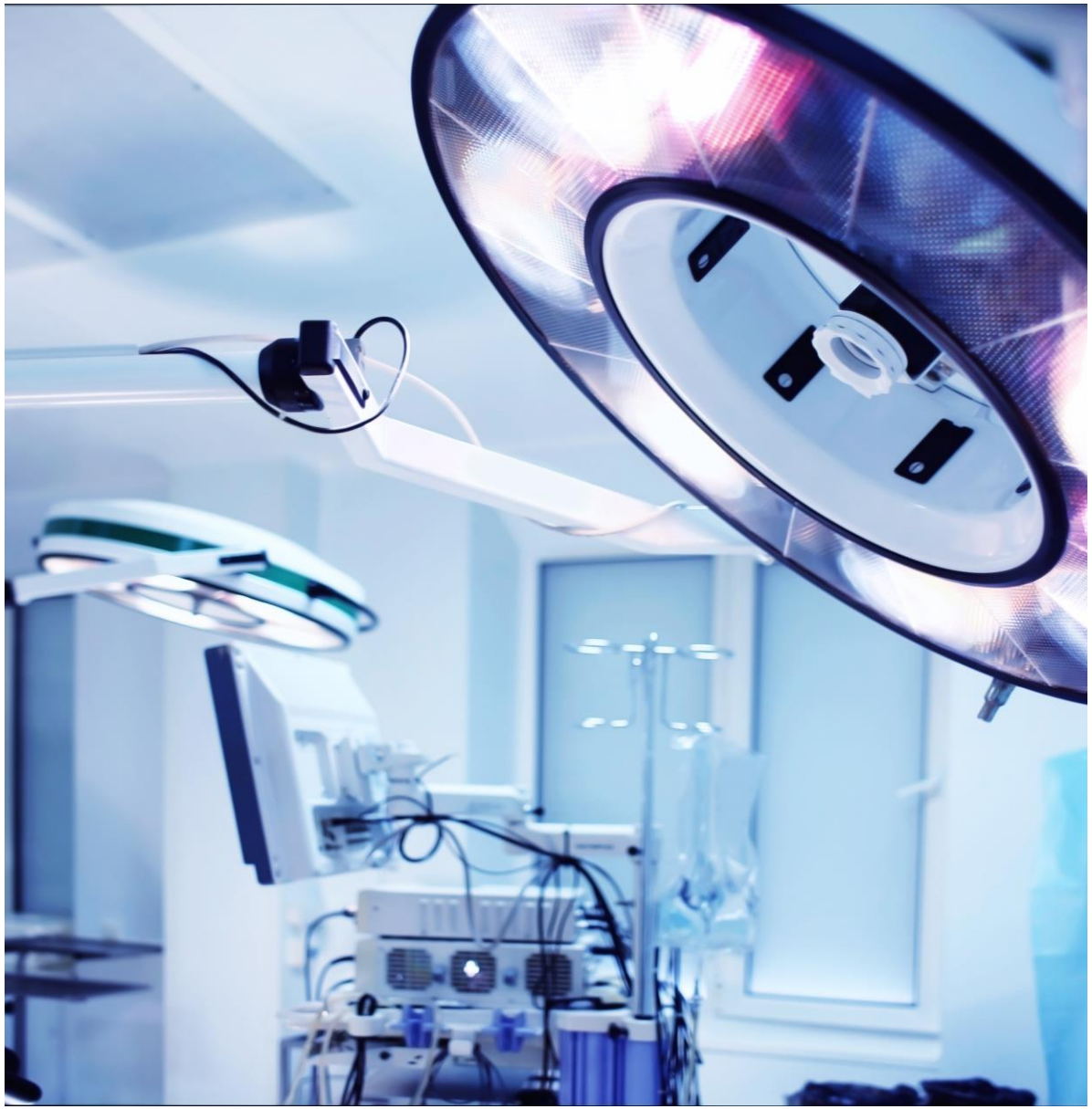
Conclusion

Given the above, our work has not identified evidence of a significant weakness in the Trust's arrangements in relation to the governance reporting criteria.

3. VFM arrangements

Improving Economy, Efficiency and Effectiveness

How the Trust uses information
about its costs and performance to improve the way it manages and delivers its services



3. VFM arrangements – Improving Economy, Efficiency and Effectiveness

Risks of significant weaknesses in arrangements in relation to Improving Economy, Efficiency and Effectiveness

We have outlined below the risks of significant weaknesses in arrangements that we have identified as part of our continuous planning procedures, and the work undertaken to respond to each of those risks.

	Risk of significant weakness in arrangements	Work undertaken and the results of our work
1	**Care Quality Commission (CQC) Inspection** In March 2023 the CQC published its inspection report for the Trust. The overall rating for the Trust was 'requires improvement'. Following the inspection of the urgent and emergency services the CQC issued a Section 31 letter of intent to the Trust. In the final report the Trust was rated as 'inadequate' in the 'are services safe?' criterion. This score reflected inadequate ratings in some services including an overall 'inadequate' rating for urgent and emergency service at Hull Royal Infirmary. Given the report findings we have raised this as a risk of significant weaknesses in arrangements.	**Work undertaken** Our procedures included: • reviewing the CQC report; • discussing the inspection findings with management; and • reviewing relevant documentation provided by management. **Results of our work** In our view, the CQC's 'inadequate' rating in relation to 'are services safe, the inadequate rating for urgent and emergency care services at Hull Royal Infirmary, and the matters identified in the Section 31 letter of intent, are evidence of a significant weakness in the Trust's arrangements for evaluating the services it provides to assess performance and identify areas for improvement specifically in the improving economy, efficiency and effectiveness reporting criteria.

3. VFM arrangements – Improving Economy, Efficiency and Effectiveness

Overall commentary on the Improving Economy, Efficiency and Effectiveness reporting criteria

The Trust's arrangements for assessing performance and evaluating service delivery

The Trust has access to a number of sources of data to identify areas for improvement, this includes the Use of Model Hospital data and Trust Patient Level Costing Data (PLICS) data, National Cost Collection Index (NCCI), Scan for Safety data and Benchmarking data. This data is used by the Trust to assess its performance and identify areas for improvement. The Productivity and Efficiency Board are responsible for co-ordinating activities for driving improvements across the Trust. An action tracker to monitor actions and output is maintained and updated regularly. Health Groups are involved in this process to ensure maximum engagement and efficiencies are achieved.

The Trust has a Quality Committee that considers lessons learned and supports the development of a learning culture and safety culture, particularly following Serious Incident Investigations. The Board is advised of any escalation issues following each meeting by the Non-Executive Quality Committee Chair. This escalation process is designed to ensure issues are communicated and addressed across the Trust. Lessons learned are also communicated throughout the Trust via a monthly 'Lessons Shared' newsletter. The newsletter's includes clear actions to be taken, points to remember and provide links to further support and guidance.

The latest full Care Quality Commission (CQC) inspection of the Trust was undertaken in late 2022 and published in March 2023. The Trust was rated as 'requires improvement' overall. The Trust received the following ratings against each of the sub-criteria:

Criteria	Rating
Are services safe?	Inadequate
Are services effective?	Requires Improvement
Are services caring?	Good
Are services responsive?	Requires Improvement
Are services well-led?	Requires Improvement

Overall CQC identified 4 Trust wide 'must do' actions to improve, along with a number of 'must do' actions in Urgent and Emergency Care Services, Medicine and Surgery, as well as a number of 'should do' actions to improve services.

The report highlighted the following positive aspects of the Trust's services:

- staff treated people with compassion and kindness;
- the service had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research; and.
- leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services.

Specific concerns were raised about the Urgent and Emergency Care Services. The well led inspection of this service highlighted that there was no evidence found to support that senior leaders had a sufficient oversight and understanding of where the department was failing to meet standards in care. CQC saw staff failing to provide the required standard of care on multiple occasions. The same failings had been previously identified from locally completed audits, but limited or no evidence was seen by the CQC that any action had been taken to address the repeated issues. As a result the CQC issued a Section 31 letter of intent requesting urgent action to address these concerns. In response the Trust provided an action plan to address the concerns raised. Following up on the service to see if the actions had been implemented the CQC found the improvements detailed in the Trust's action plan had not been adequately actioned. The CQC found that despite assurances from the senior leadership, actions detailed in the plan had not been effective in demonstrating an improvement in patient care and experience nor had the trusts own systems identified the lack of progress.

We have considered the Trust response to the CQC inspection through the review of relevant reports and discussions with key officers. The Trust's main actions include:

- establishing a CQC action plan for Emergency Care;
- establishing a Safety Oversight Group which reports into the Quality Committee; and
- a monthly Quality Improvement Group, established by the ICB that includes all providers, NHS England and CQC to support with the delivery of actions across the system and within Trust.

In our view, the CQC's 'inadequate' rating in relation to 'are services safe', specifically in relation to urgent and

3. VFM arrangements – Improving Economy, Efficiency and Effectiveness

Overall commentary on the Improving Economy, Efficiency and Effectiveness reporting criteria - continued

emergency care services at Hull Royal Infirmary, and the matters identified in the Section 31 letter of intent are evidence of a significant weakness in the Trust's arrangements for evaluating the services it provides to assess performance and identify areas for improvement (improving economy, efficiency and effectiveness).

CQC undertook a further inspection of maternity services at Hull Royal Infirmary during March and April 2023. The report was published in August 2023. Overall, the service was rated 'inadequate' including in the 'are services safe' criteria. Our view is that the later CQC inspection result does not present an additional significant weakness in arrangements, but supports the significant weakness identified above. The Trust should, therefore, ensure the response to the recommendations we have identified incorporates the maternity services findings.

The Trust's arrangements for effective partnership working

The Trust has historically demonstrated strong partnership working with key stakeholders across the Humber Coast and Vale (HCV) Integrated Care System (ICS). The Trust has continued to be a member of several groups across the Humber region including the HCV Partnership Board, HCV Provider Collaborative Board, Cancer Alliance Board and HCV Local Maternity System.

The abolition of CCG's and in the introduction of the Humber and North Yorkshire ICB means that financial performance is now measured at an ICS level and the organisations of the Humber and North Yorkshire (HNY) Health and Care Partnership have the collective aim of delivering services within the agreed financial envelope. This shared responsibility is discharged through timely and transparent sharing of data and regular joint meetings to develop a consensus on approach and risk mitigation across the ICS. This is an example of how the Humber and North Yorkshire organisations, including the Trust, are working together at an ICS level.

During 2022/23 the Trust has continued to jointly lead a Humber Acute Services Review (HASR) within the ICS together with Northern Lincolnshire and Goole NHS Foundation Trust and the four Humber Clinical Commissioning Groups (now Humber and North Yorkshire ICB). The aim of the collaboration is to establish new and sustainable arrangements within priority service areas across the Humber to ensure they can continue to operate safely, as well as addressing the significant challenges in terms of staffing and infrastructure across the two Trusts.

The Interim Clinical Plan Programme was one of the three programmes of work that formed part of the HASR. As of May 2022 this programme has separated from the HASR and is now known as the Humber Clinical Collaboration Programme (HCCP). The focus of this programme is to stabilise provision of care over 10 specialities across the Humber region. During 2022/23 this stabilisation work has focused on developing a service vision and strategy, streamlining care pathways, reducing waiting lists and achieving better patient outcomes. The HCCP has governance arrangements in place which includes a Joint Development Board on which Executive Directors and Non-Executive Directors from both Trusts sit. Regular update reports are taken to the Joint Development Board.

The Trust recognises the importance of partnership working to deliver its own and the wider ICS objectives and this is demonstrated through the long-term goals of the Trust which include partnership and integrated working. The Trust identifies the failure of partnerships and integrated services as a risk to the achievement of its strategic objectives and this is reported and monitored in accordance with the BAF process outlined above.

The Trust's arrangements for commissioning services

The Trust has a dedicated, professionally qualified procurement team in place. The team is led by the Director of Procurement and sits centrally within the Trust and provides procurement expertise to health groups. Procurement policies and procedures are set out within the Trust's Standing Financial Instructions and Contracts Department Procedure Manual.

Each tender has a service specification that is drawn up in consultation with the health group and sets out the requirements for the contract. A selective questionnaire sets out the minimum requirements and confirms compliance with the Modern Slavery Act, outlines contingency planning and specifies other mandatory questions that form part of the core selection process. Evaluation teams are set up, including representatives from the relevant health group. The evaluation team assess the bids against the award criteria and recommend who should be awarded the contract. Approval thresholds are set out within Standing Orders, which specifies that all contracts over £1m have to be approved by the Performance and Finance Committee and all contracts over £3m have to be approved by Trust Board. Based on review of minutes we are not aware of any non compliance to these limits in 2022/23.

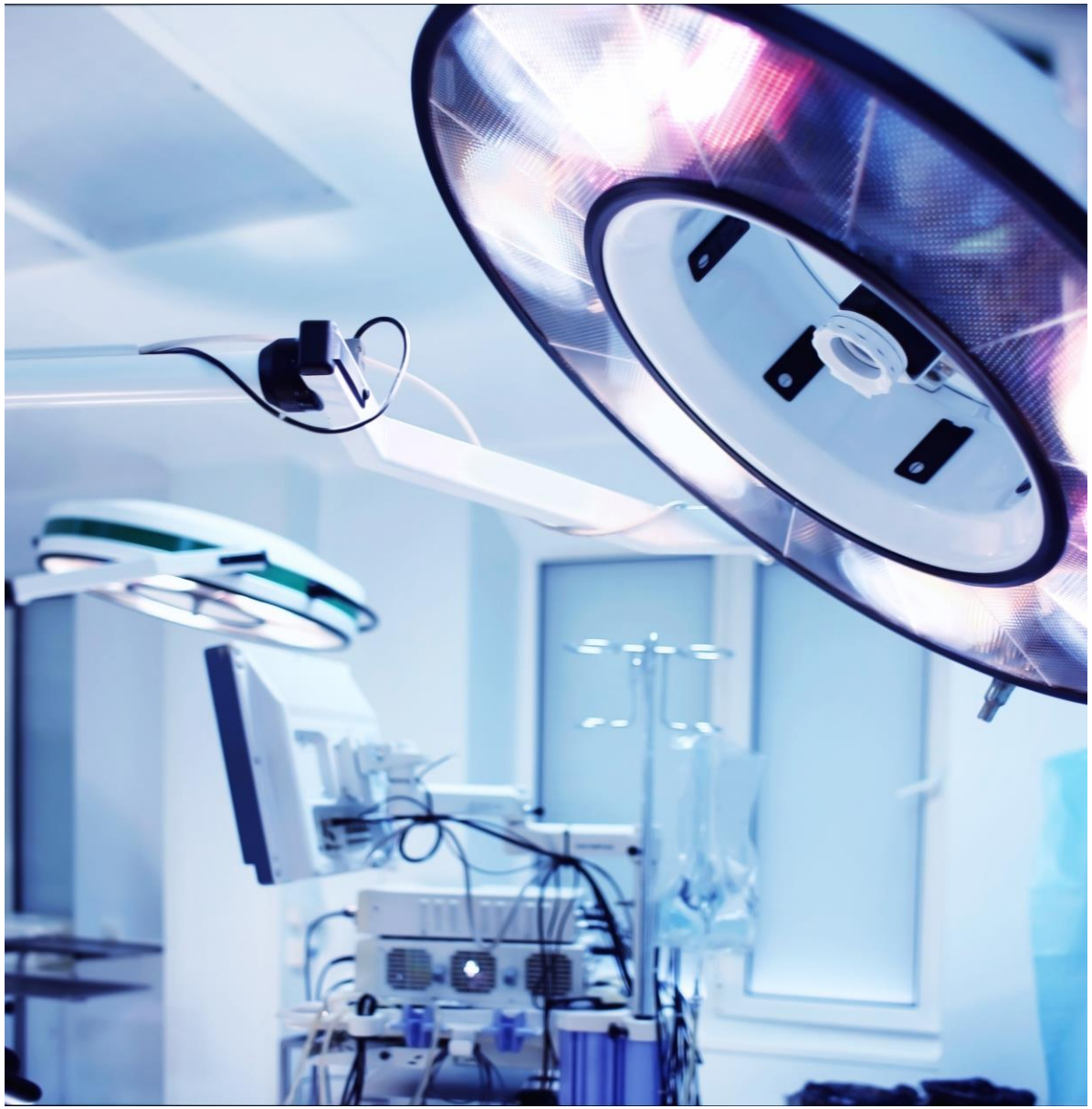
Conflicts of interest are monitored and the evaluation team are asked to declare any interests, which are documented as part of the overall procurement process. Any waivers to Standing Financial Instructions are subject to approval. Our attendance at the Audit Committee confirms it receives regular reports on any breaches of Standing Financial Instructions and Single Tender Waivers to assure the Board that the Trust is working in accordance with relevant legislation, professional standards and internal policies. Sufficient information is provided to enable an adequate level of review and we have observed an appropriate level of challenge from committee members through the year.

Conclusion

The CQC inspection findings are evidence of a significant weakness in the Trust's arrangements. We outline the identified significant weakness and our associated recommendations on page 24 and 25.

3. VFM arrangements

Identified significant weaknesses in arrangements and our recommendations



3. VFM arrangements - Identified significant weaknesses and our recommendations

Identified significant weaknesses in arrangements and recommendations for improvement

As a result of our work we have identified a significant weakness in the Trust's arrangements to secure economy, efficiency and effectiveness it its use of resources. The identified weakness has been outlined in the table below.

	Identified significant weakness in arrangements	Financial sustainability	Governance	Improving the 3Es	Recommendation for improvement	Our views on the actions taken to date
1	**Care Quality Commission (CQC) Inspection** In 2022 the CQC completed an inspection of Hull University Teaching Hospitals NHS Trust (the Trust). The Trust was rated as 'inadequate' in the 'are services safe' criterion. This rating reflects the 'inadequate' rating that CQC gave the urgent and emergency care service at the Hull Royal Infirmary. The Trust was also issued with a section 31 letter of intent which requested the Trust take urgent action to address the significant concerns the CQC identified. In our view, the CQC's 'inadequate' rating in relation to 'are services safe', the 'inadequate' rating for urgent and emergency care services at Hull Royal Infirmary, and the matters identified in the Section 31 letter of intent, are evidence of a significant weakness in the Trust's arrangements for evaluating the services it provides to assess performance and identify areas for improvement specifically in the improving economy, efficiency and effectiveness reporting criteria.			●	The Trust needs to fully address the weaknesses identified by the CQC. The Trust must ensure there is appropriate attention and resource is allocated to deliver the Action Plans it has developed to address the matters of concern raised by the CQC. It must ensure delivery of the Plans are monitored regularly by the Trust Board and relevant sub-committees.	We have considered the Trust response to the CQC inspection through the review of relevant reports and discussions with key officers. The Trust's main actions include: • establishing a CQC action plan for Emergency Care; • establishing a Safety Oversight Group which reports into the Quality Committee; and • a monthly Quality Improvement Group, established by the ICB that includes all providers, NHS England and CQC to support with the delivery of actions across the system and within Trust. Whilst the Trust has taken action to address the findings of the CQC inspection, these plans need to be fully implemented to address the issues raised. Ongoing monitoring by the Trust Board and relevant sub-committee needs to be undertaken to ensure delivery of the plans. The Trust should ensure recommendations for improvement cover its response to the CQC inspection report for maternity services at Hull Royal Infirmary.

3. VFM arrangements – Prior year significant weaknesses and recommendations

Progress against other recommendations made in the prior year

As part of our 2021/22 audit work, we reported one 'other recommendation' to the Trust. As part of our work in 2022/23 we followed up the progress made by the Trust against the recommendation made, our conclusions are shown in the table below.

	Previously identified other recommendation	Reporting criteria	Our views on the actions taken to date	Overall conclusions
1	**Other recommendation** Achievement of the 2022/23 efficiency target - totalling £29.7m, 4.1% of operating expenditure - will be a significant challenge for the Trust. The Trust should ensure it continues its arrangements to identify how it will deliver un-costed efficiency savings included in the financial plan. It should also ensure that its scrutiny arrangements, to monitor and deliver its efficiency savings plans are maintained throughout 2022/23.	Financial Sustainability	We have seen evidence via minutes and reports of the Performance and Finance Committee and Trust Board that have shown monitoring arrangements were in place throughout 2022/23. The Trust achieved its efficiency target for 2022/23 and overall achieved a surplus position against a break-even plan.	While the Trust delivered the required efficiencies in 2022/23 a similar 'other recommendation' has been raised in 2023/24 recognising the challenge associated with delivering the higher 2023/24 efficiency target.

04

Section 04:

Other reporting responsibilities and our fees

4. Other reporting responsibilities and our fees

Other reporting responsibilities

Statutory recommendations and public interest reports

Under section 7 of the Local Audit and Accountability Act 2014, auditors of an NHS body can make written recommendation to the audited bodies. Auditors also have the power to make a report if they consider a matter is sufficiently important to be brought to the audited body or the public as a matter of urgency, including matters which may already be known to the public, but where it is in the public interest for the auditor to publish their independent view. We did not issue any statutory recommendations or exercised our power to make a report in the public interest during 2022/23.

Section 30 referrals

Auditors of an NHS body have a duty to consider whether there are any issues arising during their work that indicate possible or actual unlawful expenditure or action leading to a possible or actual loss or deficiency that should be referred to the Secretary of State, and/or relevant NHS regulatory body as appropriate. We have not issued a Section 30 referral to the Secretary of State.

Reporting to the National Audit Office (NAO)

The NAO, as group auditor, requires us to report to them whether consolidation data that the Trust has submitted is consistent with the audited financial statements. We reported to the NAO that consolidation data was consistent with the audited financial statements. We also reported to the NAO in line with its group audit instructions.

Fees for our work as the Trust's auditor

We reported our proposed fees for the delivery of our work under the Code of Audit Practice in our Audit Strategy Memorandum presented to the Audit Committee in April 2023. Having completed our work for the 2022/23 financial year, we can confirm that our fees are as follows:

Area of work	2022/23 fees	2021/22 fees
Planned fee in respect of our work under the Code of Audit Practice	£85,000	£85,000
Additional fees in respect of IFRS 16 implementation	£3,500	£0
Additional fees in respect of VFM significant weakness	£5,300	£0
Total fees	**£93,800***	**£85,000**

* Fees are subject to final approval from the Trust

Fees for other work

We have been engaged to carry out the audit of the Hull and East Yorkshire Hospitals NHS Trust General Purposes Charity. The fee for 2022/23 is £3,500 (plus VAT).

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Appendix

A. Further information on our audit of the financial statements

Significant risks and audit findings

As part of our audit, we identified significant risks to our audit opinion during our risk assessment. The table below summarises these risks, how we responded and our findings.

Risk	Our audit response and findings
Significant Risk 1: Management Override of Controls This is a mandatory significant risk on all audits due to the unpredictable way in which such override could occur. Management at various levels within an organisation are in a unique position to perpetrate fraud because of their ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. Due to the unpredictable way in which such override could occur there is a risk of material misstatement due to fraud on all audits.	**How we addressed this risk** We addressed this risk through performing audit work over: • Accounting estimates impacting amounts included in the financial statements; • Consideration of identified significant transactions outside the normal course of business; and • Journals recorded in the general ledger and other adjustments made in preparation of the financial statements. **Conclusion** There were no matters to report in respect of management override of controls.
Significant Risk 2: Risk of Fraud in Revenue and Expenditure Recognition The risk of fraud in revenue recognition is presumed to be a significant risk on all audits due to the potential to inappropriately shift the timing and basis of revenue recognition as well as the potential to record fictitious revenues or fail to record actual revenues. We have extended this risk to include expenditure recognition. For the Trust we deem the risk to relate specifically to: • Revenue cut-off – recognition of income and receivables around the year end; • Expenditure cut off – recognition of year end accruals.	**How we addressed this risk** We evaluated the design and implementation of the controls the Trust has in place which mitigate the risk of income and expenditure being recognised in the wrong year. In addition, we undertook range of substantive procedures including: • testing of material non-block income items to ensure they relate to 2022/23; • testing income and expenditure in the pre and post year end period to ensure they have been recognised in the right year; • testing year end accruals to evaluate the data on which they are based and ensure that the estimated accrual is reasonable; • reviewing intra-NHS reconciliations and data matches provided by the Department of Health **Conclusion** There were no significant matters to report in respect of the risk of fraud in revenue and expenditure recognition. We identified 3 unadjusted errors in relation to expenditure cut off, income cut off and accruals . We also identified one adjusted misstatement in relation to the classification of accruals/deferred income. We made one internal control recommendation in relation to the quality of working papers to support accruals.

A. Further information on our audit of the financial statements

Significant risks and audit findings

As part of our audit, we identified significant risks to our audit opinion during our risk assessment. The table below summarises these risks, how we responded and our findings.

Risk	Our audit response and findings
Significant Risk 3: Valuation of Property, Plant and Equipment Management engages Cushman and Wakefield as an expert to assist in determining the fair value of land and buildings to be included in the financial statements. Changes in the value of land and buildings, including the use of modern equivalent valuation, may impact on the Statement of Comprehensive Income depending on the circumstances and the specific accounting requirements of the Group Accounting Manual.	**How we addressed this risk** We undertook a range of substantive procedures including: • liaising with management to update our understanding of the approach taken by the Trust in obtaining valuations; • assessing the scope and terms of engagement of management's valuation expert and the competence, skills and objectivity thereof; • reviewing the work of management's valuation expert and how this has been incorporated into the financial statements; • reviewing the valuation methodology used, including the appropriateness of the modern equivalent asset valuation basis and testing the underlying data and assumptions; and • considering the reasonableness of the valuation by comparing the valuation output with market intelligence and challenging the Trust and the valuer. **Conclusion** There were no significant matters to report in respect of the valuation of property, plant and equipment. We identified one unadjusted misstatement in relation to the valuation of land and buildings.

A. Further information on our audit of the financial statements

Key areas of management judgement and audit findings

As part of our audit, we identified key areas of management judgement. The table below summarises these risks, how we responded and our findings.

Risk	Our audit response and findings
Key Area of Management Judgement 1: Implementation of IFRS 16 IFRS 16 has been applicable from 1 April 2022 and is designed to report information that better shows lease transactions and provides a better basis for users of financial statements to assess the amount, timing and uncertainty of cash flows arising from leases. The Trust is required to identify a number of lease arrangements in line with this new standard for the first time in the 2022/23 accounts. The Trust holds significant lease balances which may be subject to re-classification under the new standard	**How we addressed this risk** We reviewed the work that the Trust has carried out for the implementation of IFRS 16 on 1 April 2022. We substantively tested lease balances and sought evidence to support that they have been correctly classified and accurately measured under the new standard. We complete a range of substantive procedures including: • obtaining an understanding of the approach taken by the Trust in valuing the right of use asset; • sample testing the recognition of the lease liability and valuation of the right of use assets; and • agreeing the valuations to underlying data and reviewed the underlying valuation assumptions. **Conclusion** There were no matters to report in respect of IFRS 16 implementation.

A. Further information on our audit of the financial statements

Summary of uncorrected misstatements

		SOCI		SOFP	
		Dr (£'000)	Cr (£'000)	Dr (£'000)	Cr (£'000)
1	Dr: Stock			£1,018	
	Cr: Operating Expenditure		£1,018		
	Inventory testing identified a difference in price of £3k in our sample population between the price used to value inventory and the supporting evidence provided to support the price used. The value of £1,018k reflects the value of the extrapolated error across the sampled population.				
2	Dr: Cash			£1,416	
	Cr: Expenditure		£1,416		
	Expenditure testing identified expenditure of £8k in relation to the period Nov 2021 to March 2022 included in 2022/23 which related to 2021/22. The expenditure had not been accrued for in the 2021-22 financial year. The value of £1,416k reflects the value of the extrapolated error across the sampled population.				
3	Dr: Income	£760			
	Cr: Cash				£760
	Income cut off testing identified income of £240k included in 2022/23, but that related to 2021/22. Only half of the income had been accrued for in the 2021/22 financial year, creating an error of £120k. The value of £760k reflects the value of the extrapolated error across the sampled population.				

A. Further information on our audit of the financial statements

Summary of uncorrected misstatements

		SOCI		SOFP	
		Dr (£'000)	Cr (£'000)	Dr (£'000)	Cr (£'000)
4	Dr: Accruals			£1,122	
	Cr: Operating Expenditure		£1,122		
	Accruals testing identified four accruals that were overstated (total value £178k). One in our opinion did not meet the criteria to be recognised as an accrual. We also identified one accrual that was understated (value £21k). The value of £1,122k reflects the value of the extrapolated error across the sampled population.				
5	Dr: Revaluation Reserve			£462	
	Cr: Property, Plant and Equipment				£462
	Revaluations testing found that the useful economic life of Castle Hill Hospital external works had not been updated from the prior year resulting in an overstatement of assets of £429k. Also, minor errors in the BCIS rates used resulted in further errors of £33k.				
	Total unadjusted misstatements	**£760**	**£3,556**	**£4,018**	**£1,222**

A. Further information on our audit of the financial statements

Internal control observations

We made 3 internal control recommendations in relation to the following areas:

- Stock valuation
- Related party transactions; and
- Accruals working papers

In all cases management have accepted the recommendations made and agreed actions to address them.

Follow-up on previous years recommendations

There were 3 internal control recommendations made in the prior year. Our audit work in 2022/23 confirmed that all 3 recommendations had been implemented

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